

# YONI-KAND

BY

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## ▶ *Yonikand*

- ▶ Not mentioned in *Bruhat trayi*
- ▶ Explanation found in *Laghu trayi*

# Hetu / Etiological factor

- ▶ दिवास्वप्न Sleep during day time
- ▶ अतिक्रोध Excessive anger
- ▶ अतिव्यायाम Excessive exercise / exertion
- ▶ अतिमैथुन Excessive sexual act
- ▶ क्षत (नख,दन्त आदि) Injury to genital tract due to Nails, teeth etc

# Clinical presentation

- ▶ Commonly found in Old age woman
- ▶ Protrubant structure at *Yoni*

## Shape:

*nikuch* (rounded) – (*Madhav nidan*)

*lakuch* (an irregular shaped fruit) – (bha.pra.)

## Color:

**Pus** ( yellowish)

**Blood** (Red)

# Types & symptoms

TYPE	SYMPTOMS	
VATAJ YONIKAND	रुक्ष, विवर्ण, स्फुटित	DRY, ROUGH, DISCOLORED, CRACKED APPEARANCE
PITTAJ YONIKAND	दाह, राग(रक्तवर्णता), ज्वर	BURNING SENSATION, REDNESS, FEVER
KAPHAJ YONIKAND	अतसी पुष्प/ तिल पुष्प वर्ण, कण्डु	COLOR OF FLOWER OF <i>ATASI</i> / OR <i>TILA</i> (Bluish), ITCHING,
SANNIPATAJ YONIKAND	सर्व दोष संमिश्र लक्षणे	FEATURES OF ALL DOSHA

# Chikitsa

## A) *Yoni Puran:*

gairik, amrasthi, jantughn, rajani, anjan,  
katafal churn + Honey

## B) *Yoni Parishek:*

Trifala kwath + Honey

## C) *Yoni Pichu:*

*Mushak siddha tail*

# What can be considered from Yonikand

## Bartholin's Abscess

- ▶ Rounded protrusion
- ▶ Purulent or blood stained discharge
- ▶ Vataj – Early Stage
- ▶ Pittaj – Acute Suppuration Stage
- ▶ Kaphaj – Chronic Stage
- ▶ Sannipataj – Acute suppuration in Chronic

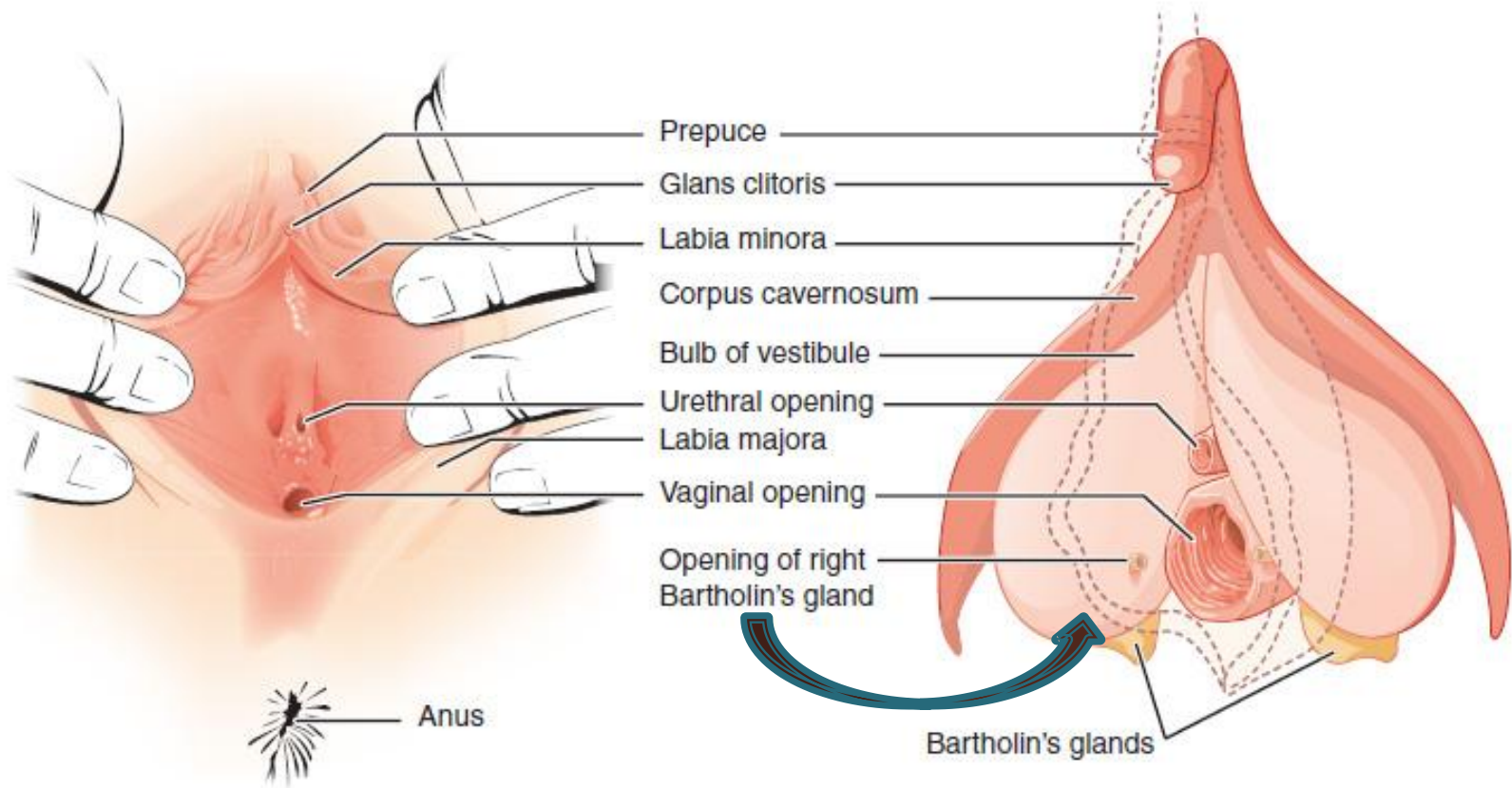
## Uterine Prolapse after menopause

- ▶ Rounded protrusion
- ▶ Occurs in Old Age
- ▶ Mushak siddha tail used for uterovaginal prolapse in general practise
- ▶ In chronic cases redness may seen due to congestion
- ▶ Decubitus ulcer, infection, healing of ulcer, keratinization correlate with various stages

# Bartholin's Cyst & Abscess



# BARTHOLIN'S GLAND

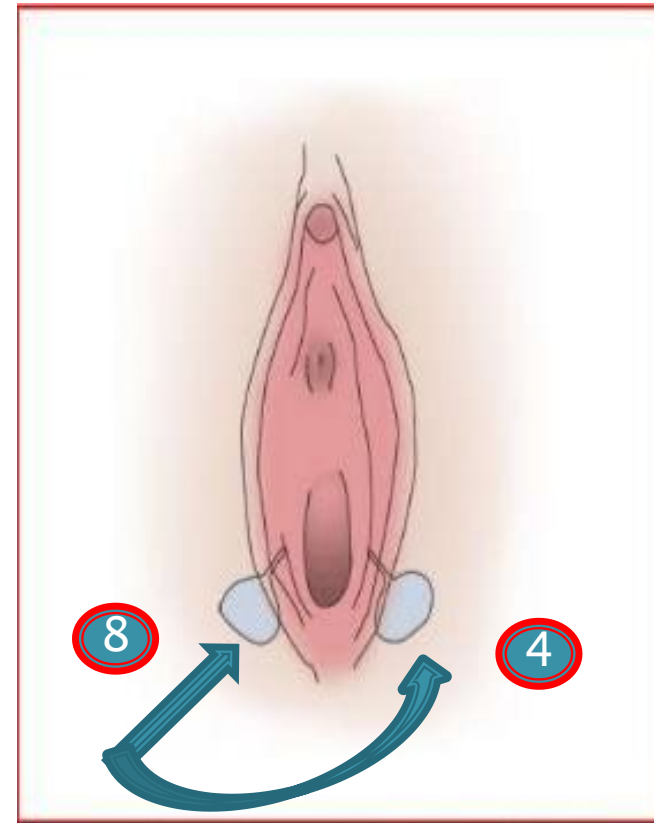


Vulva: External anterior view

Vulva: Internal anteriolateral view

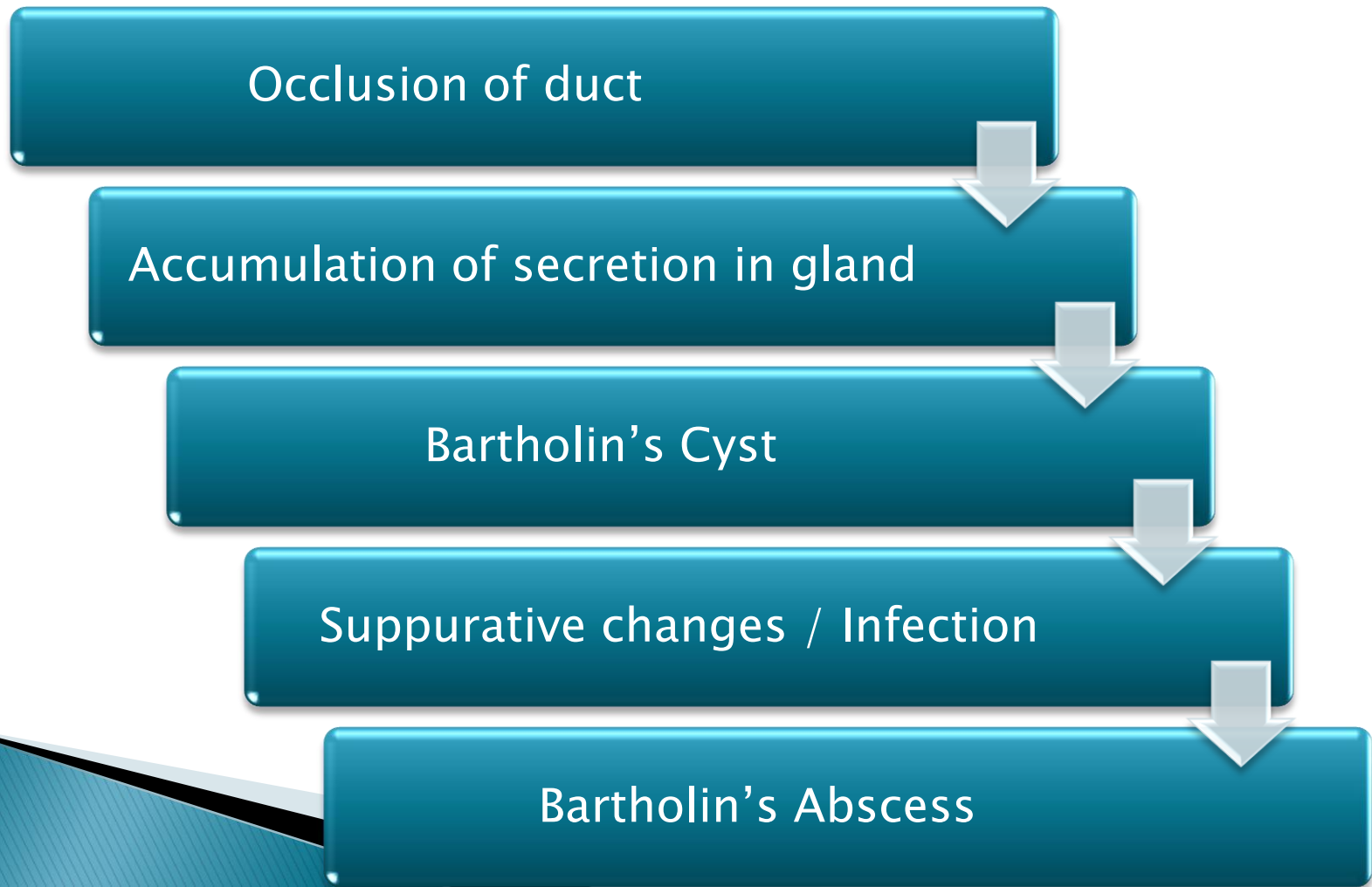
# Anatomy

- ▶ Homologue of bulbourethral glands in male
- ▶ Number-2
- ▶ Location- posteriolateral aspect of vaginal orifice (one at 4'o clock & one at 8'o clock position)
- ▶ Parts - Gland - 0.5 cm , Duct - 2.5cm
- ▶ Function- Secretes mucus to provide moisture for the vagina, vulva

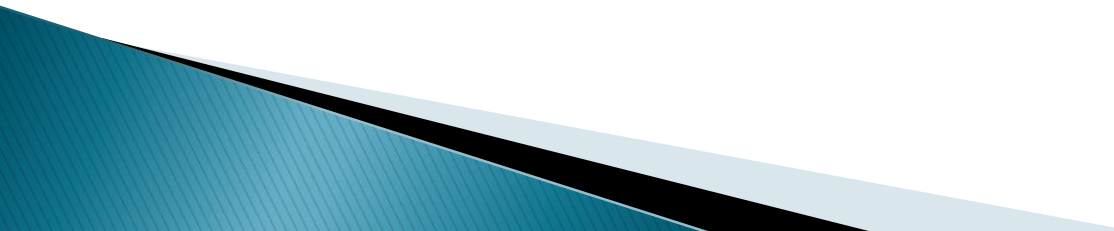


Bartholin gland Location of the Bartholin's glands and ducts

- ▶ Cause:- Inflammation / Trauma
- ▶ Common infective orga. :  
aerobic , E. coli, MRSA, STI's



▶ **Risk Factors:**

- characteristically occurs in nulliparous woman of childbearing age
  - personal h/o bartholin's cyst
  - sexually active woman
  - history of vulval surgery
- 

- ▶ Symptoms:
  - small cysts – asymptomatic
  - Large cysts – Vulval pain (walking, sitting)
    - Superficial dysparunia
  - spontaneous rupture of cyst – relief pain,
    - discharge of collected fluid / pus

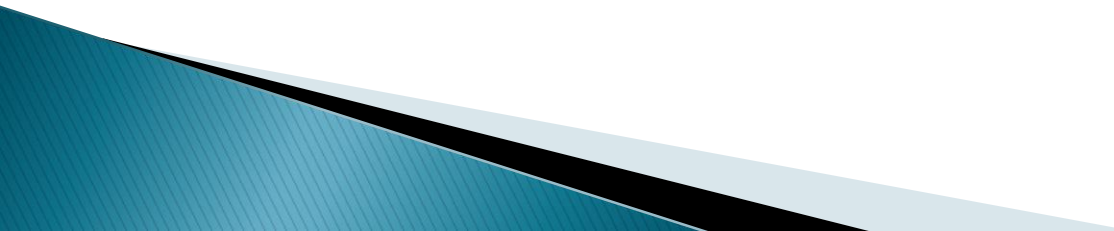
- ▶ On Examination
  - unilateral labial mass arising from posterior aspect of labia majora
- Cyst – Soft, fluctuant non-tender
- Abscess – tense, hard, surrounding cellulitis



# Differential diagnosis

- ▶ Bartholin's gland carcinoma– primary carcinoma is rare (0.1–5% of vulvar malignancy)
- ▶ Bartholin's gland tumor – such as adenomas & nodular hyperplasia (rare than carcinoma)
- ▶ Other Cyst's– eg. Sebaceous cyst, gartner's cyst. Mucus cyst, skene's duct cyst
- ▶ Other solid mass– eg. Fibroma, lipoma, leiomyoma

# Investigation

- ▶ Clinical examination is sufficient for diagnosis
  - ▶ Endocervical swab, High vaginal swab, pus culture can be do to look for STI's
  - ▶ Solid components– biopsy to exclude vulval carcinoma
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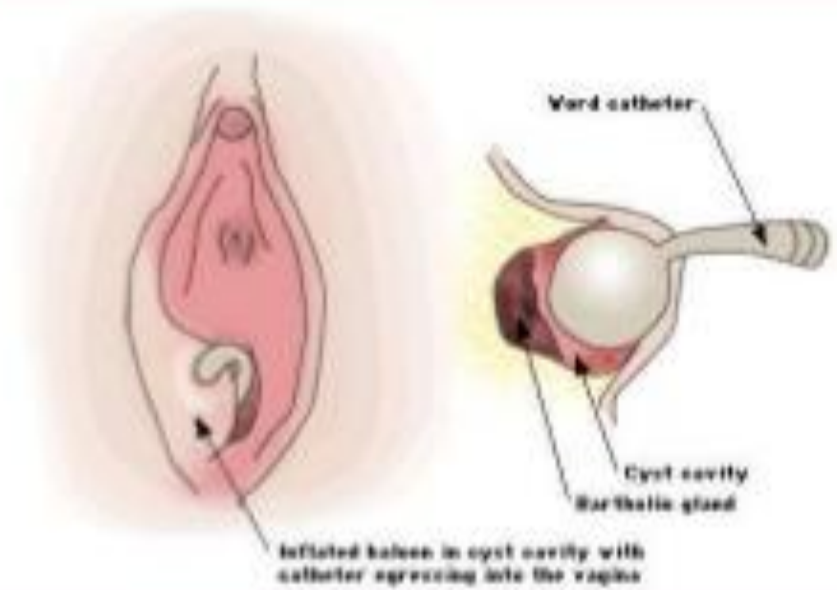


# Management

- ▶ If no symptoms – **No treatment**
- ▶ **Incision & Drainage** –
  - there is tendency for cysts to recur
- ▶ **Word Catheter**–
  - Balloon tipped device that can be placed into the cyst cavity immediately after I&D–inflated and left in place for 2–4 wks
- ▶ **Sclerotherapy**
  - Silver nitrate sticks can be inserted into cyst cavity to necrotize cyst wall
- ▶ **Marsupialization**
- ▶ **Excision of gland**



**Word catheter (A) uninflated (B) instilled with water**



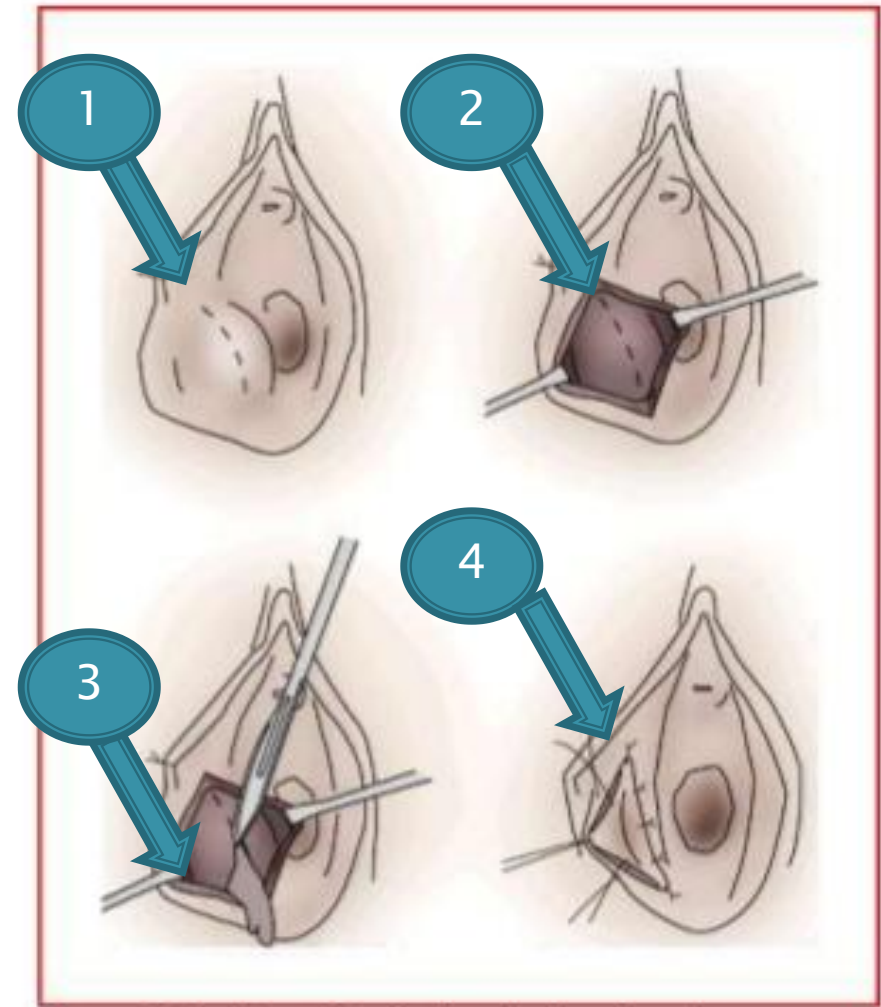
**Placement of Word catheter in a Bartholin's gland cyst cavity after drainage**

# Marsupialization

Anesthesia – Local (LA) / GA

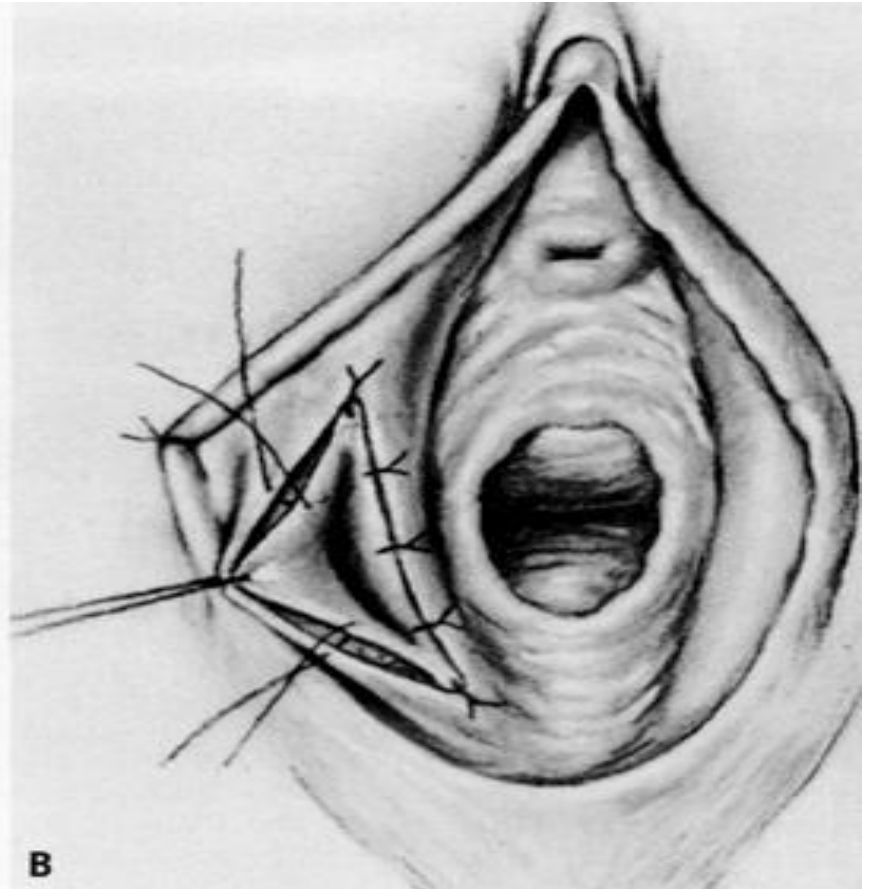
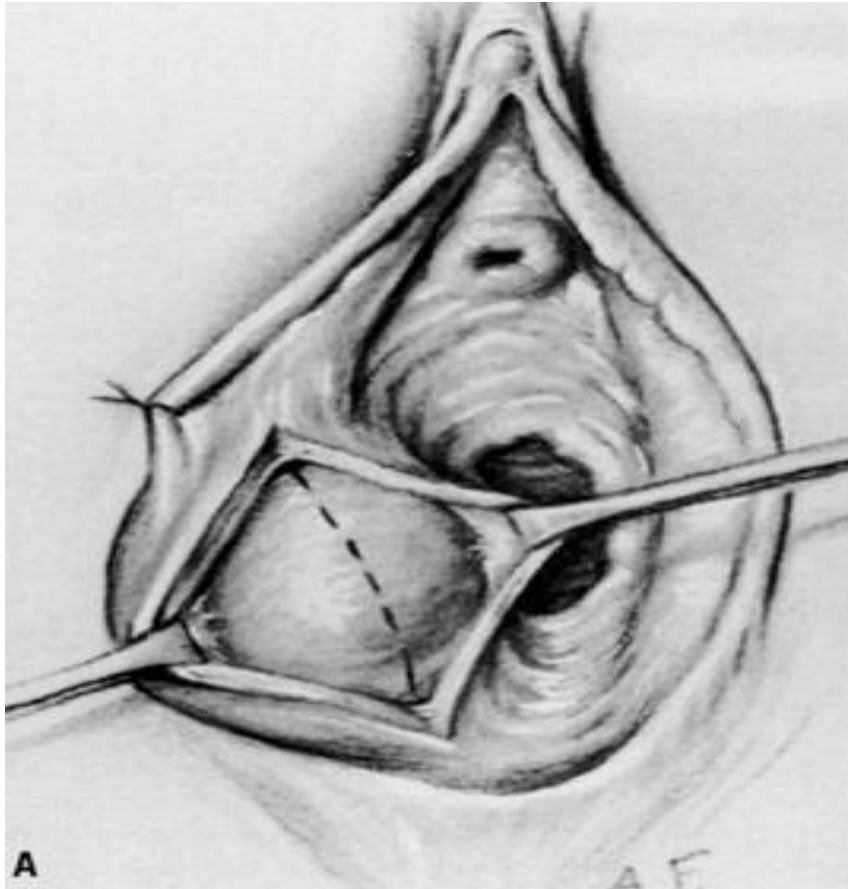
Incision –

- 1) Inner aspect of labium minora just outside hymenal ring
- 2) on wall of cyst
- 3) Drain pus, collected fluid  
–Cut margins of either side trimmed off to make the opening an elliptical shape
- 4) Edges of vaginal and cyst wall are sutured by interrupted catgut



Marsupialization of Bartholin gland cyst or abscess

# marsupialization



▶ **Excision of Bartholin's gland**

- Rarely done
- Recurrent Bartholin's abscess

▶ **Antibiotic therapy (Post op)**

- Ceftriaxone 125mg IM / IV stat
- Cefixime 400mg orally  
(to cover E.coli & N.gonorrhoeae)
- Clindamycin 300mg qid for 7 days  
(to cover anaerobic infections)
- The regime may have been modified based upon cultures results

THANK YOU

