



## Bartholin Cyst Treatment by 2940 nm Fotona Er:YAG Laser

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### Introduction:

When a Bartholin cyst becomes large or painful, surgical management is typically indicated. Laser therapy allows controlled drainage and ablation while minimizing bleeding and postoperative discomfort.

| Laser        | Fotona XS Dynamis    |                       |                               |
|--------------|----------------------|-----------------------|-------------------------------|
|              | Step 1: Incision     | Step 2: Coagulation   | Step3: Ablation of cyst walls |
| Wavelength   | 2940 nm              | 2940 nm               | 2940 nm                       |
| Handpiece    | R11                  | R11                   | R11                           |
| Spot size    | 2 mm                 | 5 mm                  | 5 mm                          |
| Fluence      | 13 J/cm <sup>2</sup> | 1.5 J/cm <sup>2</sup> | 6 J/cm <sup>2</sup>           |
| Mode / Pulse | SP                   | VLP                   | SP                            |
| Frequency    | 30 Hz                | 8 Hz                  | 5 Hz                          |
| Anesthesia   | Yes                  |                       |                               |
| Sessions     | 1 session            |                       |                               |



Ali Haydar Kantarcı graduated from Gazi University Faculty of Medicine in Ankara in 2007, and then finished his obstetrics and gynecology specialization at Selçuk University in 2012. In 2014 he received an IVF certificate from HRS Hospital in Ankara. Since 2018 he has been working in his private clinic as a gynecologist. He has over 600 cases of gynecological laser experience.

### CLINICAL CASE:

A 27-year-old patient with a large Bartholin cyst on her left side came to my clinic with a complaint of pain. An incision, drainage, and vaporization of the cyst walls were performed with a Fotona Er:YAG laser. The operation lasted for 10 minutes.

After an iodine wash of the Bartholin cyst, 2 ml lidocaine (20 mg/ml) + epinephrine (0.0125 mg/ml) was injected between the cyst wall and the vulvar skin with a 27G needle. Following local anesthesia, a vertical incision reaching the abscess material was made using the laser's cutting mode, and drainage of the abscess was performed.

The cyst walls were fixed with two clamps, and the ablation mode of the laser was then used to vaporize the cyst wall. Ablation was applied to the entire inner surface of the cyst, removing the full thickness of the inner cyst lining rather than only superficial layers. Minor bleeding during the procedure was controlled with the coagulation mode of the laser. No suturing was required.

The patient was discharged with an antibiotic (cephalosporin) and an anti-inflammatory drug (ibuprofen). At the 15-day follow-up visit, healing was excellent with no scar, and the patient reported complete resolution of pain.

