

## Skenitis (Para-urethral Gland Infection)

The Skene's glands are present in all females and are the female equivalent of the male prostate gland. In 1880, Dr. Alex Skene, a Brooklyn gynecologist, first described these glands. These glands are located in the septum between the urethra and the upper wall of the vagina. These glands envelope the urethra in a similar manner to the way the prostate surrounds the male urethra. Although the precise function of these glands is unknown, they are thought to provide lubrication to the urethra.

Analogous to the male prostate that is liable to inflammation and infection (prostatitis), the Skene's glands are subject to inflammation and infection of varying degrees of intensity, known by the term *Skenitis*. This may present with one or more of the following symptoms:

- A urinary infection that fails to be cured, or recurs after appropriate antibiotic therapy
- Pain at the urethral opening or at the urethral-vaginal septum
- Pronounced local tenderness with contact, e.g., with touch, tight pants, tampon insertion, sexual intercourse

When a patient with Skenitis is examined, one or more of the following physical findings are typically found:

- Tenderness at the urethral opening or at the urethral-vaginal septum
- A discharge of pus from the ducts of the Skene's glands which can be expressed by compressing the urethra
- A red and inflamed para-urethral mass

Treatment involves a long course of a potent antibiotic in conjunction with supportive measures. A 4–6 week period of time is often required to achieve resolution, similar to male prostatitis. It is not sufficient to get levels of antibiotic in the urine; adequate concentration of antibiotic within the glands themselves needs to be achieved. Supportive measures include warm, moist compresses and sitz baths. On occasion, if the Skenitis does not respond to antibiotics and supportive measures, a surgical procedure will be required.