REV ARGENT COLOPROCT | 2020 | VOL. 31, N° 2: 82-84
DOI: 10.46768/racp.v31i2.25

CASE REPORT

Giant Epidermal Cyst of the Perianal Region. A Case Report

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ABSTRACT

Introduction: *Inclusion epidermoid cyst is a frequent benign dermal lesion, predominant in men aged 30-40 years, originated by sequestration of epidermal remains, pilosebaceous occlusion, or traumatic implantation of epithelial elements in the dermis.*

Case: *75-year-old female with a 4-year history of a perineal tumor, with progressive increase in size in the last year causing discomfort. MRI showed a cystic lesion. Surgical excision including the entire capsule was performed. Histopathology informed an epidermal inclusion cyst. Control at 6 months without evidence of recurrence.*

Conclusion: *Giant perineal inclusion epidermal cyst is rare, so other similar entities must be ruled out. Surgical treatment should avoid rupture and include the complete capsule, otherwise recurrence is a constant.*

Key words: *Inclusion Epidermoid Cyst; Pilosebaceous Infundibular Cyst; Giant Perineal Cyst; Perianal tumor*

INTRODUCTION

The inclusion epidermoid cyst is a frequent benign dermal lesion, which is usually located on the face, neck, and trunk, and is rare in the perineal region, extremities, bone, and breast. [1-3]

It is more prevalent in men (2:1) 30-40 years of age, and presents as an isolated, small, 1-4 cm, asymptomatic, slow growing lesion. Occasionally due to inflammation, infection or more rarely malignancy it increase in size, causing pain, ulceration and local compression symptoms.

Those of long standing may have internal calcifications or a foreign body reaction.[2-5]

CASE REPORT

A 75-year-old woman attended the coloproctology office for a 4-year history of a perineal tumor, with caused discomfort and increased in size in the last year.

History of hypertension, diabetes and perianal abscess drainage 5 years ago.

On physical examination, BMI 30kg/m2, vaginal prolapse that emerges outside the introitus. On the anal margin, right posterior quadrant, asymmetry of 5 cm diameter, soft and mobile (fig. 1).

MRI showed a 10 x 6 cm lobulated perianal tumor, with fine septations, that appeared hypointense on T1-weighted images and hyperintense on T2-weighted images (fig. 2).

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Recibed: *September 2019.* ***Accepted:*** *February 2020*

Surgery: Spinal anesthesia, lithotomy position, an arciform 10 cm incision is made over the lesion at 3 cm from the anal verge. Dissection to the cyst wall and exeresis. Closure with laminar drainage.

Hospital discharge after 48 hours. At 7 postoperative days, partial wound dehiscence. Complete healing after 15 days. Control at 6 months without evidence of recurrence.

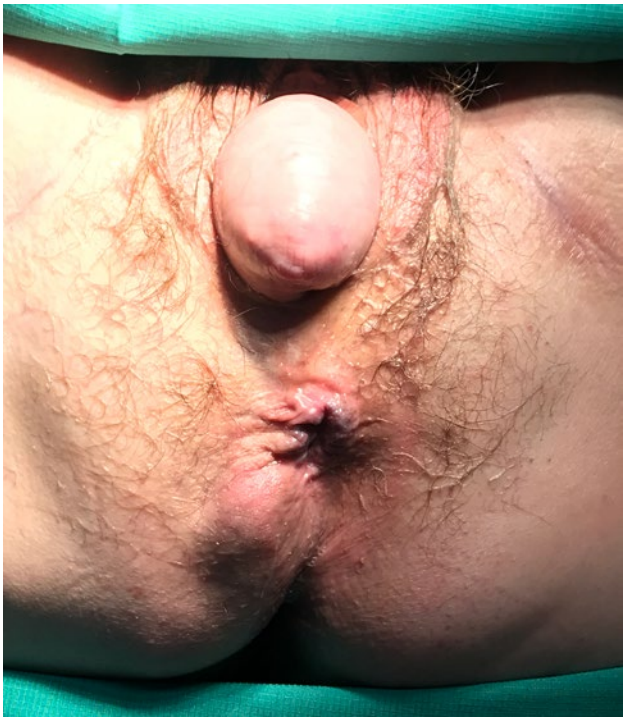

Figure 1: Physical examination in lithotomy position. Asymmetry caused by the cyst is observed in the right posterior quadrant. Above, total vaginal prolapse is observed.

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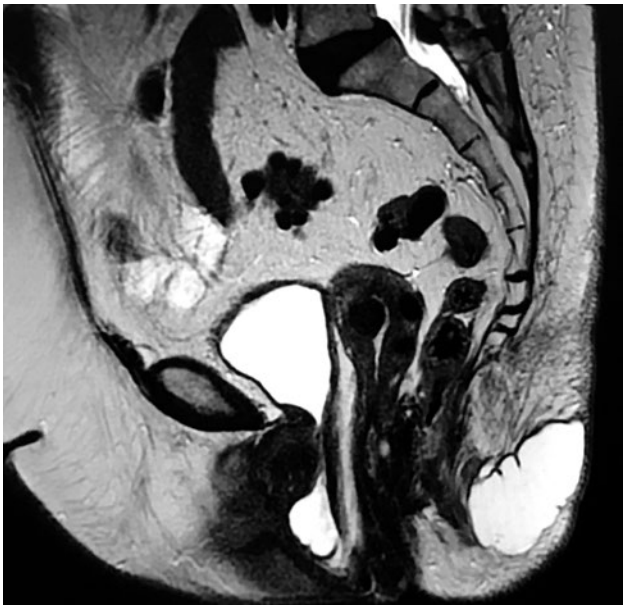

Figure 2: MRI. Sagittal section of the pelvis shows a hyperintense T2-weighted image lobulated formation with fine septa inside.

Pathological anatomy: Macroscopy, 9.5 x 5 cm cyst with fibrous adipose appearance (fig. 3). Histopathology, cystic wall composed of stratified squamous epithelium with foreign body giant cells, with keratin lamellar bands filling.

DISCUSSION

The epidermal inclusion cyst of the perineal region is rare, may involve scrotum, penis, anus, vagina, and even extend to the pelvis or rectum.

It is formed by sequestration of epidermal remains, pilosebaceous occlusion, or traumatic implantation of epithelial elements in the dermis. Histopathologically, it is lined with stratified squamous epithelium and is filled with laminated keratin bands.

Most are diagnosed by physical examination, although, since they are large, differential diagnosis with lipoma, dermoid cyst, tricholemomas, and others, must be made

On ultrasound, it is seen as a well-defined, homogeneous, hypoechoic lesion with posterior reinforcement, and it may present fine septa inside. Similar characteristics can be observed in the tomography, while on resonance they are hyperintense on T2-weighted, and hypointense on T1-weigthed images.

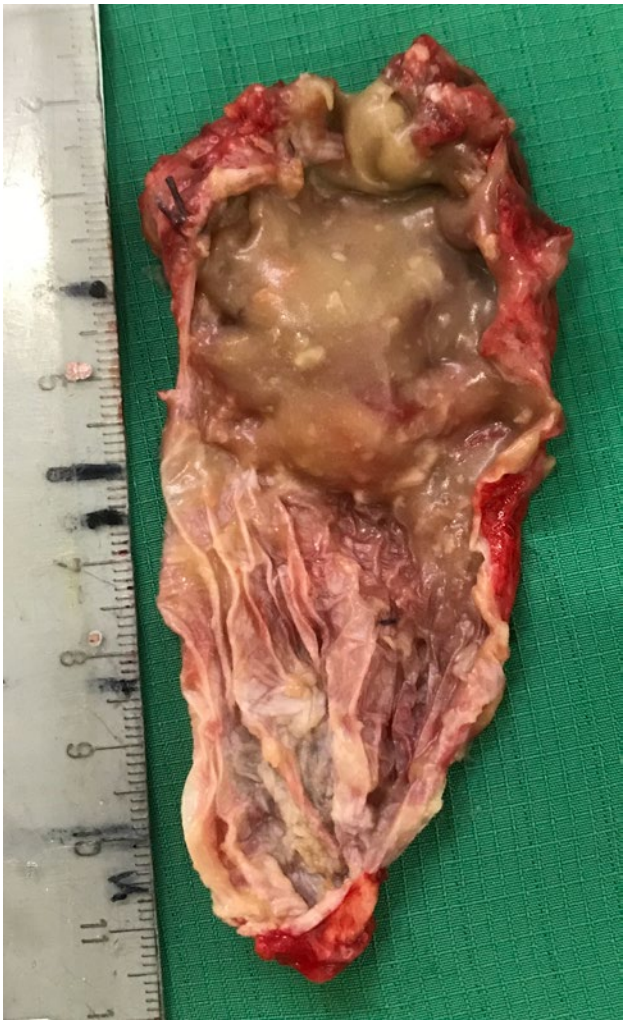

Figure 3: Pathological anatomy. The cyst with sebaceous material inside is observed.

Left to its free evolution, the infection is a frequent complication that requires antibiotic treatment and sometimes surgical drainage.

The definitive treatment is the non-fragmented and complete resection of its wall, otherwise recurrence is frequent.

BIBLIOGRAFÍA

1. Turkay R, Caymaz I, Yildiz B, Livaoglu A, Turkey B, Bakir B. A rare case of epidermoid cyst of perineum: diffusion-weighted MRI and ultrasonography findings. Radiol Case Rep 2013; 8: 593.
2. Ali SA, Tahir SM, Memon AS, Dahri AA. Epidermoid inclusion cyst of the perineum–a rare case report in a 50 years old male. J Ayub Med Coll Abbottabad 2009; 21: 179–80.
3. Hong SH, Chung HW, Choi JY, Koh YH, Choi JA, Kang HS. MRI findings of subcutaneous epidermal cysts: emphasis on the presence of rupture. AJR Am J Roentgenol 2006; 186: 961–6.
4. Saeed U, Mazhar N. Epidermoid cyst of perineum: a rare case in a young female. BJR Case Rep 2017; 2: 20150352.
5. B. Park, D. Shin, S Kim, H. Jung, G. Son and H. Kim. Perineal squamous cell carcinoma arising from an epidermal cyst: a case report. W. J. of S. Oncology (2018) 16:155 https://doi.org/10.1186/s12957-018-1442-2.

DOI: 10.46768/racp.v31i2.25

COMENTARIO

The authors report an interesting and infrequent clinical case, on a 75-year-old patient with an epidermal inclusion cyst in the perianal region.

An epidermal cyst located in the perianal region is relatively rare. It is more frequent on the face, trunk or extremities. In addition, that it appears in a woman, and over 50 years of age, as described in the clinical case, is also rare. Although it is a benign pathology, sometimes due to its size and location, it may require a differential diagnosis with rapidly growing malignant lesions.

I congratulate the authors for the presentation and correct resolution of the clinical case.

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