



A Rare Case: A Large Perianal Epidermal Cyst

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ABSTRACT

A rare case: a large perianal epidermal cyst

Perianal epidermal cyst is a rare entity. A 44 year old male presented with perianal swelling which was progressively increasing in size. Pelvic tomography revealed a 7 cm cystic tumor. The tumor was excised totally and pathological diagnosis was epidermal cyst. To our knowledge, here we report the eleventh case of perianal epidermal cyst.

Key words: Epidermal cyst, perianal, large

ÖZET

Nadir bir olgu: Perianal yerleşimli büyük epidermal kist

Perianal yerleşimli büyük epidermal kistler oldukça nadir görülen olgulardır. Kırkdört yaşında erkek hasta perianal bölgede giderek artan şişlik ve dolgunluk şikayeti ile başvurdu. Pelvik tomografide 7 cm çaplı kistik tümör saptandı. Kistik tümör total olarak eksize edildi. Tümörün histopatolojik tanısı epidermal kist olarak rapor edildi. Bildiğimiz kadarı ile bu hasta, literatürde perianal büyük epidermal kist için bildirilen onbirinci olgudur.

Anahtar kelimeler: Epidermal cyst, perianal, large

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INTRODUCTION

Epidermal cystic masses are benign tumors surrounded by keratinized squamous epithelium, are filled with keratin remnants and may arise from all parts of the body, including perianal dermis. They usually present as slowly growing, painless and well demarcated masses, arising from epidermal tissue implanted into dermis or subcutaneous tissue as a result of trauma or surgery. Here we report a case of a perianal benign epidermal cyst, possibly developed following a perineal abrasion due to a traffic accident.

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CASE REPORT

A 44 year old male presented with a history of steadily growing perianal swelling for the last 4 years. He did not have rectal bleeding nor any other symptoms. His past medical history revealed a perineal skin abrasion due to a traffic accident 17 years ago. On physical examination, he was noted to have a 7x5 cm mobile mass, located in subcutaneous tissue and covered with normal skin on 4 o'clock. Pelvic tomography revealed a 7 cm, cystic lesion in right perianal region, close to anal sphincter and rectoscopy showed no anal canal involvement (Figure 1). Hemogram and serum biochemistry were within normal limits. The mass was completely removed under spinal anesthesia (Figure 2). He was discharged the next day and no recurrence was noted during the follow-up period of 2 years. The macroscopic appearance was a cystic lesion with a smooth, whitish cheese-like surface. It measured 7x5x4 cm in maximum dimensions.



Figure 1: Pelvic tomography images of the cystic tumor



Figure 3: Image after resection of the cystic tumor



Figure 2: Perianal location of cystic tumor

Microscopically the cyst had a keratinizing squamous epithelium and keratinized material in the lumen (Figure 3). The histopathological conclusion was a benign epidermal cyst.

DISCUSSION

Epidermal cysts are typically hard lesions located just below the slightly raised dermis. Usual locations are face, neck, back and scrotum. Large perianal epidermal cysts

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are rarely reported (1). Even though they usually arise spontaneously, epidermal cysts may be related to implantation of ectoderm secondary to traumas and may present as a lump after many years as in the present case (2). Malignant transformation is a very rare complication which present as a rapidly growing lump. Differential diagnosis includes abscess formation, colorectal cancer, dermoid cyst, pilonidal cyst, etc. (3). Ultrasonography, endosonography, computerized tomography and magnetic resonance imaging may be used in the diagnosis of perianal cysts. Laboratory tests are not helpful in differential diagnosis, however high levels of CEA may indicate malignancy (4-5). Preoperative endoscopy may be used to evaluate the relation of the mass with anal canal and rectum as well as other accompanying pathological findings (6-7).

We believe that after the differential diagnosis of perianal cysts, particularly exclusion of malignancy and abscess formation should lead the surgeon to remove the mass totally. Machida et al have reported that total resection of these cysts is appropriate approach since they do not have any malignant potential (3).

These rare big epidermal cysts should be kept in mind for the differential diagnosis of anal and perianal benign diseases as well as malignancies.

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