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Case Report

Benign Perianal Tumor of Atypical Location: Cyst of Inclusion Perianal Giant Epidermal Epidermic. Presentation of a Clinical Case in Adult Patients

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Abstract

Introduction: Epidermoid cysts are benign slow-growing lesions that originate from the epidermis. They mostly affect young men and middle-aged adults. They occurmost often on the face, neck and trunk, are atypical in perineal region, extremities, bone and breast.

Clinical Case: Male, 45 years old, with perianal tumor of 3 years of evolution. Discomfort when sanitizing and itching. MRI reports cystic lesion without anal canal involvement. Complete exceresis of the cyst with its capsule. Anatomopathological report: epidermoid cyst. Clinical control without recurrences.

Conclusion: Epidermal cysts in the perianal region are atypical. It is relevant to rule out other pathologies such as abscess, pilonidal cyst to tumor lesions. Complete surgical exceresis without efractions and with its capsule is the rule in order to avoid recurrences.

Keywords: Perianal Tumor; Epidermoid Cyst; Epidermal Cyst; Infundibular Cyst; Inclusion Cyst and Keratin Cyst

Introduction

Epidermoid (inclusion) cysts are the most common skin cysts. These can occur anywhere on the body and occur most often on the face, cuello and trunk, being unusual in perineal region, extremities, bone and breast. They present as nodules under the skin and usually have a visible central opening [1,2,5]. They typically affect young and middle-aged adults, mostly men, and can occur due to inflammation around the pilosebaceous follicles or due to deep implantation in the epidermis by surgery or blunt or penetrating injury [3,4]. They are asymptomatic, however, they can become inflamed or infected, and their malignancy transformation is unusual [4,5].

Clinical Case

A 45-year-old male patient presented with a perianal tumor of 3 years of evolution. This tumor has increased in size in this period of time and presents discomfort during hygiene and pruritus. There is no history of surgery or trauma to the perineum. His personal history reveals only hypothyroidism. Physical examination shows a lesion located in the left anterolateral quadrant, elastic hard, net edges, mobile, not adhered to deep planes, not painful on palpation without signs of acute complication. Imaging study. NMR. Nodular image, rounded, with net edges, homogeneous signal, hyperintense at T2 and intermediate at T1. Discreetly hyperintense in diffusion without significant restriction of ADC. It makes subtle

contact with MA on the left side, does not involve the remaining components of the anal canal. It measures 35x 40 mm in axial plane and cephalocaudal extension of 50 mm. Surgical procedure: to spinal nestesia, lithotomy position, anoscopy without evidence of involvement of the anal canal, losangic incision on lesion, dissection to the wall of the cyst and ectomia of the same. Closure of the surgical bed with semi-closed technique. Sanatorium discharge at 24 hours. Post-surgical controls with no evidence of recurrence.

Anatomopathological Report.

Cystic formation measuring 4.5 x 1.5 cm, compatible with epidermoid cyst.

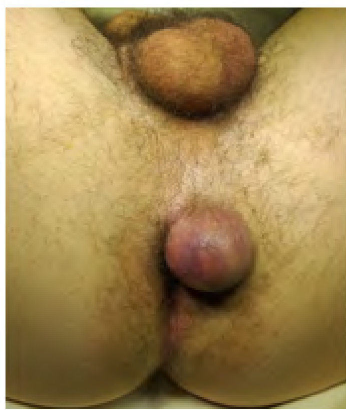

Figure 1: Lithotomy position, left anterior quadrant lesion without involvement of the anal canal.

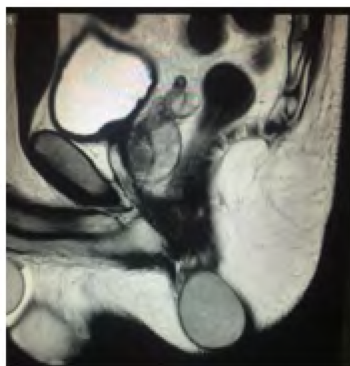

Figure 2: Nodular image, rounded, net edges, homogeneous signal. It measures 35x 40 mm in axial plane and cephalocaudal extension of 50 mm.

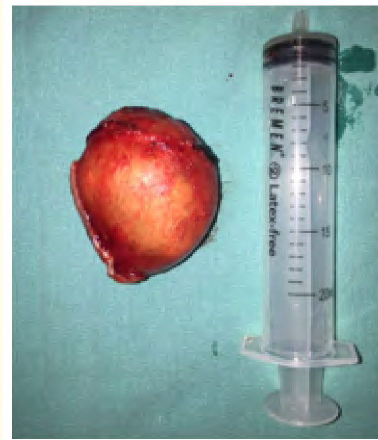

Figure 3: Cystic formation measuring 4.5 x 1.5 cm.

Discussion and Conclusion

Epidermoid cysts are benign, slow-growing lesions that originate from the epidermis. They are generated as a result of a proliferation of epidermal cells within the dermis, are lined by stratified squamous epithelium and filled with keratin. Epidermoid cysts usually have no symptoms but can cause discomfort due to size or if they become infected. There are several factors that contribute to its formation including: exposure to UV light, smoking, HPV, minor trauma and even surgical procedures such as episiotomy or fine-needle biopsies. Differential diagnoses are: perianal abscesses, pilonidal cyst, ductal/glandular cysts, “Tail Gut” cysts, benign teratomas and tumors of the anus or skin. MRI is the study of choice to discriminate the different soft tissue lesions and helps to establish the correct diagnosis in cases of epidermoid cysts. The latter typically present as well-defined lesions, hypointense in T1 and hyperintense in T2. Peripheral reinforcement is more evident after contrast administration. Diffusion further confirms the diagnosis, showing these lesions significant restriction in diffusion. Once the diagnosis is made, the lesion must be removed with a margin of safety. The entire wall of the cyst should be removed to decrease the risk of recurrence. The prognosis of these lesions is excellent with a recurrence rate of only 3% and with a risk of infrequent malignant degeneration.

Summary

Introduction: Epidermoid cysts are benign, slow-growing lesions that originate from the epidermis. They mostly affect young

men and middle-aged adults. They occur most frequently on the face, neck and trunk, are atypical in the perineal region, extremities, bone and breast.

Clinical Case: Male, 45 years old, with a perianal tumor of 3 years of evolution. Discomfort when cleaning and itching. MRI reports cystic lesion without involvement of the anal canal. Complete exceresis of the cyst with its capsule. Pathological report: epidermoid cyst. Clinical control without recurrences.

Conclusion: Epidermal cysts in the perianal region are atypical. It is important to rule out other pathologies such as abscess, pilonidal cyst, or tumor lesions. Complete surgical exceresis without fractures and with its capsule is the rule in order to avoid recurrences.

Bibliography

1. Connor B Weir., *et al*. "Epidermal Inclusion Cyst". StatPearls. Treasure Island (FL): StatPearls Publishing; 2020 Jan. 2020 Aug 11 Bookshelf ID: NBK532310.
2. S Nicolay., *et al*. "Epidermal inclusion cyst of the perianal region". *JBR–BTR* 97 (2014): 166-167.
3. Sritharan K., *et al*. "An unusual encounter of an epidermoid cyst". *BMJ Case Report* (2014).
4. Lake ES., *et al*. "An Unusual Perineal Swelling: A Cyst Between the Sphincters". *JSCR* 9 (2010): 2.
5. Uzma Saeed and Naveed Mazhar. "CASE REPORT. Epidermoid cyst of perineum: a rare case in a young female". *BJR Case Report* 2 (2015): 0352.