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Case Report

Spontaneous nontraumatic epidermoid cyst of the clitoris: a rare case report

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ABSTRACT

Epidermoid cysts are slow growing, intradermal or subcutaneous tumors with a wall composed of true epidermis. They are rarely seen in the clitoral region but when found; they are commonly seen following female genital mutilation. Spontaneous onset clitoral epidermoid cysts have been scarcely reported. We report a rare case of a large spontaneous nontraumatic epidermoid cyst of clitoris in a 22 year old nulliparous female. This presentation mimicked clitoromegaly but was diagnosed to be a large epidermoid cyst after excision.

Keywords: Epidermoid cyst, Spontaneous, Nontraumatic, Clitoral cyst, Clitoromegaly

INTRODUCTION

Epidermoid cysts are slow growing intradermal or subcutaneous tumours lined with true epidermis arising from invagination of keratinizing squamous epithelium within the dermis.¹ They are commonly found over the face, scalp, neck and trunk and rarely localized on the clitoris and labia. Clitoral cysts are very rare but when found are mostly associated with female genital mutilation/circumcision or trauma.²⁻⁴ We hereby report a case of epidermoid cyst of the clitoris which was spontaneous and nontraumatic in onset.

CASE REPORT

A 22 year-old unmarried girl attended the outpatient Department of Obstetrics and Gynecology with a history of swelling over genital region since 3 years. Swelling increased in size during first 4-5 months and then remained static during next two and half years. There was no history of increase in the size of the swelling on straining or lifting heavy weights. There were no abnormal bowel or bladder symptoms. She did not give

any history of genital surgery or trauma at that site. She had no complaints of pain in lower abdomen, abnormal discharge per vaginum and menstrual abnormality.

On local examination there was a firm cystic swelling measuring 10 x 6 cm in size arising from clitoral region covering the labia major deviated slightly towards the left side (Figure 1). On palpation the swelling was non reducible, non-fluctuant and mobile from side to side. There was no impulse on coughing in the swelling. Her general and systemic examinations were unremarkable.

Her routine blood investigations were normal. Ultrasonography of local site was suggestive of 10 x 5 cm hyper echoic homogenous lesion arising in midline from vulva suggestive of dermoid cyst or lipoma. Patient was planned for surgical excision of the cyst under spinal anaesthesia. Complete excision of cyst was accomplished along with clitoral reconstruction (Figure 2). Special care was taken to preserve the blood supply of clitoris. Gross specimen was greyish white. Cut section showed mucoid material with smooth inner wall. Histopathology



Figure 1: Cystic swelling in the clitoral region.



Figure 2: Post operative picture after excision of cyst with clitoral reconstruction.

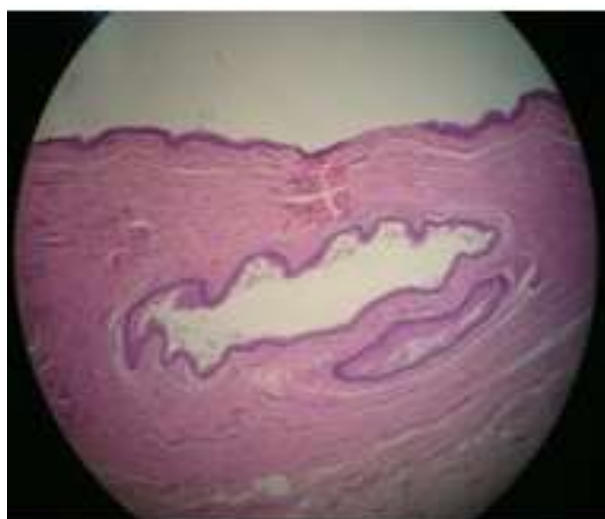


Figure 3: Histopathological findings of clitoral cyst: cyst wall lined by stratified squamous epithelium.

confirmed the diagnosis of epidermoid cyst of clitoris which was lined by stratified squamous epithelium. Cyst showed desquamated keratinocytes with cyst wall composed of fibrocollagen (Figure 3). Patient was discharged on day 4 of surgery. Her postoperative recovery period was uneventful. On follow up visits there were no signs of recurrence.

DISCUSSION

Female external genitalia may have a multitude of cysts. Such cysts can be vaginal (hymenal), paraurethral or clitoral.⁵ Clitoral cysts are most infrequent of these. Clitoral cysts present clinically as a painless swelling gradually increasing in size. A soft, mobile, nontender mass in the clitoral region in the absence of any virilization sign is the typical physical finding.⁶⁻⁸ Clitoral enlargement due to hormonal causes or disorders of sexual differentiation is symmetrical and uniform. Epidermoid clitoral cyst is found to be one of the nonhormonal causes of acquired clitoromegaly.⁹

Epidermoid cysts are slow-growing, intradermal or subcutaneous tumors lined with true epidermis, arising from invagination of keratinizing squamous epithelium within the dermis.¹ They are commonly found on the face, scalp, neck, and trunk. However the external genitalia can also be involved in the form of clitoral, labial, or scrotal implantation. When they involve the clitoris, they are mostly induced by trauma, and rarely appear spontaneously.

Epidermoid cysts of the clitoris are seen commonly after type I genital mutilation or female circumcision performed in some ethnic communities in Africa and West Asia.²⁻⁴ Only one case of clitoral epidermoid cyst following accidental trauma has been reported by Neslihan Celik et al.¹⁰

There have been only few reported cases of congenital or idiopathic epidermoid cysts of the clitoris without history of female genital mutilation.¹¹⁻¹⁸ In our case, there was no history of female genital mutilation/trauma, and neither any history of oral contraceptive use or any other drug intake.

Careful evaluation of the patient with history, local examination of the cyst, and ultrasound of the cyst is needed for diagnosis of these cysts so as to prevent unnecessary hormonal investigations. Excision of cyst followed by clitoral reconstruction is the treatment.

CONCLUSIONS

Epidermoid clitoral cysts need to be considered in a case of clitoromegaly. Careful evaluation of the patient with history, local examination of the cyst, and ultrasound of the cyst is needed for diagnosis of these cysts so as to prevent unnecessary hormonal investigations.

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