Clitorial inclusion cyst in an adult: a rare presentation

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INTRODUCTION

Dermoid cysts are benign lesions that grow slowly and can occur anywhere in the body. Clitoris is an extremely rare site for dermoids cysts. We present a case of inclusion cyst of clitoris in a middle aged woman, who had it for 10 years before presenting for relief from her symptoms. Local examination revealed a 3 cm X 4 cm size cystic mass at the clitoris giving it an appearance of clitoromegaly. She underwent an excision of the cyst at our hospital with the histopathology report suggesting the lesion to be a dermoid cyst. Postoperative recovery was uneventful with no evidence of recurrence on follow up.

CASE REPORT

A 45-year-old, multiparous female presented with no significant past history of trauma, developed a gradually progressive clitorial mass with history of pain and pus discharge off and on for the past two years. She also complained of pain during coitus.

Figure 1: Clinical examination picture showing a large lesion in the clitorial region.

There was no history of hormonal intake, urinary complaints or any other systemic complaints. General
physical and abdominal examination were normal. On local examination she was found to have a 3 cm X 4 cm size cystic mass at the clitoris giving it an appearance of clitoromegaly (Figure 1).

On careful examination, near the fold with the labia minora a small scar with pus point was seen. Urethral and vaginal orifices were normal (Figure 2). Her routine investigations and ultrasound study were normal.

With the clinical diagnosis of a clitorial inclusion cyst, she underwent an excision of the entire cyst under local anesthesia in our hospital. The surgery was simple enucleation of the cyst, at some parts due to previous leaks, there were adhesions and they were meticulously released (Figure 3, 4). The defect was closed primarily (Figure 5). Histopathology revealed it to be a keratinous inclusion cyst. She did well post operatively and was discharged on the second day of surgery. She is doing well after 1 year of the procedure with neither pain nor cosmetic problems.

DISCUSSION
Clitorial swellings can have a varied etiology. Inclusion cysts without history though reported are very rare. Children and adolescents are more often affected and in older patients the cause is usually traumatic, mostly seen in geographical areas where female circumcision is routinely practiced.1,5,6,8 The delayed presentation is usually due to psycho-social inhibition on the part of females to seek medical aid.7,8 Our patient had no history...
of preceding trauma and was suffering for 10 years before presenting to us. She was even having intermittent leak from the cyst in the form of copious amount of pus. It also has a psycho-social bearing. In patients whom it is difficult to clinically ascertain the diagnosis,8 various tests may be undertaken to rule out other causes of clitoromalgy, especially if the patient is a child as in children it is a clinical challenge to differentiate it from ambiguous genitalia.9 Clitorial anomalies or tumors are rare even in childhood and need to be differentiated from ambiguous genitalia and hormonal, gonadal or chromosomal alterations. The variety of clitorial tumors reported include fibroma, leiomyoma, angiokeratoma, pseudolymphoma, hemangioma, lymphangiofibroma, hemangiopericytoma, myiasis, granular cell tumors and neurofibromas, besides cystic lesions.9,10,14 Also seen are malignancies include carcinoma, endodermal sinus tumor, sarcoma, rhabdomyosarcoma, schwannoma, epithelioid hemangioendothelioma and lymphoma.15,16 Elaborate investigations may be required when diagnosis is uncertain.

The treatment of a dermoid or inclusion cyst is simple excision. In our patient it was done under local anesthesia and even catheter was not required. Patient was totally asymptomatic post operatively and has remained so for the past 1 year. The most important was her socio-psychological relief after the surgery.

CONCLUSION

Clitorial inclusion cysts in absence of history of trauma are rare and have a wide spectrum of differential diagnosis. The psycho-social impact on the patient has to be taken into account and addressed appropriately. The treatment is simple and proper enucleation of the dermoid results in functional as well as cosmetic satisfaction to the patient.

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REFERENCES
