Original Research Paper

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General Surgery

LARGE PERIANAL EPIDERMAL CYST IN A 60-YEAR-OLD WOMAN: A RARE PRESENTATION

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ABSTRACT **Background:** Epidermal cysts are benign, slow-growing lesions commonly found in hair-bearing areas, but their occurrence in the perianal region is rare. **Case Presentation:** A 60-year-old woman presented with a painless, gradually progressive swelling on the right side of the anal opening for one year. Clinical examination and imaging revealed a well-circumscribed cystic lesion in the right peri-anal region occupying the ischioanal fossa, consistent with an epidermal cyst. The patient underwent complete excision under lumbar subarachnoid block. Histopathology confirmed the diagnosis of epidermal cyst. **Conclusion:** Perianal epidermal cysts are uncommon and can be mistaken for other perianal swellings. Complete excision remains the treatment of choice, with an excellent prognosis.

KEYWORDS : Epidermal Cyst, Perianal Swelling, Ischioanal Fossa, Surgical Excision, Case Report

INTRODUCTION

Epidermal cysts, also known as epidermoid cysts or epidermal inclusion cysts, are benign lesions that arise from the proliferation of epidermal cells within the dermis. They are usually located in the scalp, face, neck, trunk, and back, but their occurrence in the perianal region is rare (1,2). Perianal epidermal cysts may mimic perianal abscess, pilonidal cyst, dermoid cyst, or other soft tissue tumors (3). We report a case of a large epidermal cyst in the perianal region in a 60-year-old woman, successfully treated by complete excision.

Case Presentation

A 60-year-old woman presented with complaints of swelling over the right side of the anal opening for one year. The swelling was insidious in onset, gradually progressive, and painless. There was no history of discharge, trauma, or bowel disturbances.

Local examination: Perianal region- A cystic swelling measuring approximately 7 × 7 cm was noted in the perianal region, mobile, non-tender, without local rise in temperature.

Investigations:

- MRI perianal region with contrast: Large well-circumscribed cystic lesion in the right para-anal region occupying the ischioanal fossa, abutting the overlying skin and bulging inferiorly into the subcutaneous fat; non-invasive; features consistent with a benign epidermoid cyst.

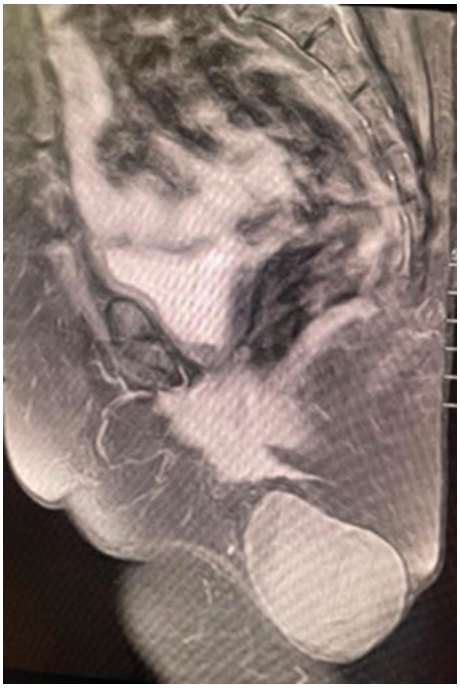

Fig 1-MRI Sagittal View

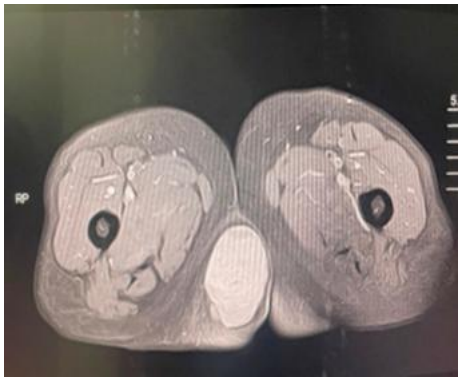

Fig 2- MRI Axial View

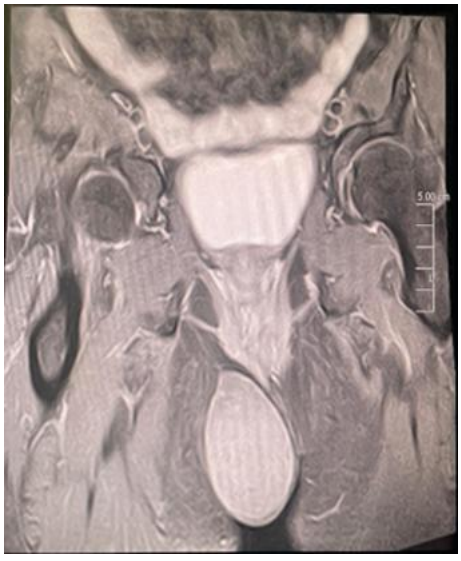

Fig 3- MRI Coronal View

- Focused USG perineal region: Well-defined encapsulated partly lobulated iso- to hypoechoic lesion (6.3 × 4.7 × 6.0 cm) with few echogenic strands and mild internal vascularity.
- FNAC: Consistent with epidermal cyst.

Management: The patient underwent excision of the epidermal cyst in the perianal region under lumbar subarachnoid block. Operation was carried out effectively to entirely remove the mass. Afterward, the operation was concluded by stitching the surgical area with a series of interrupted, nonabsorbable nylon sutures. Subsequent histopathology analysis of the removed tissue confirmed the presence of a benign epidermoid cyst. The patient was discharged without any complications.

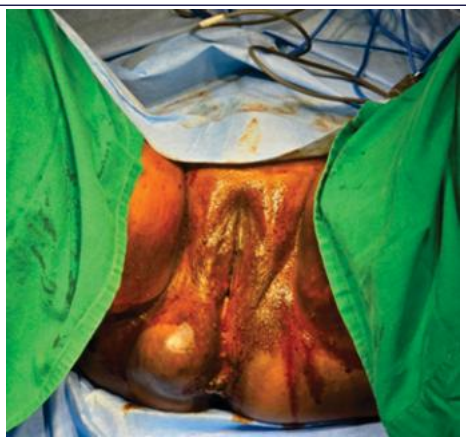

Fig 4- Pre-op image

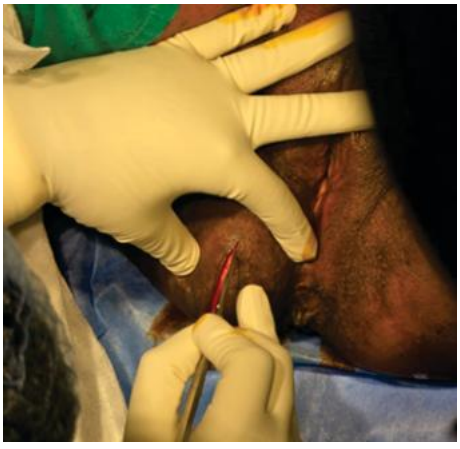

Fig 5- Incision

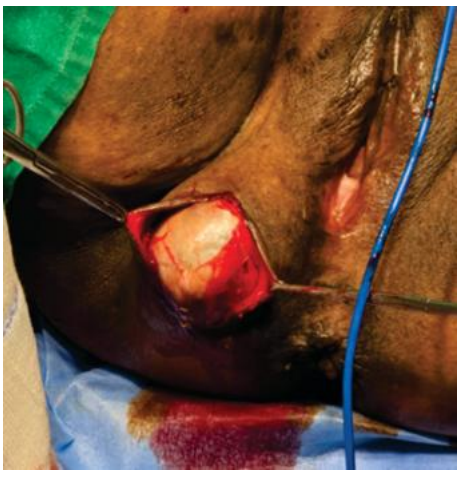

Fig 6- Intra-Operative Image

Fig 7- Post-Operative Image

Histopathology: Confirmed epidermal cyst.

DISCUSSION

Epidermal cysts develop from the infundibular portion of hair follicles and are lined by stratified squamous epithelium, containing keratin and cholesterol (4). Although common in the head, neck, and trunk, their occurrence in the perianal region is rare, with only a few cases reported in the literature (5,6).

Differential diagnoses in this region include perianal abscess, pilonidal sinus, dermoid cyst, teratoma, hidradenitis suppurativa, and lipoma (7). Imaging aids in diagnosis and surgical planning. MRI typically shows a well-defined cystic lesion with no invasive features, while FNAC helps confirm the benign nature (8).

Complete surgical excision, ensuring intact removal of the cyst wall, remains the definitive treatment to prevent recurrence (9). In our case, excision led to complete resolution without complications.

CONCLUSION

Perineal epidermal cysts are uncommon and may mimic other perianal lesions. A combination of imaging and cytology aids in diagnosis. Complete surgical excision is curative and prevents recurrence.

Declarations

- Patient Consent: Written informed consent was obtained for publication of this case report and images.
- Funding: None.
- Conflicts of Interest: None declared.

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