Post Anal Epidermoid Cyst - Obscure Cause For Low Backache

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Abstract

We report a case of 27-year-old male presenting with low back pain which was undiagnosed for long period of time. On physical examination of the spine it was normal. On per rectal examination there was a well localised mass at anal verge. It was excised and the histopathological report confirmed it as a post anal epidermoid cyst.

KEYWORDS: Low Backache, post anal cyst, epidermoid cyst, mass at anal verge
INTRODUCTION-

Developmental cysts are the most common retrorectal cystic lesions in adults, occurring mostly in middle-aged women. They are classified as epidermoid cysts, dermoid cysts, enteric cysts (tailgut cysts and cystic rectal duplication), and neurenteric cysts according to their origin and histopathologic features. Epidermal inclusion cyst refers to those cysts that are the results of the implantation of epidermal elements in the dermis. They result from the proliferation of epidermal cells within a circumscribed space of the dermis [1]. Their lipid pattern demonstrates similarities to the epidermis [2]. In addition they express cytokeraton 1 and 10, which are constituent of the supra basilar layers of the epidermis [3]. The source of this epidermis is often the infundibulum of the hair follicle, as evidenced by the observation that the lining of the two structures are identical [4]. They grow slowly and are usually asymptomatic until they become inflamed or secondarily infected which is partly due to chemotactic induced for polymorphs by horney layer in the cyst [5]. Older cyst may exhibit calcification or a foreign body reaction [5]. An important finding is the occasional presence of malignancy usually squamous cell carcinoma, basal cell carcinoma and occasional met static carcinoma with a possible role of repetitive trauma and inflammation [6].

On histopathology Cysts are lined with stratified squamous epithelium that contains a granular layer and is filled with keratinous material that is often in a laminated arrangement [4]. Post anal Epidermal cyst is a rare presentation and this is rare presentation of Post anal Epidermal cyst causing back ache.
Case report

27 year old male patient presented with low backache with difficulty in sitting since 2 years. Patient also complain of on and off constipation with pain while defecation since 4 months. On per rectal examination a spherical swelling of about 7×5×3 cm was felt on posterior rectal wall which was non tender, and soft in consistency. The mucosa over the swelling was normal. No perianal fistula or discharge from the swelling. There was fullness in the gluteal cleft (fig 1). Routine investigation was within normal limits. Excision was done with vertical midline incision and suction drain was placed. A cystic swelling of 7×5×3 cm was dissected which was attached to coccyx (fig2). Drain was removed on post op day 4 and suture on day 12. Patient had an uneventful recovery and was discharged on 15th day the hospital.

Histopathological report-EPIDERMOID CYST (fig3) [Keratinizing stratified Squamous Epithelium (KSSE) with stratum granuloum ]

Fig1- Fullness in the gluteal cleft with finger in anal verge.

Fig2- A cystic swelling of 7×5×3 cm was dissected which was attached to coccyx

Fig3- histo-pthological slide showing Keratinizing stratified Squamous Epithelium (KSSE) with stratum granuloum.
Discussion-

Epidermal inclusion cysts are approximately twice as common in men as in women. They may occur any time in life, but they are most common in the 3rd and 4th decades of life. They are commonly distributed all over the body but uncommonly reported in the perineum [1]. Although most patients deny a history of trauma a mechanical pressure or a minor trauma may be a contributing factor [7]. The epidermal cyst in perineum can involve scrotum and penis and larger cysts can displace anus and vagina and can extend into pelvic space adjacent to the rectum [8–9]. The cyst may become inflamed or infected, resulting in pain, tenderness and may be associated with foul smelling cheese like discharge. However, in the uncommon event of malignancy, rapid growth, friability and bleeding have been reported [6]. Lesions of the genitals and perineum can be painful during intercourse and cause problems with micturition, walking or wearing undergarments. The treatment of post anal epidermoid cyst is surgical excision with a careful and meticulous dissection with precaution taken to avoid spillage of the contents and to avoid injury to sphincter.

This case highlights the importance of thorough clinical evaluation which is on a decline now days. A simple per rectal examination could establish the diagnosis which haunted the patient for so long. The cases of mid line inclusion cyst in the perineum are rare entities and only few cases have been reported in the world literature [1, 8–9]. Hence we conclude post anal epidermal cyst although rare should also be considered in differential diagnosis of any midline lump in the perineum. Surgical excision should be performed not only for relief of symptoms and diagnosis but also to rule out uncommon and occasional malignancy.
Reference.

Fig1- Fullness in the gluteal cleft with finger in anal verge.
Fig2- A cystic swelling of 7×5×3 cm was dissected which was attached to coccyx
Fig3- histological slide showing *Keratinizing stratified Squamous Epithelium* (KSSE) with stratum granulom