EPIDERMOID CYST COMPLICATING FEMALE GENITAL MUTILATION AND ITS PSYCHOLOGICAL IMPACT: A CASE REPORT

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ABSTRACT

Epidermoid cysts are slowly growing tumors arising from invagination of the epidermis into the dermis traumatically or spontaneously. This is a case of an epidermoid cyst of the vulva reported in a 20 year-old patient.

KEY WORDS: Genital swelling, epidermoid cyst

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BACKGROUND Epidermoid cysts are slowly growing tumors arising from invagination of the epidermis into the dermis traumatically or spontaneously. While the most common locations are the face, scalp, neck and trunk, external genitalia can also be involved with clitoral, labial or scrotal implantation [1]. These cysts can arise in the clitoris as a result of invagination of squamous epithelium under the dermis or subcutaneous tissue during the procedure of female genital mutilation (FGM) which leads to the accumulation of epidermal desquamations, secretions, and other debris in a closed space [2]. Most patients present late because it is painless and slow growing. However, if they develop complications like pain, difficulty in walking or micturition, sexual difficulty, or discharge from the swelling, they may present early [3]. In this report, we describe a case of 20 year-old nulliparous woman who presented with swelling around the genitalia of three years duration which affected her sexual relationship with her boyfriend.

CASE PRESENTATION

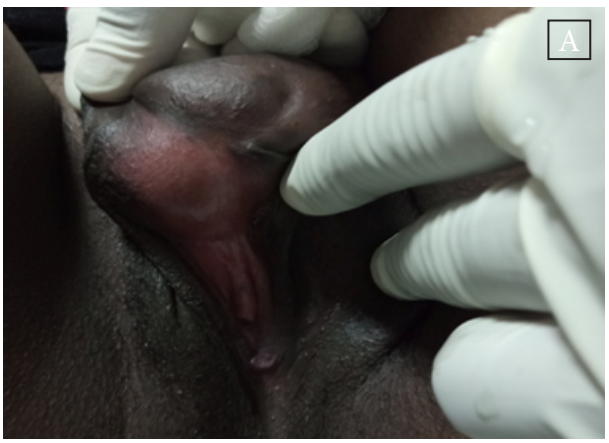
A 20 year-old nulliparous woman presented with a progressively increasing mass around her genitalia with a duration of 3 years. She complained of mild discomfort from the mass. She had difficulty of urination and she pulled up the mass to urinate. She was worried about having a penis and did not tell anybody about it. She avoided sexual intercourse for the last two years due to discomfort during initial penetration. She ended her relationship with her boyfriend. The patient decided to seek medical attention after she developed difficulty with urination.

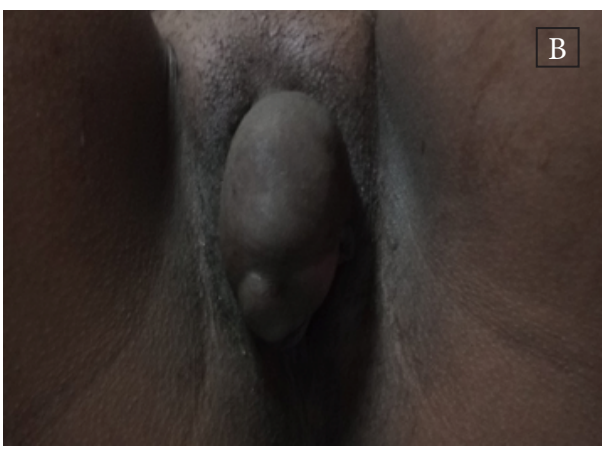
At the age of 6 years, she underwent genital cutting, otherwise her medical and surgical histories were unremarkable. She had no other history of trauma to the genital area. There was no similar illness in her family. She has no habits of cigarette smoking.

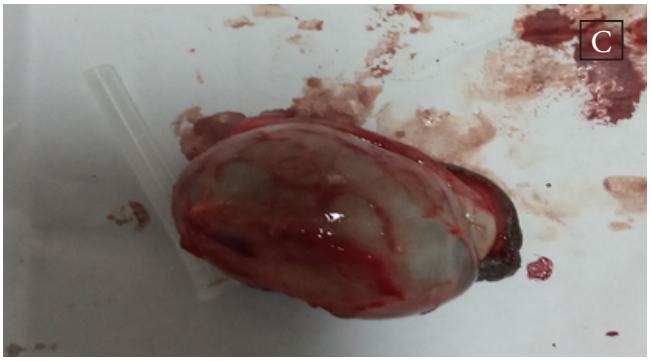
On physical examination, her vital signs were within normal range. External genital examination revealed a 6 × 7-cm, well-circumscribed, mobile, non-tender, cystic swelling in the periclitoral area that was obscuring the urethral meatus and vaginal introitus. The mass was along the scar of her type II FGM (Fig. 1 A and B). Ultrasound (US) revealed lobulations and septations in a cystic swelling.

After informed consent was obtained, urinary Foley catheter inserted, and under local anesthesia, the mass was excised with minimal bleeding. The cyst was a well-demarcated, encapsulated subcutaneous cystic mass measuring 6 × 7 × 8 cm, filled with dark yellow material (Fig.1 C). Microscopic examination revealed a squamous epithelial cystic wall with keratinous material in the lumen, on which the diagnosis of epidermoid inclusion cyst was made (Fig.1 D).

On her seventh postoperative day follow-up visit, the wound was well-healed (Fig. 2) and on her second month postoperative visit, she had no genitourinary complaint and had no pain during intercourse.







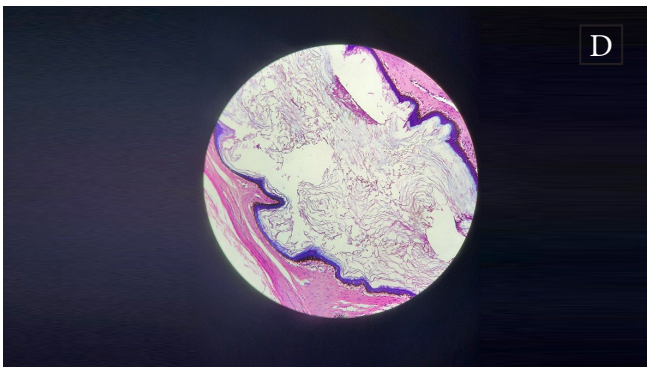


Fig.1 clinical images. (A) and (B) Preoperative appearance of vulvar mass. (C) Intraoperative appearance of the cyst. (D) Histopathological appearance of the epidermoid cyst lined by stratified squamous epithelium and filled with keratinous material.

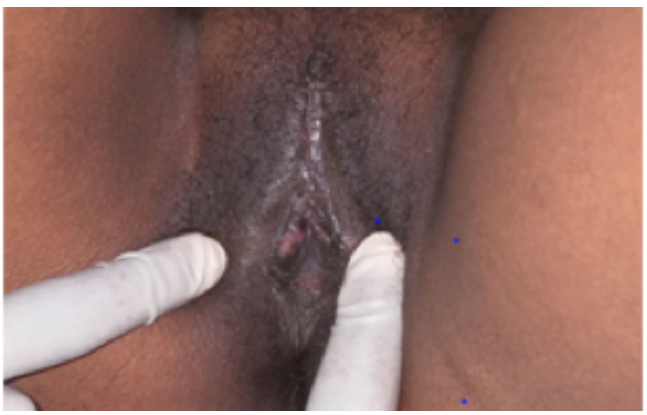


Fig. 2 postoperative appearance of vulva on day 7 check up visit

DISCUSSION

This case report described the presentation of a vulvar epidermoid cyst with its psychological impact on a 20 year-old nulliparous woman. Epidermoid cysts represent the most common cutaneous cysts. Epidermoid cysts can be localized on any part of the human body, especially inside the mouth, on the extremities, and on the scalp when exposed to trauma; however, they are rarely seen in the vulvar region. Vulvar cysts can arise as a result of implantation of squamous epithelium under the dermis or subcutaneous tissue following trauma to vulvar area or during the procedure of FGM, which leads to the accumulation of epidermal desquamations and secretions in a circumscribed space of dermis or subcutaneous tissue [4,5]. In our case, the patient had undergone genital cutting at the age of 6, but no history of trauma to perineal area. These cysts grow slowly, usually without symptoms, and may become infected causing pain and discomfort. They may rarely grow to the size that cause sexual difficulty, difficulty of urination and may restrict movement. They may cause psychological problems, including disfigurement, shame, and fear of cancer, and they may affect the personal and family life of the patient [6]. Our patient had a boyfriend and had sexual intercourse but abstained for almost two years because she had associated sexual difficulty (discomfort during initial penetration).

The diagnosis is usually made by careful genital examination, a soft, mobile, non-tender mass in the clitoral region in the absence of any virilization sign is the typical physical finding [1], which is in accordance with the findings of our patient. US can differentiate a cystic mass and its relationship with nearby structures like urinary tract and MRI is important to characterize the location and consistency of the vulvar mass and its extension to surrounding tissue [2]. In our case US showed benign lobulations and septations in a cystic swelling.

CONCLUSION

Medical practitioners should be aware of all complications associated with FGM and its psychological and its psychosexual impact, as well as surgical technique of excision with the aim of achieving a successful surgical and cosmetic outcome.

COMPETING INTERESTS

Theauthorofthiscasereportdeclarednocompeting interests.

CONSENT

Written informed consent was obtained from the patient for publication and any accompanying images. A copy of the written consent is available.

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