

Vulval cyst - A diagnostic dilemma

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ABSTRACT

Vulval cysts are very uncommon. Epidermal cyst can be seen in many sites including face, trunk, and extremities but its occurrence in vulva is uncommon. This may be a first case of epidermal cyst of vulva reported in this region.

Key words: Bartholin's cysts, lamellated keratin, post circumcision cysts, pultaceous material, Vulva

Introduction

Cystic masses of the vulva are relatively uncommon. Because of the rarity and diversity in etiology and pathology with simple presentation, it becomes a challenge and diagnostic dilemma to diagnose and treat appropriately. Here we are presenting, probably a first case report of epidermal vulval cyst.

Case Details

A 60 year old female patient presented to the hospital with chief complaints of swelling in the pubic region since 18 years, with no other complaints. She had a marital life of 40 yrs with seven live children.

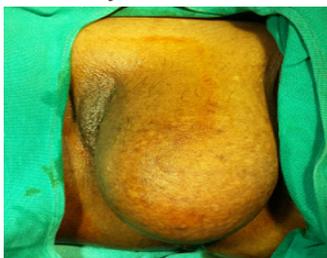


Fig.1: clinical photograph of epidermal vulval cyst (9x7x5cm) on the left side.

Discussion

We present here a case of huge epidermal cyst measuring 9x7 cms probably the first in the literature. Various other cysts & swellings of various origins are reported in the literature. The differential diagnosis of vulval cysts include benign and malignant swellings like lipomas,^{1,3} liposarcomas,⁴⁻⁶ Bartholin's cysts ± hydradenoma papilliform, mucinous vulvar cysts, inguinal hernias, obturator hernia,^{11,12} subpubic cartilaginous cysts,^{13,14} pseudosynovial cysts, subchondral cysts, Gartner's cyst, Nabothian cysts, Paratubal cysts, post circumscisional cysts⁷⁻¹⁰ specially in Africa and epitheloid sarcoma which is more aggressive in genital region compared to other parts of body.

The frequently occurring Bartholin's cysts usually occur in the lower half of the vulval region. Lipomas occur anywhere on the vulva, post circumcision cysts occur around the clitoris, whereas malignant and other skin conditions can occur anywhere.

Although careful physical examination is mandatory to avoid misdiagnosis, presentation of a swelling with soft consistency is sometimes difficult to differentiate clinically and need further investigations like Ultrasonogram (USG), Computerised Tomography (CT), Magnetic Resonance Imaging (MRI) and Biopsy etc. Some conditions need simple excision and others need radical procedures.

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Summary

A 60-year-old female patient presented to the hospital with chief complaints of swelling in the vaginal region since 18 years with no other complaints except that the swelling which was initially of 2x1cm had gradually progressed to present size of 9x7cm with no signs of inflammation. After preoperative consent and preparation, the swelling was explored and found to be a cyst with pultaceous material coming out of the opening (Fig. 2). This was excised completely with haemostasis.



Fig. 2: Intra operative photograph showing pultaceous material.

The excised specimen was sent for biopsy and histopathological examination revealed benign epidermoid vulval cyst (Fig. 3, 4). Post operative period was uneventful.

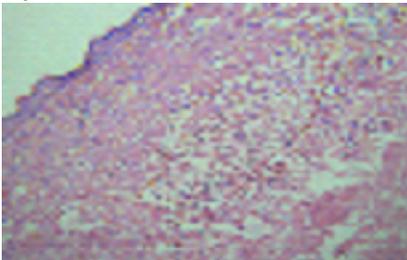


Fig. 3: Histology showing epithelium and lamellated keratin

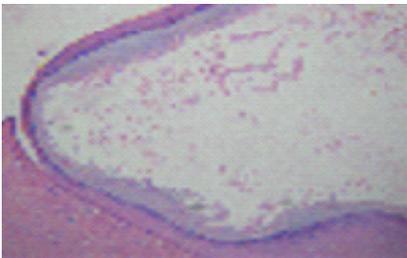


Fig. 4: Pultaceous material within the lesion

Though various conditions like lipomas,² Bartholin's cyst, nabothian cysts, Gartner's cyst, mucinous cysts and hernias were reported in literature previously, there is no literature showing epidermal vulval cyst

and this may be the first case in this region.

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