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## Case Report

# Clitoral inclusion cyst in an adult: a rare presentation

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### ABSTRACT

Dermoid cysts are benign lesions that grow slowly and can occur anywhere in the body. Clitoris is an extremely rare site for dermoid 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.

**Keywords:** Clitoral Cyst, Clitoral dermoids, Epidermoid cyst, Spontaneous dermoids

### INTRODUCTION

Dermoid cysts are benign lesions that grow slowly and can occur anywhere in the body. Epidermoid cysts occur commonly over the face, trunk, scalp, neck and extremities. A mature teratoma is called as a dermoid cyst. Vulva is a rare site, however clitoral and labial cysts have been reported in literature.<sup>1,2</sup> A preceding history of trauma of some form is associated and very rare cases of clitoral dermoids without history of trauma have also been reported.<sup>1,3,4</sup> 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. At the first visit, after gaining the history and following physical examination surgical treatment was advised and patient has been totally asymptomatic after removal.

### CASE REPORT

A 45-year-old, multiparous female presented with no significant past history of trauma, developed a gradually

progressive clitoral 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 clitoral 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.



**Figure 2: Clinical examination picture showing the cystic lesion from undersurface view. The vaginal opening is seen free from the lesion.**



**Figure 3: Intraoperative picture showing incision on the undersurface of the labia minoral folds to enucleate the dermoid cyst.**

With the clinical diagnosis of a clitoral 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). Excised specimen was sent for histopathology (Figure 6). 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.



**Figure 4: Intraoperative picture showing circumferential dissection of cyst from surrounding structures.**



**Figure 5: Postoperative picture showing repaired labial defect after enucleation of cyst.**



**Figure 6: Excised specimen of the cyst.**

## DISCUSSION

Clitoral 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.<sup>1,5,6,8</sup> The delayed presentation is usually due to psycho-social inhibition on the part of females to seek medical aid.<sup>7,8</sup> 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,<sup>8</sup> various tests may be undertaken to rule out other causes of clitoromegaly, especially if the patient is a child as in children it is a clinical challenge to differentiate it from ambiguous genitalia.<sup>5</sup> Clitoral 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 clitoral tumors reported include fibroma, leiomyoma, angiokeratoma, pseudolymphoma, hemangioma, lymphangiofibroma, hemangiopericytoma, myiasis, granular cell tumors and neurofibromas, besides cystic lesions.<sup>9,10-14</sup> Also seen are malignancies include carcinoma, endodermal sinus tumor, sarcoma, rhabdomyosarcoma, schwannoma, epitheloid hemangioendothelioma and lymphoma.<sup>15,16</sup> 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

Clitoral 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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