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Case Report

RETRORECTAL EPIDERMOID CYST IN A MALE: A CASE REPORT

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ABSTRACT
Epidermoid cyst is a common occurrence in the skin. The occurrence of such a cyst in the retrorectal space in rare and that to in a male is extremely rare. These tumours can arise from any one or more of the cells present in the presacral space during embryogenesis. Due to their location they may be accidentally discovered or may enlarge in size to compress surrounding structures. As these tumours have a high risk of infection and malignant transformation, they should be excised. The treatment is complete surgical excision to prevent recurrence. We present a case of 39 years old male patient who had a mass in the pelvis on USG. He underwent a laparotomy which revealed a mass in the lateral border of the rectum, on excision it contained sebum like material. On histopathology it showed Kertainous cyst – Epidermal type (pelvic mass).

Keywords: *Epidermoid Cyst, Kertainous Cyst, Epidermal Cyst, Retrorectal Cyst*

INTRODUCTION
An epidermoid cyst is a benigncyst usually found on the skin. Extraperitoneal cysts in the pelvis near the rectum are rare entities, the finding of a epidermoid cyst in a male is even more rare. They have been also called as epidermal cyst and keratin cyst. They can from any one or more of the cells present in the presacral space during embryogenesis due to developmental fault. The presentation is accidental findings at laparotomy or on CT scan for some other pathology. Sometimes they may grow to a large size and compress the surrounding structures giving rise to symptoms.

CASES
We present a case of 39 year old male patient presenting with symptoms of left lower ureteric calculus, on investigations he was found to have a mass of 75 x 70 x 60 mm posterior to the bladder. CT scan showed cystic lesion along the right lateral aspect of the rectum abutting and compressing the right half of the prostate, right seminal vesicle and rectum. After routine investigations he was posted for diagnostic laparoscopy followed by a laparotomy was revealed a mass in the retrorectal space occupying the sacral hollow. The mass was cystic in nature containing sebum like material. Complete excision of cyst done, abdomen was closed inlayers after keeping a drain in the pelvis. The post-operative recovery was uneventful.

DISCUSSION
The presacral space or retrorectal space contains different types of embryonic tissue (Sierra-Montenegro *et al.,* 2009). It therefore becomes potential site for several tumors including epidermoid cyst. These developmental cysts are rare and formed due to congenital injuries with significant manifestations in the adult (Sierra-Montenegro *et al.,* 2009).These cysts are divided into two major groups (Palanivelu *et al.,* 2008): teratomas and developmental cysts. Developmental cyst have been classified as epidermoid cysts, dermoid cysts, enteric cysts (tailgut cysts and cystic rectal duplication), and neurenteric cysts according to their origin and histopathologic features (Dahan *et al.,* 2001). Although developmental cysts are often asymptomatic, patients may present with symptoms resulting from local mass effect (e.g., constipation, rectal fullness, lower abdominal pain, dysuria), with a palpable retrorectal mass at digital rectal examination. They may presentwith a complication like infection with fistulization, bleeding, and malignant degeneration. A well-defined, unilocular or multilocular, thin-walled cystic lesion is the main

imaging feature. Uncommonly, a sacral bone defect and calcifications are associated with developmental cysts. The differential diagnosis includes cystic sacrococcygeal teratoma, anterior sacral meningocele, anal duct or gland cyst, necrotic rectal leiomyosarcoma, extraperitoneal adenomucinosis, cystic lymphangioma, pyogenic abscess, neurogenic cyst, and necrotic sacral chordoma. There is little information on their natural history and biologic behavior, although a recent study has reported a greater incidence of malignant change (Gennaro *et al.*, 2012). The diagnosis requires high-resolution CT scan imaging and or MRI. This helps not only in diagnosis but also in planning the surgical approach. Surgical resection appears to be the mainstay of treatmentfor a correct diagnosis of the mass and complete removal (Franceso *et al.*, 2006). In fact, infective complications may occur and the increasing volume of the cyst can give clinical symptoms. Posterior approach is indicated for low or mid presacral space tumors (Luigi *et al.*, 2002). The abdominal approach may be adequate for large developmental cysts. Although rare these cyst are being more so reported in the literature mainly due to improved diagnostic modalities.

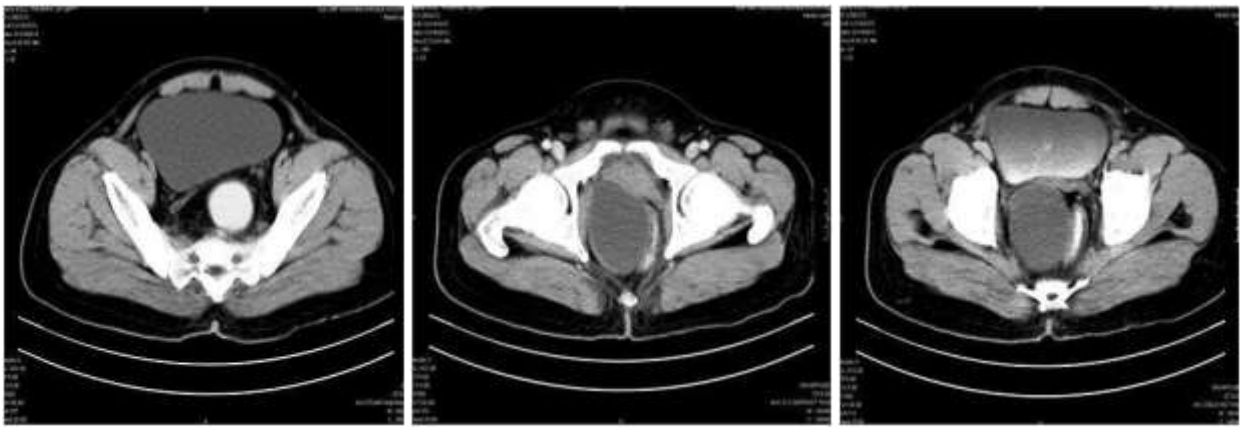

Figure 1 **Figure 2** **Figure 3**

Figure 1-3: CT SCAN showing the retrorectal mass

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