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Giant epidermal cyst involving ischiorectal fossa: Clinical images with MRI demonstration

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Introduction

The ischiorectal fossa is the largest space among the perirectal spaces. The benign neoplasms that develop in the ischiorectal originate from different components that vary from benign to malignant lesion. Epidermal cysts occur as a result of the migration of epidermal cells into the dermis. Usually lesion being small, solitary, and slow-growing, located on the trunk, face, scalp and neck, [1] with uncommon case of larger masse reported in the ischiorectal fossa. A 32-year-old non-diabetic non-hypertensive female visited the outdoor patient department with complaints of swelling at the perianal region with discomfort in sitting for 7 months. The patient had a history of incision and drainage perianal abscess at left perianal region 1 year back. On examination cystic swelling at the left gluteal region with no tenderness. MRI of the pelvis region suggested a well-defined benign cystic lesion in the left ischioanal fat with displacement anal canal and left levator ani muscle with focal rupture within fibers of left levator ani muscle with focal inflammatory changes. Size of lesion measures 51 x 48 x 92 mm. No supralevator extension or no communication with anal canal (Figures 1-3). Under spinal anaesthesia, the cyst at ischiorectal fossa (Figure 4) was excised but capsule of cyst ruptured and milky white liquid collection found (Figure 5). Wound was closed with Vicryl 2-0 round body needle and skin closure was done with Ethilon 3-0 reverse cutting body needle (Figure 6). On 7th post-operative day, the patient presented with a burst wound. The wound base was covered with slough and serous discharge was there. So wound is kept open for secondary intention healing. Patient advised daily sitz bath with Panchavalkal kwatha and wound dressing done with Apamarga kshara Oil.

References

1. Faria SC, Elsherif SB, Sagebiel T, et al. Ischiorectal fossa: Benign and malignant neoplasms of this ignored radiological anatomical space. Abdom Radiol. 2019; 44: 1644-1674. https://doi.org/10.1007/s00261-019-01930-7.

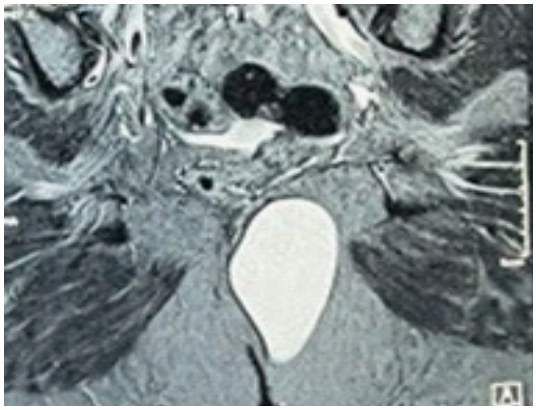

Figure 1: Hyperintense on T2-weighted image - Axial view.

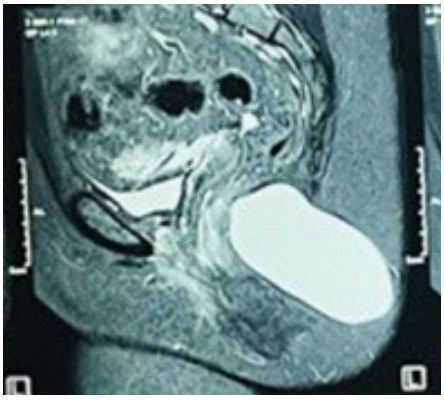

Figure 2: Hyperintense on T2-weighted image - Sagittal view.

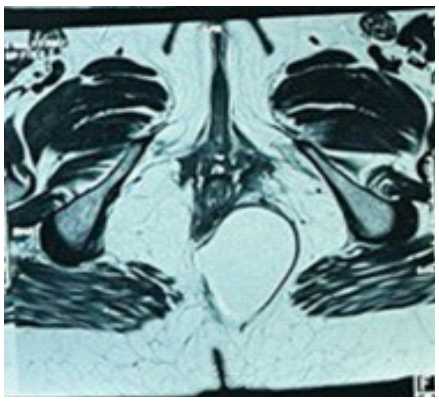

Figure 3: Hypointense T1 weighted image.

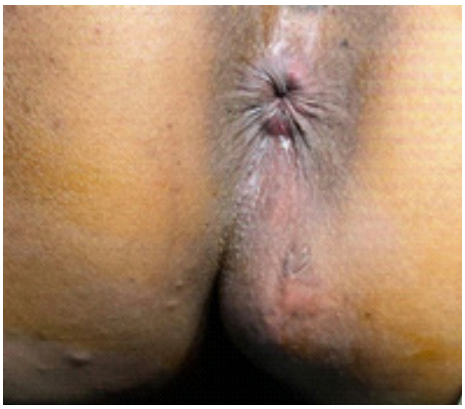

Figure 4: Pre operative.

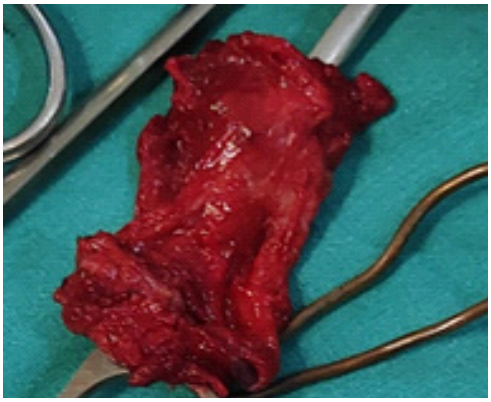

Figure 5: Excised cyst capsule.

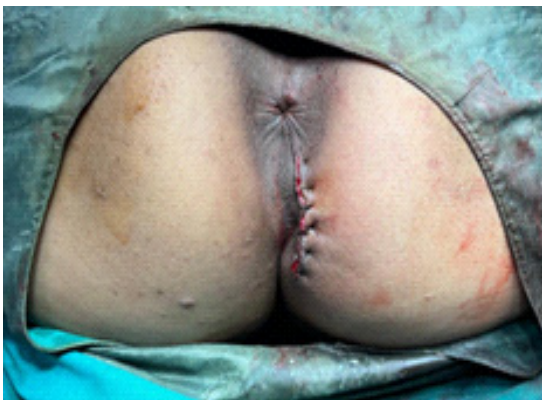

Figure 6: Post operative.