



Rare Presentation of Retrorectal Epidermoid Cyst

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Clinical Image

A 42-year-old female with a past medical history of hypertension and chronic anemia presents to the hospital with worsening intermittent lower abdominal/pelvic pain radiating to the back. CT scan of the abdomen and pelvis revealed a large cystic mass measuring 12.6 cm × 15.2 cm × 12.2 cm arising from the posterior rectal region and extending into the midline gluteal fold (Figure 1). MRI of the pelvis showed a unilocular cyst with no communication to the spine which was minimally heterogenous on T2-weighted imaging. Tumor markers including LDH, CEA, CA 19 to 9, CA-125, AFT and Metanephrines were all within normal limits. Differential diagnosis included epi-dermoid cyst, pilonidal cyst, atypical duplication cyst or cystic malignancy (Figure 2). The patient underwent open excision of the mass via a posterior paracoccygeal incision. Final pathology revealed an epidermal inclusion cyst. Retrorectal/presacral epidermal cysts are rare, benign masses that may increase in size over time and become infected and inflamed.

Keywords: Hypertension; Retrorectal epidermal cyst; Abdominal Pain; Unilocular cyst

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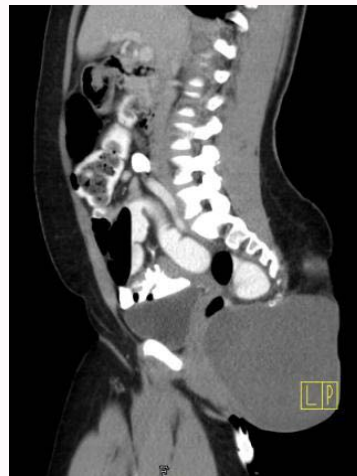


Figure 1: CT scan of the abdomen and pelvis showing large cystic mass measuring 12.6 m × 15.2 cm × 12.2 cm arising from the posterior rectal region and extending into the midline gluteal fold.



Figure 2: Sacrococcygeal mass with pathology resulting as epidermal inclusion cyst.