Retrorectal Epidermoid Presenting as Difficulty in Bowel Evacuation

Vineet K. Verma

Received: 4 May 2010 / Accepted: 5 January 2011 / Published online: 16 October 2011
© Association of Surgeons of India 2011

Abstract A rare case of retrorectal epidermoid is presented which was diagnosed by digital rectal examination and sonography. The tumor was removed through perineal approach. Literature of this rare tumor is briefly described.

Keywords Presacral dermoid · Tumours

Introduction

Tumors of retrorectal space—the space that lies between upper two-third of rectum and sacrum, above the rectosacral fascia—are rare. This space is bound anteriorly by the rectum, posteriorly by the presacral fascia and endopelvic fascia and contains multiple embryogenic remnants. Retrorectal tumours are usually classified as congenital, inflammatory, neurogenic, osseous, or miscellaneous [1]. More than 50% of these lesions are congenital. Developmental cysts constitute majority of the congenital lesions and may arise from any of the germ cell layers [2]. Developmental cysts often contain columnar or transitional epithelium (tailgut cysts or mucus-secreting cysts) or squamous epithelium with (presacral dermoid) or without (epidermoid) skin appendages [1]. More common in females, developmental cysts are often diagnosed in the fourth and fifth decade of life. They are often asymptomatic and are discovered incidentally during anal digital examination as a soft, compressible, ill-defined mass behind the rectum [1, 2]. Some patients complain of pain, particularly when sitting. Other complaints include constipation, urinary

Fig. 1 Removed epidermoid from retrorectal space

symptoms, recurrent infection. The diagnosis is often confirmed by CT scan, magnetic resonance imaging or endorectal ultrasound. Other diagnostic tests (e.g. barium enema, sigmoidoscopy, intravenous pyelogram) may be

Fig. 2 Histopathological view of epidermoid cyst

V. K. Verma (✉)
Department of Surgery, Hardoi Nursing Home,
Hardoi, UP, India
e-mail: vidrsab@yahoo.com

used selectively. Surgical resection is the treatment of choice, even in asymptomatic patients. Removing them will help confirm the diagnosis, exclude malignancy and prevent infection [1, 3].

Case Report

A 60 year old female presented with a history of difficulty in evacuation of bowel, and mild discomfort in perianal region of 4 months duration. A digital rectal examination was done and a bulge palpated on the posterior rectal wall. Hemogram and other routine blood investigations were within normal limits. A sonography showed a rounded hyperechoic area posterior to the rectal wall.

The patient was operated under spinal anaesthesia. An incision was made extending from coccyx to postanal margin. Rectum with its sphincter was mobilized anteriorly and the tumor removed (Fig. 1). The wound was closed without placement of drain. Histopathological examination

classified the tumour as epidermoid cyst (Fig. 2). Postoperative period was uneventful and patient is currently asymptomatic.

Discussion

Incidence of retrorectal tumors are rare; the common lesion being developmental cyst. Patients present with low back pain, urinary and gastrointestinal symptoms. Pelvic MRI is done to diagnose the condition. Surgical removal is the treatment of choice.

References

1. Uhlig BE, Johnson RL (1975) Presacral tumours and cysts in adults. *Dis Col Rectum* 18:581–589
2. Kodner IJ. Rectal cancer. In: Zinner MJ, Schwartz SI, Ellis H (editors)
3. Simpson A, Stewart RJ, Humphreys WG, Park TG (1986) The presentation and management of presacral tumours. *Br J Surg* 73:153–155