

VULVAL EPIDERMOID CYSTS

T. Di Prima, R. De Pasquale and G. Gangemi

ABSTRACT

Epidermal cysts are benign neoplasms appearing in the skin and are surrounded by an epithelial wall which is similar to the superficial epithelium. They are most frequently located on the face, trunk, extremities and on the scalp, while they are very rare on the vulva.

A case of epidermoid cysts on labia majora in a 47-year-old patient is described.

KEY WORDS

epidermoid cysts, vulva

INTRODUCTION

Epidermal cysts are benign unilocular neoplasms located in the dermis, usually globe-shaped, with an epithelial wall which is similar to the superficial epidermis. The most frequent seats in decreasing order are: the face, the trunk, the

extremities and the scalp, with a male/female ratio of 2:1. They are very rare before puberty. A case of vulva-seated epidermoid cysts located on the vulva is described.

CASE REPORT

A 47-year old female patient came under observation in November 1992 because of the presence of numerous globe-shaped whitish protuberances located on labia majora. The first lesions, a few millimeters wide, had appeared nearly three years earlier at the right labium majus.

Due to lack of any discomfort the neoplasms were disregarded by the patient until September 1992, when numerous clinically identical lesions appeared. The patient grew uneasy as the lesions were becoming larger and more numerous, and decided to consult a medical doctor. Clinically, on the inner side of the labia majora numerous hemispherical nodules, a few millimeters wide, were observed, whereas the two initial lesions were pea-sized. (Fig. 1).



Fig. 2 Histopathology: two unilocular cystic formations filled out with keratin-like material. The walls are composed of epithelial layers similar to the covering epithelium of the labia.

The cysts were movable to palpation, but the overlying skin adhered to them. The lesions were whitish, of hard or elastic consistence. They were arranged in clusters. The routine laboratory tests yielded normal values, except for hypertriglyceridemia of 342 mg/dl (normal values 50-170 mg/dl).

The histopathological examination (Fig. 2) revealed two cystic unilocular formations, filled with keratin-like material. The wall was composed of epithelial layers similar to the covering epidermis (Fig. 3). At a higher magnification (Fig. 4) a connection between the covering epithelium and the deeper-seated cysts was evident.

DISCUSSION

Epidermal cysts are very rare on the vulva. Only among Nigerian Ibo people, the vulva represents the elective seat of these neoplasms. Such a wide incidence seems to be the result of the usual practice of "circumcision" to which the girls

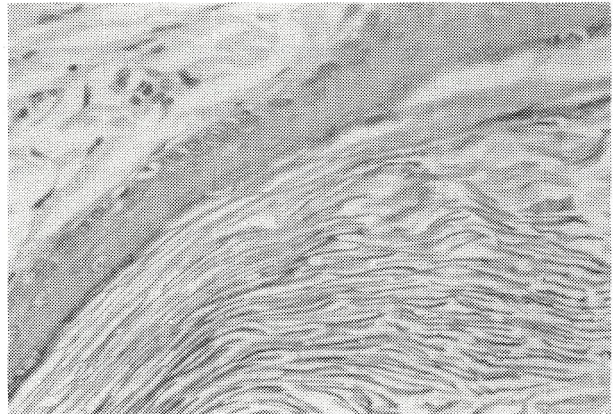


Fig. 3 Histopathology: epidermal cyst and the overlying epithelium

belonging to this tribe are subjected. The practice consists of the clitoris asportation, partial vulvectomy and excision of labia minora.

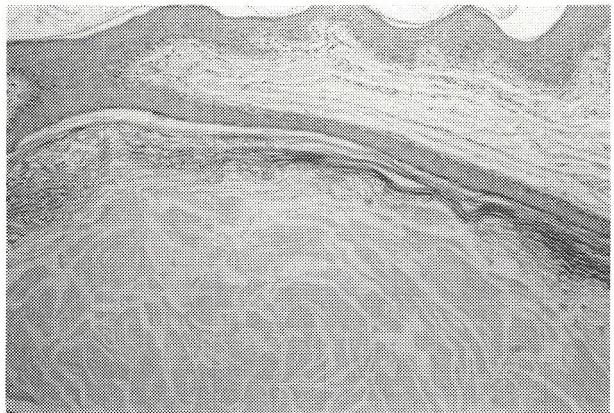


Fig. 4 Histopathology: a connection between the covering epithelium and the wall of the cyst can be seen

A strict correlation undoubtedly exists between this cruel procedure and the onset of the cyst and this seems to corroborate the hypothesis of those authors who consider traumatism as the responsible agent in the formation of cystic lesions (1).

However, other authors suppose the cyst derives from the infundibular epithelium (i.e. the epidermal component of piliform folliculus) (2).

According to this assumption the cyst can originate from an aberration following the healing of an infundibular folliculitis. In the present case no inflammatory or traumatic event could be traced. The case is reported because of the rarity of the localization of the cyst, compared with other regions, especially with the scrotum (3) (Fig. 5) which is embriogenetically identical with labia majora.

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Fig. 1 Epidermoid cysts of the vulva: multiple hemispherical nodules on the labia majora

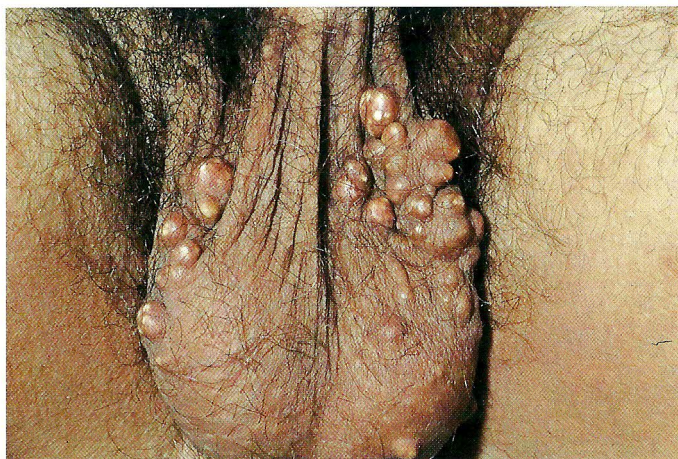


Fig. 5 Cysts of the scrotum are not a rare observation