ejpmr, 2025, 12(7), 224-225

SJIF Impact Factor 7.065

EUROPEAN JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH

www.ejpmr.com

Case Study

ISSN (O): 2394-3211

ISSN (P): 3051-2573

LATERAL VAGINAL WALL EPIDERMAL INCLUSION CYST MIMICKING PROCIDENTIA: A CASE REPORT

Meenakshi Thakur*[1], Vikrant Chauhan[2], Amar Dass[1] and Himani Adlakha[1]

[1]Junior Resident, Dept. of Obstetrics and Gynaecology, Dr. Rajendra Prasad Government Medical College, Tanda, Kangra, Himachal Pradesh, India.

[2]Assistant Professor, Dept. of Obstetrics and Gynaecology, Dr. Rajendra Prasad Government Medical College, Tanda, Kangra, Himachal Pradesh, India.

***Corresponding Author: Meenakshi Thakur**

Junior Resident, Dept. of Obstetrics and Gynaecology, Dr. Rajendra Prasad Government Medical College, Tanda, Kangra, Himachal Pradesh, India.

Article Received on 11/05/2025 **Article Revised on 01/06/2025** **Article Accepted on 22/06/2025**

ABSTRACT

Background: Epidermal inclusion cysts of the vagina are rare, benign lesions usually resulting from trauma or surgery. **Case Summary:** A 38-year-old multiparous woman presented with a one-year history of vaginal bulging and recent foul-smelling discharge and urinary retention. Clinical examination revealed a large vaginal mass resembling procidentia. MRI confirmed a 7 cm unilocular cyst in the right lateral vaginal wall. Following resolution of infection, complete surgical excision via vaginal route was performed. Histopathology confirmed an epidermal inclusion cyst. **Conclusion:** Vaginal epidermal inclusion cysts can mimic pelvic organ prolapse. High suspicion, proper imaging, and surgical excision are key to management.

KEYWORDS: Epidermal inclusion cyst, vaginal cyst, procidentia mimic, pelvic organ prolapse, vaginal wall mass.

INTRODUCTION

Epidermal inclusion cysts are benign epithelial-lined lesions formed by the implantation of epidermal elements into the dermis or submucosa, typically due to trauma or iatrogenic causes. Though commonly found on cutaneous surfaces, they may rarely develop within the vaginal wall, particularly in the posterior or lateral locations.[1] These cysts are usually small and asymptomatic but can grow significantly, leading to pelvic discomfort or a mass effect that mimics pelvic organ prolapse.[2]

We present a rare case of a lateral vaginal wall epidermal inclusion cyst that mimicked procidentia (which was infected and caused urinary retention) to underscore the importance of thorough evaluation in women presenting with vaginal bulging.

CASE REPORT

A 38-year-old multiparous woman (P3L3) presented with a one-year history of a progressively enlarging vaginal bulge, associated with pelvic pressure and a dragging sensation on prolonged standing. She started having foul smelling discharge and urinary retention on and off for one month. There was no history of bowel, or sexual dysfunction. Her medical, surgical, and obstetric histories were unremarkable.

On gynaecological examination, there was profuse foul smelling discharge, mass bulging through introitus resembling procidentia and could not be repositioned. The position of uterus and cervix could not be assessed. Patient was catheterised and douching packing of mass was done under antibiotic cover daily for two weeks till the infection resolved and size of mass significantly reduced.

Transvaginal ultrasonography revealed a 7*8 cm well-circumscribed anechoic lesion in the right lateral vaginal wall, separate from adjacent pelvic organs. MRI confirmed a 7 cm unilocular, fluid-filled lesion with smooth borders and no enhancement, suggestive of an epidermal inclusion cyst.

After the treatment of infection, surgical excision via the vaginal route was planned. Intraoperatively, a well-encapsulated cyst was identified and excised completely without complication. Postoperative recovery was uneventful.

Histopathology revealed a cyst lined with stratified squamous epithelium containing laminated keratin, confirming the diagnosis of an epidermal inclusion cyst. No atypia or malignancy was found. At consecutive follow-up, the patient remained asymptomatic, and there was no evidence of recurrence.

DISCUSSION

Epidermal inclusion cysts in the vagina are rare and typically result from trauma such as childbirth, episiotomy, or surgery.[3] These cysts contain keratin and are lined with stratified squamous epithelium. Though often small and incidental, large cysts can cause significant mass effect, potentially mimicking genital prolapse.[1]

True pelvic organ prolapse involves descent of pelvic organs due to pelvic floor weakness, while inclusion cysts remain localized masses without organ displacement. Differentiating between these conditions is essential to avoid unnecessary surgical interventions like pelvic floor repair.[2]

Ultrasound is useful in initial assessment, but MRI is superior for detailed characterization, especially in large or atypical lesions.[4]

Complete surgical excision is the treatment of choice for symptomatic or enlarging cysts. Vaginal excision provides excellent access and has minimal morbidity. Histopathologic analysis is necessary to confirm the diagnosis and rule out malignancy.[5]

This case emphasizes the importance of considering vaginal cysts in the differential diagnosis when evaluating women with vaginal bulging to ensure appropriate management.

CONCLUSION

Vaginal epidermal inclusion cysts, though uncommon, can mimic pelvic organ prolapse due to their mass effect and location. They should be considered as part of the differential diagnosis in women presenting with vaginal bulging or pelvic pressure, especially in the absence of true organ descent. Early and accurate diagnosis through clinical examination and imaging, particularly MRI, is essential to distinguish these cysts from pelvic organ prolapse. Complete surgical excision remains the gold standard treatment, with excellent outcomes and minimal risk of recurrence. Raising awareness about this rare clinical entity can aid in proper diagnosis and avoid unnecessary pelvic reconstructive surgeries.

Declarations
Funding: none
Conflict of interest: none declared
Ethical approval: not required
Informed consent: obtained from the patient for publication.

REFERENCES

1. Dasari p, sagili h, rajamaheswari n. Inclusion cyst of the vaginal wall mimicking cystocele. J obstet gynaecol india, 2012; 62(5): 577–78.
2. Varras m, akrivis c, plis ch, tsoukalos g, antoniou n. Vaginal epidermal inclusion cyst: a case report. Clin exp obstet gynecol, 2004; 31(1): 73–74.
3. Thaker r, ray s. Epidermal inclusion cyst of the vagina: a rare entity. J clin diagn res., 2015; 9(4): qd01–02.
4. Dadhich s, karmakar d. An unusual presentation of a large vaginal inclusion cyst. Int j reprod contracept obstet gynecol, 2017; 6(6): 2689–91.
5. Berek js. Berek & novak's gynecology. 16th ed. Philadelphia: lippincott williams & wilkins, 2019.