



# REVISTA DE GASTROENTEROLOGÍA DE MÉXICO

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## CLINICAL IMAGE IN GASTROENTEROLOGY

### Giant perianal cyst: An atypical location of an epidermoid cyst

### Quiste perianal gigante. Una localización atípica de un quiste epidermoide

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A 32-year-old woman presented with a gluteal tumor of 15-day progression and no fever or signs of infection. Physical exploration revealed an immovable ligneous induration with no cutaneous changes. A computed tomography scan (Fig. 1) identified a well delineated collection, measuring  $89 \times 132 \times 140$  mm, in the left ischioirectal region, with no clear origin. Given the deep location and significant size of the lesion, complete surgical excision was performed, obtaining a sebaceous cyst that weighed approximately 1 kg (Fig. 2).

Culture identified *Staphylococcus aureus*, *Escherichia coli*, *Actinomyces* spp., and anaerobes. Meropenem was administered due to a history of previous infections. Post-operative progression was favorable, and the patient was released on postoperative day two.

Epidermoid cysts in the perianal and ischioirectal region are extremely rare, especially when they are large. Their diagnosis can be complex because they may be confused with abscesses, pilonidal cysts, or soft tissue tumors. Computed tomography and magnetic resonance imaging are

essential for evaluating their extension and for surgical planning.<sup>1</sup>

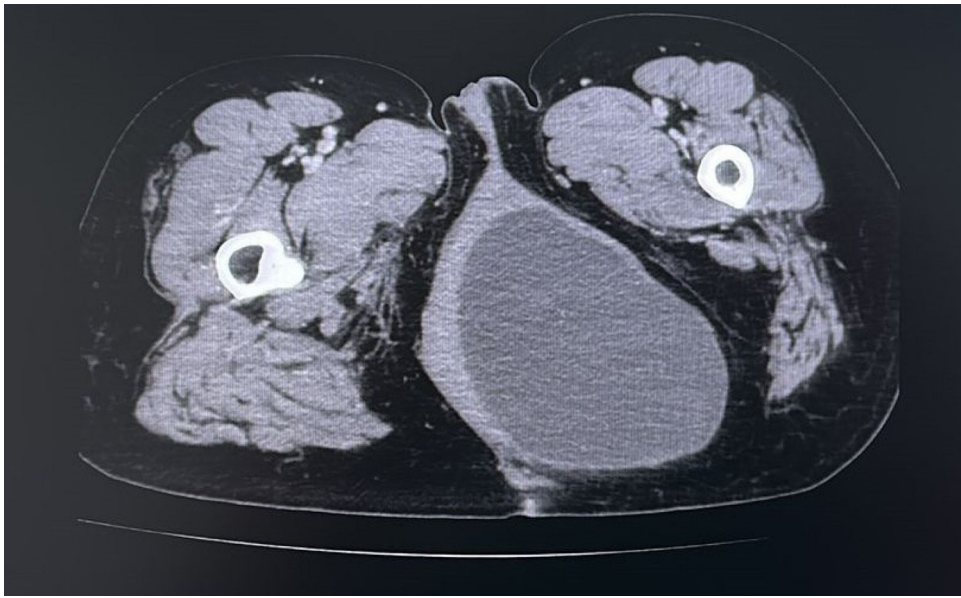
According to the literature, these cysts are benign, slow-growing lesions, and are more frequent in the face, neck, and trunk. Their appearance in the perianal region is exceptional.<sup>2</sup> The treatment of choice is complete surgical excision, preventing recurrences.<sup>3</sup> Epidermoid cysts tend to be asymptomatic, but their growth can produce symptoms of compression or inflammation, making their early identification essential for adequate management.

### Ethical considerations

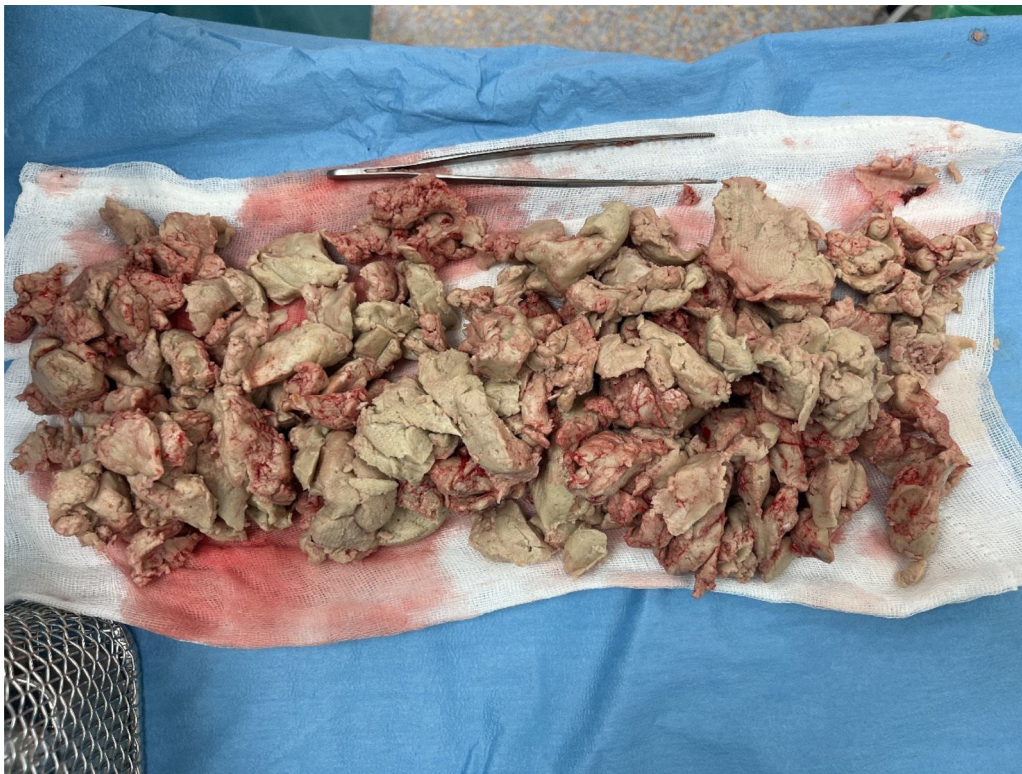
No personal data or information that could identify the patient is included in this article, guaranteeing patient privacy and confidentiality. Informed consent was provided by the patient for the publication of this image and clinical case, and is in the possession of the corresponding author. This work does not constitute clinical or experimental research and so does not require the authorization of an ethics committee. Nevertheless, it follows the current bioethical research regulations, and the case was managed carrying out good medical practices.

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**Figure 1** CAT scan. Gluteal tumor of 15-day progression.



**Figure 2** Sebaceous cyst weighing approximately 1 kg.

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### **Declaration of competing interest**

The authors declare that there is no conflict of interest.

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