

VERY RARE CASE OF FEMALE INGUINAL SWELLING

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ABSTRACT

We reported a very rare cause of female inguinal swelling in our hospital, i.e. epidermal cyst in left inguinolabial region in 35 years old woman which is present since her 10 years of her life.^[1] Clinically, we made a diagnosis of hydrocele of canal of Nuck, but the final diagnosis is made by histopathological examination

KEYWORDS

Inguinal Swelling, Epidermal Cyst.

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CASE REPORT

A 35-year-old lady admitted with c/o swelling in left inguinal region since 10 years of her life (Totally 25 years' duration). Swelling is increasing in size gradually to present size. No h/o bowel or bladder disturbances. Patient having two children born by vaginal delivery and sterilisation done. Patient is not diabetic or hypertensive. No history of any other previous surgery in the past. On examination, swelling of size 10*6 cm palpable in left inguinal region extending up to labia majora which is cystic, transillumination positive, not reducible, not tender, cough impulse absent.

Laboratory test are all within normal limits. Ultrasound abdomen, normal intra-abdominal organs and inguinal region reveals cystic lesion and reported as features suggestive of hydrocele of canal of Nuck.^[2] Patient is explained about the condition of disease and advised for left inguinal exploration and excision.

We proceeded with left inguinal exploration and incision made over swelling and layers deepened till the plane of swelling reached. We mobilised the swelling from labial region until deep ring. Swelling extended up to deep ring, hence mobilise from deep ring and swelling excised in toto. Specimen sent for histopathological examination.

Histopathological examination reveals Cyst lined by benign squamous epithelium, which is matured and differentiated. Cyst filled with lamellated keratin. Cyst wall shows fibrocollagenous muscular tissue. Features suggestive of Epidermal Cyst.^[3]



Fig. 1: Our Case revealing Swelling in Inguino-Labial Region



Fig. 2: Ultrasound revealing Cystic Lesion

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Fig. 3: Intraoperative Findings Mobilising Mass upto Deep Ring



Fig. 4: Specimen Removed in Toto



Fig. 5: Toothpaste-Like Material Inside the Specimen

DISCUSSION

Anatomy of Canal of Nuck

The canal of Nuck, first described by Anton Nuck in 1691. The canal of Nuck is an abnormal patent pouch of parietal peritoneum extending anterior to the round ligament of the uterus into the labia majora through the inguinal ring into the inguinal canal. Incomplete obliteration of this canal (patent processes virginals) can result in either an inguinal hernia or a hydrocele in female children. The pouch accompanies the gubernaculum during development of the urinary and reproductive organs, more specifically during the descent of the ovaries, and normally obliterates.

Epidermal Cyst

Also known as sebaceous cyst. It originates from the follicular infundibulum and lodged in the subcutaneous tissue. Areas of distribution include hairy areas like scalp, trunk and face. Its contents are a cheesy, malodorous mixture of degraded lipid and keratin. It often ruptures with associated pain and inflammation. Treatment is excision.

DIFFERENTIAL DIAGNOSIS

Hydrocele of Canal of Nuck

Inguinal crease or anterior labia majora. It can occur anywhere along inguinal canal. It is Cystic swelling, not reducible, cough impulse negative. Transillumination positive. It is due to remnant of peritoneum.

Inguinal Hernia

Site of presentation is internal ring to vulva. Cystic mass which may be reducible. Cough impulse present.

Vulvar Lipoma

It is located in labia majora. It may be associated with other lipomas in abdomen or thigh. It is subcutaneous, soft fatty, non-cystic, asymptomatic and slow growing lesion.

Vulvar Haematoma

It is located anywhere within vulva. It presents as tense swelling that appears red or bruised, painful associated with trauma.

CONCLUSION

Epidermal cyst should also be considered in diagnosis of inguino-labial swellings, which can be of huge size with chronic duration and can be asymptomatic. This is one of the very rare cause in diagnosing inguino-labial swellings; thus reported here.^[4]

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