Delayed Presentation Of Clitoridal Cyst: A Case Report

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Abstract:

Background: *Genital mutilation (female circumcision) is a common practice in Africa which is done for a variety of reasons. The complications of this practice often present early, but are sometimes delayed.*

Method and results: *The case presented is that of a large clitoridal cyst which presented in the post menopausal period twenty eight years after it's onset. The aetiology, types and complications of genital mutilation are discussed.*

Conclusion: *The harmful practice of genital mutilation is deeply ingrained in sub Saharan Africa. It's elimination will be facilitated by education and media campaigns highlighting it's harmful effects.*

Key words: *Genital mutilation, clitoridal cyst ,delayed presentation.*

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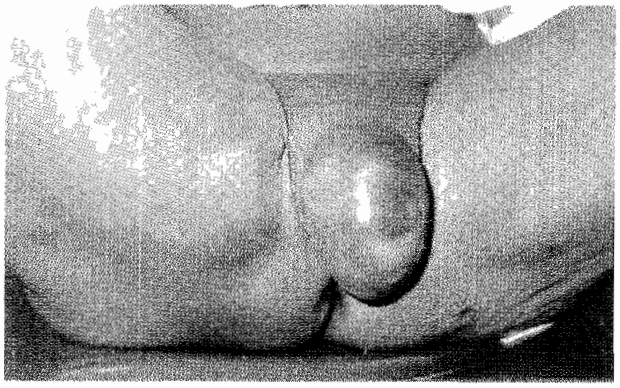
INTRODUCTION:

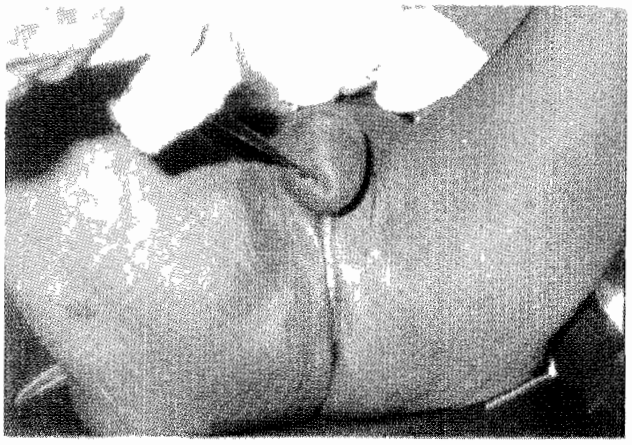
Female genital mutilation, a variant of gender violence [1] is a deeply entrenched cultural practice seen in most parts of Africa. It may be complicated among others by the formation of clitoridal cysts which are commonly seen in childhood when they are relatively small .The case presented is unusual not only because of it's size but also because of it's very late presentation.

CASE REPORT:

Mrs. MA a 65 year old post menopausal woman with six children alive presented on 7/7/06 at the gynaecology clinic of Imo State University Teaching Hospital, Orlu, with a swelling in the region of the clitoris which started after her last delivery 28 years ago. The swelling had been increasing steadily since then. Initially painless, it had become painful in the last two months. The pain was intermittent and was relieved by analgesic tablets. There was no significant medical history and the patient was unaware of any surgical operation done on her vulva.

On examination there was no pallor, oedema or jaundice. Her chest was clinically clear. She had a blood pressure of 140/80 mmHg, pulse rate of 72/min with normal heart sounds . The abdomen was flat with no organomegaly. The vulva and vagina were normal while the clitoris was replaced by a large sausage shaped mass (Fig 1) measuring 10x6x6 cm in the longitudinal, transverse and anterior posterior dimensions. The mass was soft in certain areas, firm in others but not tender. A diagnosis of clitoridal cyst was made. Routine investigations showed a packed cell volume of 35%, WBC of 3,600 /dl and HIV test was negative.





At operation on the 19/7/06 under general anaesthesia, the tumour was dissected ,excised and the skin reconstituted. The blood loss was about 200ml. There was no post operative complication and the patient was discharged on 26/7/06.

Histology showed numerous locules of small cysts bordered by fibrocollagenous stroma. A portion of the tissue showed diffuse sheets of fairly uniform lymphocysts.Histological diagnosis: Chronically inflamed cyst (Clitoridal Cyst).

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DISCUSSION:

The case presented is that of a clitoridal cyst which presented nearly three decades after it's onset. It is remarkable both for the size at presentation and the long delay before presentation as most clitoridal cysts are small and are commonly seen in childhood.

They result from genital mutilation, a practice which is prevalent in sub Saharan Africa where prevalence rates of 100 % have been recorded.[2] An unusually high frequency of vulval keratinous cysts has been reported in Nigerian children related to female circumcision.[3] They were also the commonest childhood benign surgical gynaecological lesion (28%) seen in children [4] and accounted for 48.7% of the post circumcision complications [5].

Three types of female circumcision have been described. These are Type 1 (Sunna), type 2 (Matwasat) and type 3 (Pharaonic) [6]. The type 1 procedure is prevalent in Nigeria and was done here as the vulva was intact while there was no evidence of the clitoris. Reasons cited for the practice include culture, improving the prospects of marriage [7,8], neatness, and greater satisfaction of the husband. The role of religion is doubtful as the practice cuts across all religions where it is practised. There is also no evidence that the Islamic religion considers it obligatory. Most complications are seen in childhood or during childbirth. They may be immediate or delayed and include haemorrhage, gynotresia, fistulae, defective sexuality and clitoridal cysts. Others are chronic pelvic inflammatory disease, dyspareunia and tetanus [2,9,10] as the operation is often done in an unhygienic environment by lay practitioners.

While the eradication of the practice is desirable given it's numerous complications, it is so ingrained in the culture that even legalistic options have failed in the past [2]. A more subtle and integrated approach which involves counseling, education and the media is suggested. It is encouraging that the more educated and economically better off women are the less supportive they are of the procedure. [2]

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