Indian Journal of Surgery (1992), 54 (3-4), 177-179

Retrorectal dermoid in a female aged 40 years
(A CASE REPORT)

T. K. LAKSHMIKANTH*, M. S. VENKATESH**, C. SEETHARAMAIAH§

(From the Department of Surgery, Karnatak Medical College, Hubli)

ABSTRACT

Congenital malformations occurring in the sacrococcygeal region are rare. Retrorectal tumours are encountered infrequently in adults and are usually perplexing therapeutic problems. Spencer and Jackman[3] found only 3 lesions in this anatomic area in 21,000 proctoscopies. A rare case of a retrorectal dermoid is presented and the literature briefly reviewed.

(Key words: Retrorectal Dermoid)

INTRODUCTION

The incidence of all types of presacral tumours was 1/40,000 patients, at the Mayo Clinic.[1] At the University of Michigan Medical Center, Ann Arbor (U.M.M.C.) only 21 cases of retrorectal tumours were recorded in 35 years which did not include even a single case of dermoid cyst in that area.[1] The rarity of retrorectal dermoids and its association with an anorectal anomaly, (Fig. II) which is not described in literature have prompted us to report this case.

CASE REPORT

A 40 year old female patient was admitted in the Surgican 'B' Unit, K.M.C., Hubli (I.P. No. 15002) with the history of discharge from the perianal region since 10 years and passing stools from the lower posterior part of the vagina since birth.

To start with, the patient first noticed a swelling in the right ischiorectal region about 10 years back and subsequently developed pain and tenderness in the swelling which was incised and pus drained. Following this the wound did not heal at all and the patient had frequent attacks of throbbing pain in that region which was relieved by discharge of pus from that area. The patient underwent currettage and evacuation of pus twice at Belgaum and also at K.M.C. She also underwent an explaratory laparotomy about 3 years back at Belgaum.

The patient also gave history of passing stools through the lower posterior aspect of vagina. The bowel habits were regular.

There was no history of cough with expectoration, haemoptysis, or evening rise of temperature. Menstrual cycles were regular. The patient was unmarried.

On examination the vital parameters were normal. Local examination revealed a solitary sinus in the right ischiorectal region. There was some foul smelling discharge at the mouth of the sinus. The surrounding skin showed eczematous changes. There was tenderness and thickening around the sinus. The inguinal lymph nodes were not enlarged. Per-rectal and per-vaginal examination revealed a septum saperating the vaginal and the anal openings. The anal dimple was found at its normal site. Systemic examination did not reveal any abnormality.

Routine hematological and biochemical investigations were within normal limits. Barium enema revealed anterior displacement of the rectum along with its opening into the vagina. Sinogram revealed collection of the dye in the rectrorectal space. (Fig. 1).

The patient was taken for surgery under spinal-

* Assistant Professor of Surgery, K.M.C., Hubli
** Post-graduate student in Surgery, K.M.C., Hubli
§ Assistant Professor of Surgery, K.M.C., Hubli.