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Giant Scar Cyst of the Clitoris at Sikasso Hospital (Mali) About A Case

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Abstract | **Case Report**

Clitoral cyst remains a common pathology in our regions given the persistence of traditional female genital mutilation practices. Cyst forms in the bed of clitoris carried entirely by excision. In our case the consultation was motivated by the size of the cyst, psychological trauma, discomfort and gravity caused by the tumor. Our gesture consisted of surgical exeresis with attempt to restore little lips. The operating procedures were simple and the result was satisfactory. Through this case we want to highlight the complications of excision and the treatment of clitoral scar cyst.

Keywords: Cyst, clitoris, Female genital mutilations, Aftermath.

INTRODUCTION

Female genital mutilation (FGM) also called excisions are traditional and socio-cultural practices which consist in the total or partial removal of the female external genitalia [1,2].

It is a form of female genital mutilation of which the immediate complications (hemorrhages, infections), secondary (unsightly scars), and sequelae (clitoral cysts, psychosexual trauma) are taboo subjects The cyst can grow loudly in the bed of this mystical organ until it becomes monstrous.

The aim of this work is to present the clinical, therapeutic and psycho-sexual aspect of the cicatricial cyst of the clitoris and to review the literature.

OBSERVATION

26-year-old patient, trader, illiterate, single who consulted for a vulvar mass leading to psycho-sexual disorders.

Parents reported the concept of genital mutilation at the age of 3 and the appearance of a cyst a year later. This cyst gradually increased in size until it became embarrassing. The patient reported having very difficult intercourse around the age of 16 and had a eutocic vaginal birth.

The mass increased in volume despite multiple attempts at traditional treatment. Disturbed by aesthetic discomfort and psycho-sexual trauma, she consulted in the general surgery department of Sikasso hospital. No other history of vulvovaginal or urogenital disease was found in her.

The physical examination in the gynecological position found an oblong vulvar swelling, painless, soft, irreducible, non-pulsatile, mobile in relation to the superficial and deep plane, blackish in color hanging from the clitoridectomy area, The vagina was wide and flexible. This swelling simulating a rod measured 12cm in diameter.

The requested ultrasound was in favor of a vulvar cystic formation. The preoperative workup including blood count, blood glucose, creatinemia, prothrombin level and ionogram were normal.

Surgical treatment consisted of excision of the cyst and vulvar plasty under spinal anesthesia. We performed an incision on the anterior surface, cyst dissection and restoration of the labia minora. Did the histological examination support an epidermal cyst?

The postoperative follow-up was straightforward and the threads were removed on the fifteenth day. The aesthetics were restored and the

vagina remained flexible. She got engaged after six months of monitoring with a satisfactory outcome.

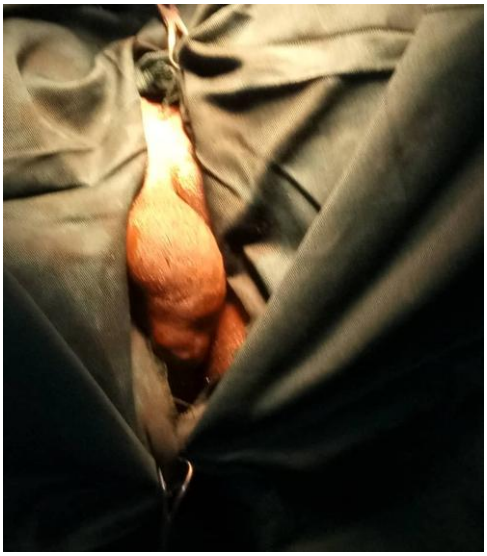

Fig-1: Clitoral cyst covering the vulva

Fig-2: Dissection du kyste en per opératoire

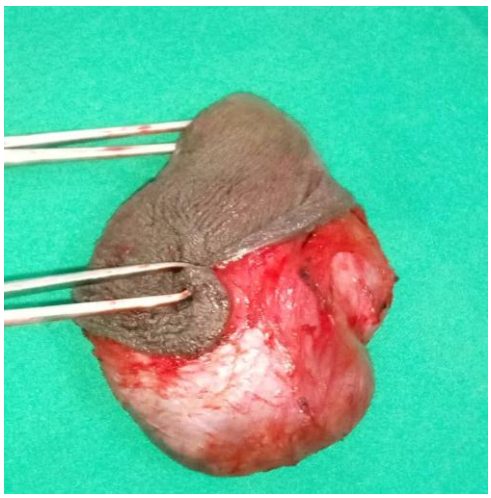

Fig-3: Dissection of the cyst during the operation

DISCUSSION

Complications of FGM can be early (hemorrhage and wound infection) or late (sexual, psychological and obstetric dysfunction) [3]. Clitoral tumors complicating FGM are rare, they can be benign, malignant [1, 4, 5]. Clitoral cysts are rare and are characterized by an increase in the size of the organ, which can compress the perineal urethra and narrow the vaginal opening, thus modifying the intimacy of the woman [3]. The literature reports three cases of Clitoral cysts occurring after excision performed in childhood, in patients aged 22 to 25 years [6] and one case in a girl several years later [3]. All these cases report difficulties during intercourse sexual.

Cysts develop in the area of the clitoridectomy and increase in size until they become an obstacle to the urination stream and make intercourse difficult [6].

Ultrasonography is an important examination which makes it possible to establish the preoperative diagnosis and to clarify the cystic nature of the clitoral swelling [7] as was the case in our patient.

The literature reports numerous cystic tumors of the clitoris which can be dermoid, epidermoid, mucoid, sebaceous, pilonidal cysts [7]. In the case of our patient, the histological examination made it possible to determine the epidermoid nature of the clitoral cyst with a history of FGM.

The treatment of benign tumors of the clitoris in general and epidermoid cysts of the clitoris in particular is based on excision [1,2]. In the context of the sequelae of FGM, the authors [1,2] recommend taking into account the concerns of patients and being wary, without their consent, of a reconstruction plasty of the remainder of the clitoris. This gesture can be seen as leading to a loss of cultural and sexual identity. In our patient, surgery consisted of excision of the cyst without reconstitution of the clitoris.

CONCLUSION

A scar cyst of the clitoris is a serious complication of female genital mutilation (FGM). It causes enormous psycho-sexual disorders. Treatment is surgical and involves excision of the cyst with or without clitoral plastic surgery.

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