

Retrorectal Cyst Presenting with Right Sciatica

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ABSTRACT

Lesions of the retrorectal region are rare and heterogeneous. Epidermoid cysts, which are rarely diagnosed in this region, often have epidermal-subepidermal localization. Most imaging methods are useful in planning the surgical method but fail to make the absolute diagnosis. Surgical excision is required for absolute diagnosis and to prevent complications in retrorectal tumors. The objective of this study was to present a case of retrorectal cyst detected by magnetic resonance imaging, who was admitted to the neurosurgery clinic due to right sciatica. We also discuss this case in light of the relevant literature.

Key words: Retrorectal cyst, Epidermal cyst, Retrorectal tumor

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ÖZET

Sağ Siyatalji ile Prezente Olan Retrorektal Kist Olgusu

Retrorektal bölgede görülen lezyonlar heterojen bir gruptur. Epidermoid kistler sıklıkla cilt-cilt altı dokuda meydana gelir, rektorektal bölgede oldukça nadiren izlenir. Birçok görüntüleme yöntemi cerrahi tedavinin planlanmasında yararlıdır ancak kesin tanı sağlamaz. Rektorektal tümörlerde cerrahi eksizyon kesin tanı ve komplikasyonlardan korunmak için gereklidir. Bu çalışmamızda beyin cerrahi servisine sağ siyatalji nedeniyle interne edilen ve çekilen manyetik rezonans görüntülemesinde insidental retrorektal kist saptanan ve tarafımızca opere edilen olgu sunulmuş, güncel literatür eşliğinde tartışılmıştır.

Anahtar kelimeler: Retrorektal kist, Epidermoid kist, Retrorektal tümör

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INTRODUCTION

Retrorectal cystic lesions that occur in the retrorectal area (bordered by the sacrum posteriorly, rectum anteriorly, peritoneal reflection superiorly, levator musculature inferiorly, and ureters bilaterally) comprise an uncommon and heterogeneous group. This retrorectal area is a potential site for a wide variety of lesions, which can be classified into five categories as congenital, neurogenic, inflammatory, osseous, and miscellaneous^[1,2].

Although these tumors are benign, they require systematic removal because of the risk of hemorrhage, infection, compression of adjacent organs, chronic pain, dystocia during labor, and malignant transformation^[3,4]. These tumors can be found in all age groups including infants, and they are frequently diagnosed in middle-aged women (81%)^[1].

This study presents an incidentally-diagnosed 5 cm-diameter retrorectal cystic mass in a 41-year-old Caucasian male.

CASE REPORT

A retrorectal cystic mass was detected incidentally by magnetic resonance imaging (MRI) in a 41-year-old male with no past disease history who was admitted to the neurosurgery clinic due to right sciatica with hernia nucleus pulposus (HNP) diagnosis (Figure 1). Blood tests were all normal, and there was no increase in CEA, CA 15-3, CA 19-9, alpha-fetoprotein



Figure 1. A retrorectal cystic mass was detected incidentally by magnetic resonance imaging.

(AFP), beta-human chorionic gonadotropin (HCG) or CA 125. Abdominal examinations were unremarkable, whereas on rectal examination, a soft, painless extraluminal mass was found posteriorly and laterally to the left. Rectosigmoidoscopy revealed a bulging of the posterior rectal wall toward the luminal face. The mucosa was normal.

The patient was operated, and the cystic mass was completely removed via a posterior sagittal approach. Intraoperatively, the mass appeared to be an elastic tissue that was well encapsulated. There was no evidence of invasion of the rectum, sacrum or coccyx. The cystic mass was diagnosed histopathologically as an epidermal cyst.

The postoperative course was uneventful, and the patient was discharged home on the fifth postoperative day. A postoperative MRI scan revealed no abnormalities in the soft tissue plane. At the follow-up examination one year after the surgery, the patient was in a good general condition.

DISCUSSION

These tumors are extremely rare, and the true incidence is difficult to estimate. According to the literature, the incidence of these tumors is reported as 1/40.000-63.000 admissions to major referral centers^[5].

A cyst becomes symptomatic due to its mass effects on surrounding organs (rectal fullness, painful defecation, dysuria). Cysts with secondary infection have typical symptoms of abscess and repeated anal fistula. Perianal changes and a draining sinus in the sacrococcygeal area can be found. The presence of retrorectal cyst can bring about the risk of complicated labor. In the case of malignant invasion by the tumor, neurological symptoms such as lower extremity paresthesias or weakness may occur^[5]. Nevertheless, most of these masses are asymptomatic and discovered on routine screening rectal examination but, because they are often soft and compressible, they are easily missed if the examiner does not maintain a high index of suspicion during the procedure.

While most retrorectal tumors can be palpated on the posterior wall of the rectum as elastic masses with smooth margins, some tumors can be palpated in the rectal lumen as masses with rough margins. Lack of a smooth mobile rectal mucosa on the mass indicates a past infection or, in rare cases, malignancy^[6]. A wide variety of imaging methods, ranging from the simplest (double-sided sacral graphy) to those that are more complicated (e.g., computed tomography, MRI,

endorectal ultrasound), are useful in the diagnosis of retrorectal masses. Plain X-rays can be valuable in diagnosing retrorectal tumors. Solid tumors are often seen compressing, invading or displacing the sacrum on the X-ray. Invasion or bony destruction suggests malignancy. Chronic fistulae can be evaluated with a fistulogram, which documents anatomy and rules out communication with the rectum. Colonoscopy can rule out any rectal mucosal changes in cases of rectal bleeding. Extrinsic masses can be detected with barium enema, but it provides no additional information^[5].

If a lesion is thought to be resectable, then there is no role for preoperative biopsy. It is generally agreed that biopsy before radical resection may cause recurrence^[5]. However, others have reported no complications after biopsy^[1,7]. Only if a lesion is thought to be inoperable can a biopsy be useful to determine adjuvant therapy. In these cases, a computed tomography-guided, transsacral biopsy should be performed to avoid the possibility of infection associated with the transrectal approach.

In conclusion, whether symptomatic or not, retrorectal tumors that are detected by imaging methods must be resected surgically in appropriate cases in order to make an accurate diagnosis and to prevent complications.

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