Case report

Dermoid cyst: a rare tumour of the appendix

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SUMMARY Dermoid cyst is a rare but well recognised cause of a mass in the abdomen. As a cause of a palpable mass in the right iliac fossa, dermoid and epidermoid cysts of the caecum have hitherto been described.¹⁻⁷ We here report a case of a dermoid cyst arising from the vermiform appendix.

Case report

A fit 20 year old male printer was referred by his general practitioner with a three year history of a mass in the right lower quadrant of the abdomen. He had no gastrointestinal, or urinary symptoms. Abdominal examination showed a 10 cm mobile, soft, non-tender mass in the right iliac fossa. Ultrasound examination showed this mass to be solid and separate from kidney, liver, or gall bladder. Routine urine and blood investigations were normal; the ESR was 1 mm/h.

At operation, a doughy mass was found on the antimesenteric border of the small bowel in the ileocaecal angle; it was distinct from the caecum. It appeared to arise from and be in continuity with a rudimentary appendix. No other appendicular structure could be identified.

The mass was excised after ligation of a leash of blood vessels arising from the appendicular artery, and the appendix stump inverted in the usual way. The postoperative course was uneventful. The pathological features of the specimen are shown in Figs. 1 and 2.

Discussion

Dermoid cysts are regarded as either congenital in origin, when they are sometimes known as benign teratomas, or acquired due, it is supposed, to traumatic implantation of epidermal tissue⁸ and then are sometimes referred to as epidermoid cysts. Congenital dermoids, or benign teratomas, which strictly are neoplasms with elements of all three

germinal layers, arise commonly in the ovary, less so in the testis, and in midline sites. Here they theoretically arise as a result of failure of embryological fusion. The exact origin of teratomas of the gonads remains unclear, however, dermoid cysts have in fact been described in many other locations: in the kidney, liver colon, stomach, mesentery and lung.⁹ There has been only one previous report of a dermoid cyst arising from the appendix, however,¹⁰ in which the presentation was as classical acute appendicitis and at operation a small dermoid cyst was found attached to the tip of an inflamed appendix. In our case no evidence of inflammation was present and the pathological features of the specimen (Figs. 1 and 2) are those of a dermoid cyst of the appendix, being only the second such case described in the literature.

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Fig. 1 *Macroscopic examination of the specimen showing a thin-walled cyst 5½×8 cm containing sebaceous material and hair.*

Fig. 2 *Photomicrograph (×150) of the cyst wall showing lining with stratified squamous epithelium and keratin, with sebaceous glands and hair follicles present. (The remaining portion of the appendix was histologically normal.)*

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