

CASE REPORT

Post-traumatic cyst of the thigh : Report of a case

L.M.D. Yusufu, and A. Bello

Department of surgery, Ahmadu Bello University
Teaching Hospital Zaria, Nigeria.

Request for reprints to Dr LMD Yusufu

Department of surgery

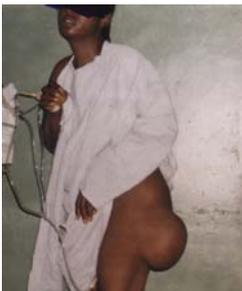
ABUTH Zaria, Nigeria.

e-mail: ssrs.njsr@skanet.com

Introduction

Cysts are among the common benign soft tissue lesions that affect many people world wide. A cyst is a collection of fluid in a sac, when it is lined by epithelium or endothelium, it is called a true cyst, when the sac is lined by granulation tissue it called a false cyst¹. The true lining may be destroyed and replaced by granulation tissue when infection sets in¹. The cyst wall is composed of endothelial cells or fibrous tissue with occasional smooth muscles, in mesenteric cysts.² Cysts may be congenital, acquired or parasitic. Acquired cysts include retention, distention, exudation implantation dermoids, trauma and degeneration. Post-traumatic cysts are those that result from resolution of haematomas, and are commonly located between muscle, fascial or subcutaneous planes. The content is usually straw orbrown coloured fluid containing cholesterol crystals. Manifestation of symptoms depends on the size, location and the presence of complications

Fig 1:Pre-op Gluteal Cyst



Mrs. B.S. is a 32 year old housewife, who presented to our surgical out patient clinic, with a swelling on her left upper thigh of 1 year duration. She had pain after a collapsing mud house fell , on the left lateral aspect of her upper thigh. Symptoms abated with analgesics. Six months later, she noticed a painless progressive swelling at the same site. There were no other symptoms. Examination revealed a young lady that was not pale, no significant peripheral lymphadenopathy. She had a non tender prominent spherical

mass(fig1) at the left upper lateral aspect of the thigh, extending to the inferior aspect of the gluteal region, it measured 30 x 36 cm, smooth surface, it was not tender, but was firm and was not attached to overlying or underlying structures and movement was not limited in all directions. There was no regional lymph nodes enlargement . A diagnosis of lipoma was made, and she was investigated. X-Ray of the left thigh showed soft tissue mass, without calcification or bony involvement, complete blood count and serum chemistry were normal. FNAB revealed straw coloured fluid with features of inflammatory cyst. She had excision of the mass. The mass was located in the plane of subcutaneous tissue , and weighted 1432g, it was well encapsulated and attached to the subcutaneous tissue (fig. 2). Histological examination confirmed it as an inflammatory mass.

Pict 2 Cstic mass Intraop.



Discussion

This patient sustained blunt injury to the left thigh, when the mud wall collapsed resulting in limb pain with limping but no swelling. She was asymptomatic for at least six months when she started noticing a swelling at the site of previous trauma. Clinical assessment revealed a benign looking cyst and operative findings showed a huge cyst situated in the subcutaneous tissue which was highly suggestive of traumatic origin consistent with post traumatic cyst that may follow resolution of haematoma. Haematomas occurring in muscle masses may occur any where in the body, especially at the loins and anterior lateral aspects of the thigh. Resolution may give rise to cysts that may intersect between muscle, fascia or in the subcutaneous tissues. The cysts may be quite grotesque in size and this may be the only reason for the patient presenting. Our patient presented because

of the massive size of the swelling. Large cysts may compress vital structures, like vessels and nerves causing symptoms. Complications such as haemorrhage, and calcification may follow infection or haemorrhage. Sudden haemorrhage occurring in the cyst leads to a painful increase in size^{1,2}. Infection makes the cyst tense and painful, and may make the cyst more adherent to surrounding tissues. It is important to differentiate cysts from other benign soft tissue tumours such as lipoma, neurofibroma and haemangioma. The value of ultrasonography and computed tomography scans in evaluating such cysts is well documented³⁻⁶. Small cysts may resolve spontaneously. Attempt at aspiration is usually followed by re-accumulation if the wall of the cyst is lined by endothelium. Post-traumatic cysts, have been reported in the mesentery, and skull^{5,6}. Surgical excision of the cyst with the entire sac, should be the aim of treatment, if recurrence is to be avoided.

References

1. Refii M., Firooznia H., Golimbu C., Bezkor M.F., Adelglas H. Pena A.
2. Computed Tomography of Traumatic Serosanguineous Cysts
3. J. Comput Tomogr. 1983; 7: 385-8.
4. Bhattacharjee P.K, Purukayastha D, Biswas P.C, Ray D, Chakroborty S. Gigantic post-traumatic pseudocyst of the sigmoid mesentery. Indian J Gastroenterol. 2005; 24: 26-27.
5. KuroIsu A, Fuji T, Ono G. Post-traumatic leptomeningeal cyst mimicking a Skull tumour in an Adult. Br. J. Neurosurg. 2004; 18 : 62 – 64 (Ed) Chapman & Hall 1991: 148-151.
6. Radiol Clin North Am. 1989 ; 27: 973-82.

