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Secondary Complication of Female Genital Mutilation: A Case of Clitoral Epidermoid Cyst in an 18-Year-Old Patient at Souro Sanou University Hospital, Burkina Faso

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Abstract

This paper reports on an 18-year-old patient with a slowly enlarging clitoral mass and dyspareunia years after type I female genital mutilation. The authors managed the case with complete surgical excision and confirmed an epidermoid cyst on histopathology. The report emphasizes that clitoral epidermoid cysts are a late, benign but clinically impactful complication of FGM and that excision is the preferred treatment.

Keywords

Epidermoid Cyst, Female Genital Mutilation, Clitoris, Vulvar Surgery

1. Introduction

Epidermoid cysts are benign lesions resulting from the inclusion of epidermal cells within the dermis [1]. They represent one of the most common types of cutaneous cysts and can develop in various regions of the body, including the scalp, face, trunk, and external genitalia [1] [2]. Clitoral localization, however, is extremely rare, making clitoral epidermoid cysts an uncommon entity that is scarcely described in the literature [1]. These cysts may arise as a consequence of trauma or as a late complication of surgical procedures or female genital mutila-

tion (FGM) [2] [3].

In Burkina Faso and sub-Saharan Africa, FGM constitutes a major public health issue, with a prevalence of 53.5% among women [4] [5]. Such practices have serious implications for reproductive health [5]. The complications of FGM are numerous, and epidermoid cysts represent one of the late complications, with potential repercussions on patients' reproductive and sexual health as well as psychological well-being [5] [6].

Clinically, clitoral epidermoid cysts typically present as painless masses with slow growth, which can become sizable over time. Although benign, these lesions may cause functional discomfort, dyspareunia, sexual dysfunction, or a significant psychological impact [7].

Due to the rarity of this localization and the limited number of cases reported in the literature, each new observation holds clinical and scientific interest. We report here a case of a clitoral epidermoid cyst in a patient with a history of FGM, along with a literature review, to discuss the diagnostic, therapeutic, and prognostic aspects of this rare condition.

For ethical reasons, written informed consent for publication (including clinical photographs) as well as the anonymity and confidentiality of the patient were guaranteed.

2. Case Presentation

An 18-year-old nulligravid, unmarried patient presented in November 2025 with a painless swelling of the vulvar region that had been progressively enlarging over four years.

2.1. History of Present Illness

The patient reported that approximately four years earlier, a painless mass developed in the vulvar region, associated with dyspareunia, which limited sexual activity with her partner. Due to the increasing size of the mass and her desire to marry, she consulted the Souro Sanou University Hospital for evaluation and management.

2.2. Patient's Medical History

The patient had a history of female genital mutilation (FGM). This is a clitoridectomy performed 14 years prior, which corresponds to WHO type I. WHO type I for FGM refers to the partial or total removal of the clitoral glans and/or clitoral hood. This WHO type I disease had repercussions on the patient's physical, psychological, and sexual health.

2.3. Physical Examination

On examination, there was a roughly rounded, soft, painless, mobile mass located in the clitoral region, measuring 5 × 4 cm. Speculum examination revealed a

healthy cervix and vaginal walls with no abnormalities.

2.4. Diagnosis

Given the clitoral/vulvar mass, we considered the following hypotheses: benign clitoral tumor, lipoma, abscess, Skene's gland pathology, and malignant vulvar tumors. Considering the appearance of the mass with its regular contours, mobility relative to the deeper tissues, and painlessness upon palpation, we concluded that it was a benign-appearing clitoral tumor.

2.5. Treatment

Surgical excision of the cyst was planned under spinal anesthesia. The procedure involved a transverse skin incision while avoiding the pudendal nerve, followed by careful dissection and enucleation of the cyst, with hemostasis of the vessels. Additional resection of excess skin flaps was performed, and closure was done in two layers. Postoperative care included local wound management and analgesia with oral paracetamol (500 mg, two tablets twice daily as needed). During the perioperative period, antibiotic prophylaxis with a 1-gram third-generation cephalosporin was administered intravenously. Blood loss was minimal. The skin was closed with a running suture after complete enucleation of the cyst, without rupturing it and preserving the neurovascular structures. The patient was discharged 12 hours after surgery. The excised specimen was sent for histopathological examination.

3. Results

Clinically, the patient was reviewed on postoperative day 7, day 14, and one month after the procedure. Healing was satisfactory, with only mild postoperative pain reported. Histopathological examination revealed a mixed-appearance cyst lined by keratinized squamous epithelium, including a granular layer, and containing laminated keratin within the lumen, with no evidence of malignancy, confirming the diagnosis of an epidermoid cyst. The patient was followed for over a month with resolution of symptoms (dyspareunia/sexual function) (**Figures 1-4**).

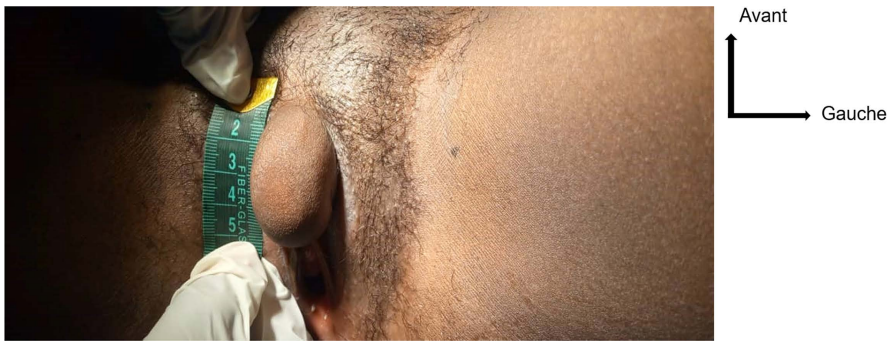

Figure 1. Mass located in the clitoral region on clinical examination.

4. Discussion

Epidermoid cysts of the clitoris are rare entities, with most knowledge derived from isolated case reports. Their rarity contributes to diagnostic challenges and the lack of standardized management guidelines. In our case, the patient was an 18-year-old nulligravid woman who presented with a clitoral swelling causing dyspareunia, functional discomfort, and psychological distress, prompting consultation in the context of an imminent marriage.

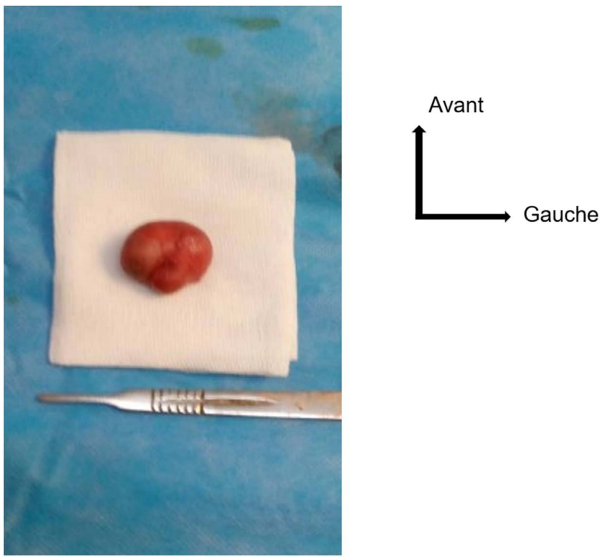

Figure 2. View of the surgical specimen.

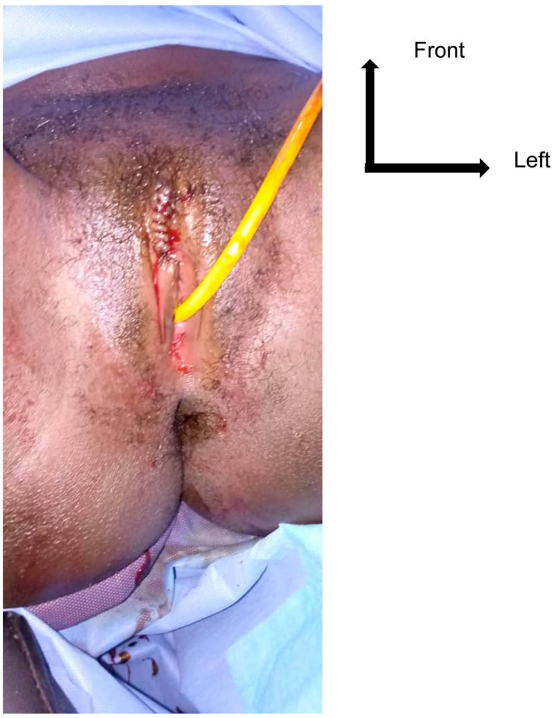

Figure 3. An immediate postoperative view.

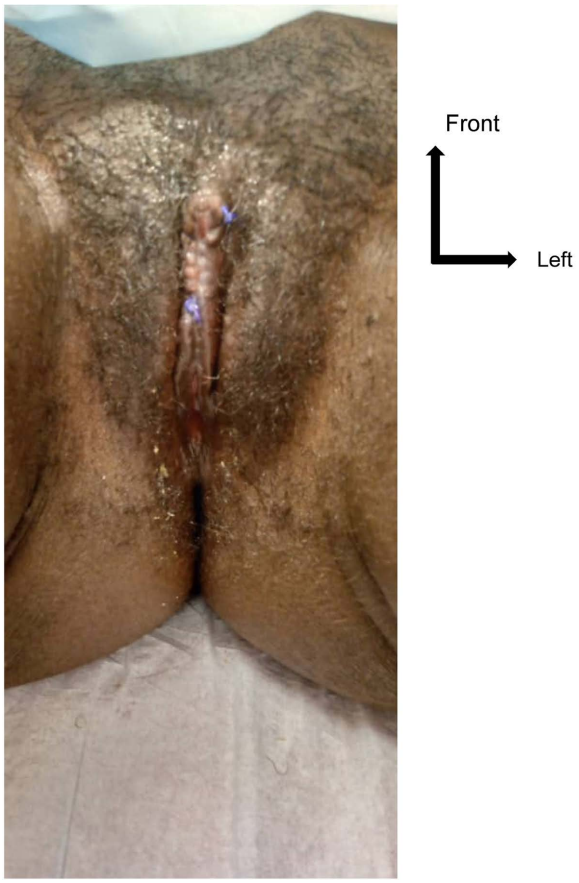

Figure 4. View on the 7th postoperative day.

The etiopathogenesis of clitoral epidermoid cysts is most often acquired, either following trauma or secondary to female genital mutilation (FGM) [2] [3]. Several authors have reported an association between this pathology and FGM [2] [3], which is considered a major risk factor due to the implantation of epidermal cells into underlying tissues during the injurious procedure [2] [8] [9]. This hypothesis is particularly relevant in our case, given the patient's history of FGM. The cysts may develop several years after the mutilation, typically during adolescence or adulthood, often triggered by hormonal growth or sexual activity [10]. In the present case, the patient was an FGM survivor in childhood, with the cyst appearing at puberty, around 12 - 13 years of age.

Clinically, clitoral epidermoid cysts usually present as slow-growing, painless masses, which may become symptomatic due to their size. Functional complaints reported in the literature include dyspareunia, pain while walking, discomfort with clothing, and, less commonly, urinary disturbances [5] [6] [8]. In our observation, dyspareunia and discomfort were accompanied by psychological distress, related to body image and sociocultural expectations associated with marriage. Several studies emphasize the significant psychosexual impact of clitoral lesions, particularly in young women who have undergone FGM, with consequences on sexual health [7].

Diagnosis is primarily clinical. Imaging, including ultrasound or MRI, may be useful to characterize the cyst and its anatomical relationships, particularly with clitoral neurovascular structures [2] [3] [5] [11]. However, in most cases, as in ours, definitive diagnosis relies on histopathological examination. Histology typically reveals a cystic cavity lined with keratinizing stratified squamous epithelium without cutaneous adnexal structures, confirming the diagnosis of an epidermoid cyst [12] [13].

Management is surgical, consisting of complete cyst excision [3] [5] [9] [13] [14]. The goals are threefold: to prevent recurrence, to preserve clitoral function and sensitivity, and to restore the patient's psychological well-being. Authors emphasize meticulous dissection given the rich clitoral innervation, to avoid postoperative functional complications [5] [9] [14]. In our case, surgery resulted in significant improvement of functional symptoms and considerable psychological benefit, consistent with literature data.

Finally, this case highlights the importance of a holistic approach that integrates surgical treatment with consideration of the patient's psychological experience and sociocultural context. In young women with a history of FGM, consultation may be motivated by aesthetic or marital concerns, reflecting a genuine need for care and support. Raising clinician awareness of this rare condition is essential to provide appropriate, respectful, and patient-centered care. Additionally, ongoing efforts to prevent FGM remain highly relevant.

5. Conclusion

Clitoral epidermoid cysts represent a late complication of female genital mutilation, resulting from the implantation of epithelial tissue during the initial trauma. The reported case illustrates a characteristic clinical presentation occurring several years after FGM, with significant psychological impact on the patient. Surgical management via complete excision resulted in favorable postoperative outcomes without complications or short-term recurrence. Surgery remains the treatment of choice. This case underscores the complications associated with FGM, highlighting the importance of strengthening prevention, awareness, and eradication strategies. FGM is not only a major public health issue but also a form of gender-based violence and a severe violation of human rights.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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