

# Ectopic enterogenous cyst

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## ABSTRACT

**Enterogenous cyst is a rare congenital lesion presumably of endodermal derivation. It is usually located in the mediastinum, the abdominal cavity, skull or within the spinal canal. To our knowledge, it has not been reported in the subcutaneous tissue. We report the first case of ectopic (left scapular region) subcutaneous enterogenous cyst in a 46-year-old man, who presented with a lump over the left scapular region of several years' duration. Clinical diagnosis of lipoma was made. The final histological diagnosis was enterogenous cyst. Enterogenous cysts at ectopic locations should be kept in mind and studied further especially with respect to their development. A better understanding of the embryology, histopathology and genetics of ectopic enterogenous cyst is desired.**

**Keywords:** bronchogenic cyst, congenital cyst, ectopic enterogenous cyst, enterogenous cyst, subcutaneous mass

*Singapore Med J 2008;49(11):e325-e326*

## INTRODUCTION

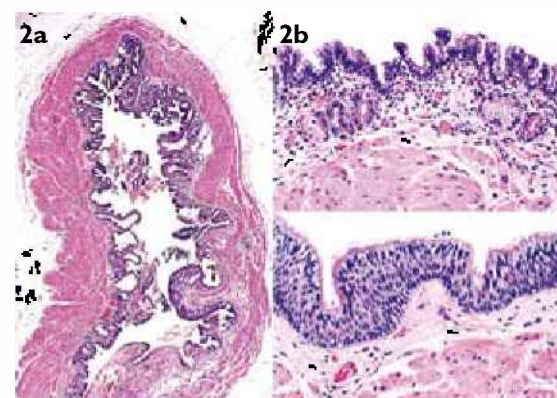
Enterogenous cyst is a rare congenital lesion, presumably of endodermal derivation. It is thought to result from a dysembryogenetic error that occurs in the third week of intrauterine life. They are usually located in the mediastinum, the abdominal cavity, skull or within the spinal canal.<sup>(1)</sup> To our knowledge, they have never been reported in the subcutaneous tissue. We report the first known case of ectopic (left scapular region) subcutaneous enterogenous cyst.

## CASE REPORT

A 46-year-old man presented with a lump over the left scapular region of several years' duration. He gave a history of pain and a gradual increase in the lump size over the past two months. Physical examination revealed a soft to doughy, smooth and well-circumscribed lump measuring about 6 cm × 6 cm in size (Fig. 1). The lump was mobile and free from skin and underlying muscle. A clinical diagnosis of lipoma was made and an excision biopsy was done as requested by the patient. A 5 cm × 5 cm cystic lump was removed. Macroscopic examination revealed a unilocular cyst filled with yellowish granules in viscous fluid. Histologically, the cyst was lined by



**Fig. 1** Photograph shows a lump over the left scapular region.



**Fig. 2** (a) Photomicrographs show the histopathological appearance of the cyst wall squamous epithelium, gastrointestinal mucosa with lamina propria and muscularis propria (Haematoxylin & eosin, × 10); and (b) a few specialised gastric glands seen with areas of ulceration (Haematoxylin & eosin, × 20).

stratified squamous epithelium and gastrointestinal mucosa with lamina propria and muscularis propria. A few specialised gastric glands were seen. The final histological diagnosis was enterogenous cyst (Fig. 2). During the six-month follow-up, the patient was well, with no evidence of disease recurrence.

## DISCUSSION

Enterogenous cysts are congenital anomalies.<sup>(2-5)</sup> Their development may be related to intrauterine volvulus with subsequent ischaemia and infarction, persistence of intrauterine diverticulum, and incomplete vacuolisation of the solid alimentary tract. Cysts of foregut and hindgut

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origin are rare and are often associated with vertebral anomalies, suggesting incomplete separation of the foregut and notochord. Although the exact mechanism for subcutaneous localisation of the enterogenous cyst is not known, we suggest that the migration of cells from the foregut during intrauterine development must play an important role. This should be studied further. The clinical presentation of enterogenous cyst after more than 45 years could be related to one of the major complications of cystic lesions (such as haemorrhage or infection) leading to swelling of the enterogenous cyst and symptoms. Differential diagnosis should be made from the lipoma and epidermal cysts. Because of the benign nature of the enterogenous cyst, they are amenable to conservative treatment. Enterogenous cysts at ectopic locations, as in our case, should be kept in

mind and studied further, especially with respect to their development. A better understanding of the embryology, histopathology and genetics of ectopic enterogenous cyst is desired.

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