CASE REPORT

Mucus-secreting Presacral Cyst
—A Case Report—

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ABSTRACT: A mucus-secreting presacral cyst was found in a 49-year-old woman who complained of dysuria. A routine rectal digital examination revealed a retrorectal mass. Diagnostic imaging demonstrated a large presacral cystic tumor. The cyst was removed through a transsacral approach. Histologically, the cyst membrane consisted of squamous and columnar mucus-secreting epithelium, and was diagnosed as a mucus-secreting presacral cyst.

KEY WORDS: mucus-secreting cyst, developmental cyst, presacral cyst

INTRODUCTION

The presacral space, which consists of many types of embryonic tissues, is a potential site for various types of cysts and tumors, albeit the incidence being low. The mucus-secreting presacral cyst is one such lesion, and the etiology is due to a developmental error during formation of the embryo. The rarity of its occurrence and its anatomical site may make it difficult for the examining physician to diagnose and treat this disorder. Such a rare case of mucus-secreting presacral cyst is reported herein. This seems to be the first such case documented in Japan.

CASE REPORT

A 49-year-old woman was admitted to Nagasaki University Hospital in August, 1983 with a complaint of gradually developing dysuria. She had no history of anorectal disease. Digital examination of the rectum revealed a mass that was soft, painless and not tender on palpation. On proctoscopic examination, there was no ulcer, fissure, or fistula in the rectal mucosa. Barium enema examination demonstrated a right-forward displacement of the rectum. The retrorectal space was distinctly expanded by the space-occupying lesion. Moreover, the lesion appeared to be an indistinct, spherical, homogeneous, noncalcified mass. There was a smooth interface between the mass and the colon wall, without mucosal irregularity or ulceration (Fig. 1).

Ultrasound image disclosed a large cystic mass in the retrorectal space with a smooth, thin wall and a homogeneous internal echo pattern accompanied by numerous echogenic spots. CT scan demonstrated a large, well-margined cystic mass of low-density in the lower pelvic cavity. The uterus and the urinary bladder were displaced anteriorly by the cyst. The presence of rectal gas, anterior to the cyst, suggested that the cyst occurred in the retrorectal space (Fig. 2). Pelvic arteriogram showed no abnormal findings. Conse-
Fig. 1. Supine view of pelvis, by barium enema. Arrows indicate outline of presacral mass. The mass caused an extrinsic compression on the postero-lateral wall of the rectum.

Fig. 2. CT scan, at the level 2 cm above the pubic symphysis, shows a large, well marginated cystic mass of low-density.

Fig. 3. Transsacral approach. Well encapsulated, large cyst (12 x 8 x 7 cm) presented at operation.

cyst, we made an incision into the cyst wall and drained the contents. This reduced the size of the cyst and facilitated complete removal. The wound was closed with two drains.

Macroscopically, the specimen was thin-walled, and contained viscid, yellowish white fluid and a granular material. Microscopically, most of the cyst wall was composed of stratified squamous epithelium (Fig. 4-a), but a portion was lined with columnar epithelium (Fig. 4-b). Some columnar epithelium and transitional-like cells were positive with mucicarmine staining (Fig. 5-a). The lining membrane was supported by a surrounding capsule of the fibrous connective tissue with small glands present within (Fig. 5-b). No skin appendages were noted. Consequently, the histopathologic diagnosis of the cyst was a mucus-secreting presacral cyst.

The postoperative course was satisfactory and the patient remains well one year after the surgery.

DISCUSSION

Spencer et al. reported that out of 20,851 proctoscopies performed during 1960 at the Mayo Clinic, only 3 revealed presacral cysts. Uhlig and Johnson reported 63 cases of presacral tumors and cysts in adults, and there were 16 mucus-secreting cysts in the series.