



## Congenital Giant Pedunculated Epidermoid Cyst of the Penile Root with Deep Attachment to the Pubic Symphysis: A Rare Case Report

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### Abstract

**Background:** Epidermoid cysts are benign keratin-filled lesions commonly occurring in hair-bearing areas of the body. Penile involvement is rare, especially when presenting as a congenital lesion in an adolescent. These cysts may arise due to abnormal sequestration of ectodermal tissue during embryogenesis.

**Case Presentation:** An 18-year-old male presented with a swelling at the root of the penis that had been present since early childhood and gradually increased in size. The patient recently developed intermittent discharge of thick white cheesy material from the swelling. There was no history of pain, trauma, previous surgery, urinary symptoms, or infection. Clinical examination revealed a large pedunculated, non-tender cystic swelling measuring approximately 7 cm arising from the penile root. Complete surgical excision was performed, and histopathological examination confirmed an epidermoid cyst.

**Conclusion:** Congenital epidermoid cysts of the penis are uncommon benign lesions. Complete surgical excision with removal of the entire cyst wall provides definitive treatment with excellent cosmetic and functional outcomes.

**Keywords:** *Congenital Epidermoid Cyst; Penis; Adolescent Male; Keratinous Debris; Surgical Excision*

### Introduction

Epidermoid cysts are benign cystic lesions formed by accumulation of keratinous material within a cyst lined by stratified squamous epithelium. They are frequently encountered on the face, scalp, neck, and trunk but rarely involve

the genital region.

Penile epidermoid cysts are uncommon and may be congenital due to abnormal sequestration of ectodermal tissue during embryological development or acquired following trauma and surgical procedures [1].

Because of their unusual anatomical location, these lesions may create diagnostic uncertainty and psychological distress, particularly in young patients. We report a rare case of a giant congenital epidermoid cyst arising from the root of the penis in an adolescent male successfully managed by complete surgical excision.

This case report has been prepared according to the CARE (Case Report) guidelines.

### **Case Presentation**

An 18-year-old male presented with a swelling at the root of the penis. According to the patient and family, the swelling had been present since early childhood and had progressively enlarged over time.

During the weeks before presentation, the patient noticed intermittent discharge of thick, white, cheesy material from the lesion. There was no associated pain, fever, redness, ulceration, bleeding, or foul-smelling discharge.

The patient denied any history of trauma, previous genital surgery, sexually transmitted infection, or urinary complaints.

Physical examination revealed a solitary pedunculated swelling arising from the root of the penis. The lesion measured approximately 7 cm in length and was soft to firm in consistency, non-tender, and mobile over deeper structures. The overlying skin was stretched but intact without ulceration or active inflammation. No inguinal lymphadenopathy was noted. The remaining external genital examination was normal.

The differential diagnoses considered were:

- Epidermoid cyst
- Dermoid cyst

- Median raphe cyst
- Sebaceous cyst
- Lipoma

A benign cystic lesion was suspected clinically.

### **Investigations**

Routine hematological and biochemical investigations were within normal limits.

Due to the superficial location, benign appearance, and absence of concerning features, radiological imaging was not performed.

A definitive diagnosis was established following histopathological examination after surgical excision.

### **Treatment**

The patient underwent complete surgical excision under regional anaesthesia after obtaining informed consent.

After aseptic preparation and draping, an elliptical incision was made around the pedunculated lesion. Careful dissection was performed to separate the cyst from surrounding tissues while preserving adjacent penile structures.

The cyst was removed completely along with its capsule to reduce the risk of recurrence. On opening, the cyst contained thick whitish keratinous material.

Haemostasis was achieved, and the wound was closed in layers using absorbable sutures.

The excised specimen measured approximately 7 cm in length.

### **Histopathological Findings**

Gross examination demonstrated a cystic lesion containing thick whitish keratinous debris.

Microscopic examination revealed a cyst lined by stratified squamous epithelium with a well-developed granular layer. The lumen contained laminated keratin flakes without adnexal structures or cellular atypia.

These findings confirmed the diagnosis of an epidermoid cyst.

### **Outcome and Follow-Up**

The postoperative period was uneventful.

The surgical wound healed satisfactorily without infection, bleeding, or wound dehiscence.

At 6-month follow-up, the patient remained asymptomatic with no evidence of recurrence. The patient reported satisfaction with the cosmetic appearance and absence of discomfort.

### **Discussion**

Epidermoid cysts of the penis are rare benign lesions, with only a limited number of reported cases. Congenital lesions are thought to occur due to abnormal trapping of ectodermal tissue during embryogenesis, whereas acquired lesions may develop after trauma or surgical procedures [2].

The congenital origin in this patient was supported by the presence of the lesion since childhood and the absence of trauma or previous surgery.

These cysts usually present as painless, slowly enlarging swellings. Rupture or secondary inflammation may lead to discharge of thick keratinous material, producing the characteristic cheesy appearance noted in this case [3].

Differential diagnosis includes dermoid cyst, median raphe cyst, sebaceous cyst, lipoma, and other penile masses. Histopathology remains essential for confirmation and demonstrates a squamous epithelial lining with keratin accumulation [4].

Complete surgical excision is the preferred treatment. Removal of the entire cyst wall is important to prevent recurrence [5,6].

This case is noteworthy because of the congenital presentation, giant size, and unusual pedunculated morphology arising from the penile root.

### **Conclusion**

Congenital epidermoid cysts of the penis are rare benign lesions that may enlarge gradually and become clinically evident during adolescence.

Careful clinical evaluation, histopathological confirmation, and complete surgical excision provide excellent cosmetic and functional outcomes.

### **Learning Points**

- Penile epidermoid cysts are rare but should be considered in congenital genital swellings.
- Gradual enlargement with discharge of thick white keratinous material is suggestive of an epidermoid cyst.
- Histopathological examination is required for definitive diagnosis.
- Complete excision of the cyst wall provides a low risk of recurrence and excellent cosmetic results.

### **Patient Consent**

Written informed consent was obtained from the patient for publication of this case report and accompanying images. The patient's identity has been protected.

### **Ethical Approval**

Ethical approval was obtained from the institutional ethics committee / was waived according to institutional policy for single case reports.

**Figure 1:** Intraoperative photograph demonstrating a large pedunculated epidermoid cyst arising from the root of the penis. The cyst is elevated after circumferential dissection, showing its narrow pedicle (white arrow) and site of attachment at the penile root (arrowhead).



**Figure 2:** Intraoperative photograph after cyst excision demonstrating the deep fibrous pedicle (black arrow) extending to the anterior surface of the pubic symphysis (white arrow). The attachment was carefully dissected and excised completely while preserving adjacent penile structures.



**Figure 3:** Gross specimen following complete excision. The specimen measured approximately 7 cm × 2 cm, demonstrating a well-defined elongated epidermoid cyst (black arrow) attached to a narrow pedicle (white arrow).



## References

1. Cormio L, Mancini V, Sanguedolce F, Massenio P, Fucci L, et al. (2014) "Epidermoid cyst of the coronal sulcus mimicking penile cancer: a case report". *J Med Case Rep* 8: 179.
2. Guler Y, Tatar Z, Ucpinar B and Erbin A (2018) "An epidermal cyst of the penis after distal hypospadias surgery: a case report". *J Med Case Rep* 12: 378.
3. Kamal A, Arif M, Sinha S and Singh V (2018) "Epidermoid cyst of the penis: a rare cause of penile swelling". *Urology Annals* 10: 327-329.
4. Kumaraguru V, Prabhu R and Kannan NS (2016) "Penile epidermal cyst: a case report". *J Clin Diagn Res* 10: PD05-PD06.
5. Okumur A, Takagawa, K and Fuse H (2012) "Penile epidermoid cyst consisted of multiple foci: a case report". *JCDSA* 2: 214-215.
6. Gagnier JJ, Kienle G, Altman DG, Moher D, Sox H et al. (2013) "The CARE guidelines: consensus-based clinical case reporting guideline development". *J Clin Epidemiol* 67: 46-51.

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