

Unusual Labial Cyst: Think FGM

AUTHORS

Dr Khaing Thu Thu (ST3), Miss Amita Khanapure (Consultant Gynaecologist) , Mr Medhat Elsayed (Consultant Urogynaecologist)
Portsmouth Hospitals University NHS Trust

BACKGROUND

Female Genital Mutilation (FGM) is a violation of human right, which can result in severe and life-threatening short-term and long-term physical and psychological complications. It is illegal in the United Kingdom, but with immigration and globalisation, these patients are encountered in clinical care in the United Kingdom.

OBJECTIVE

To increase awareness of possible complications and long-term sequelae of female genital mutilation

References

1. Shaamash AH, Eskandar MA. A narrative review on the practice of genital mutilation among Arab adolescent females and a case report on a large clitoral epidermal inclusion cyst. International Journal of Surgery Case Reports. 2025 Jan 1;126:110752.
2. Berg RC, Taraldsen S, Said MA, Sørbye IK, Vangen S. Reasons for and experiences with surgical interventions for female genital mutilation/cutting (FGM/C): a systematic review. The journal of sexual medicine. 2017 Aug;14(8):977-90.

CASE REPORT

A 36-year-old African international student was referred for a cervical smear test to our hospital due to failure of visualisation of cervix in the presence of a large labial swelling. The swelling had increased in size over the last ten years. She had not been sexually active in spite of being married as she felt psychologically traumatised by the swelling. She denied any urinary symptoms. Her past surgical history included laparoscopic appendicectomy. Local examination revealed 8 x 6cms left labial swelling which was occupying the whole of left labia (see picture 1). Cough impulse was negative. The swelling was irreducible and soft with no tenderness or discharge. Following the examination and detailed questioning, she revealed the possibility of a minor FGM in childhood.

MRI scan revealed a 9.3 x 8 x 2.3cms septated left labial cyst which contained haemorrhagic/proteinaceous material and appeared benign (see picture 2). She underwent surgical enucleation of benign left labial cyst under general anaesthesia (see pictures 3, 4). The procedure was uncomplicated, and she was discharged home on day one of post-operation after successful TWOC. Histological result showed benign epithelial inclusion cyst. On her three-months post-operative follow-up, the left labia had healed well and appeared similar to the right labia. In addition, she was delighted to reveal that she had been sexually active since the procedure and had a recent positive pregnancy test!

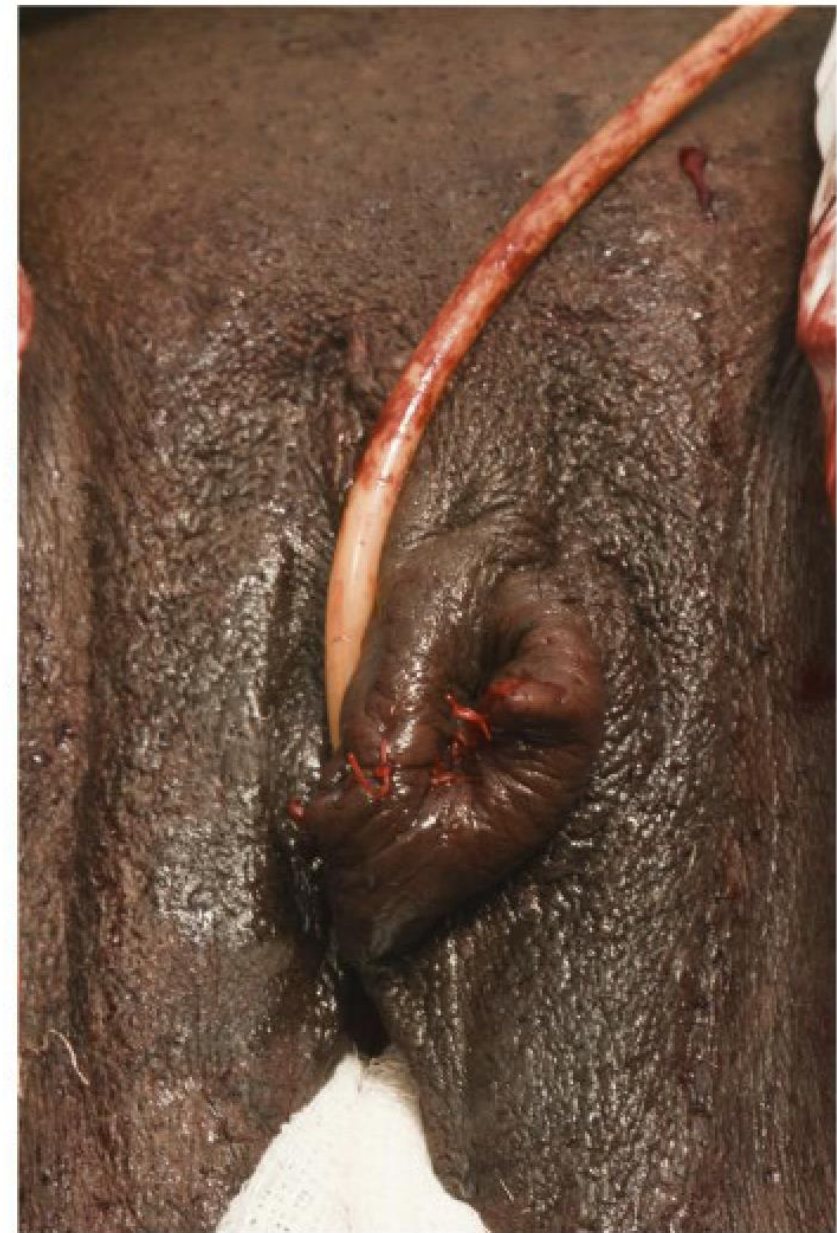
DISCUSSION

Incidence of epidermal inclusion cyst after FGM ranges from 1-12% depending on the type of FGM, and the treatment is usually surgical excision of the cyst or marsupialisation.^[1] They are benign lesions which grows slowly. However, due to the negative impact on sexual and mental health, it is important to manage it appropriately after ruling out potential malignancy.^[2]

PICTURES



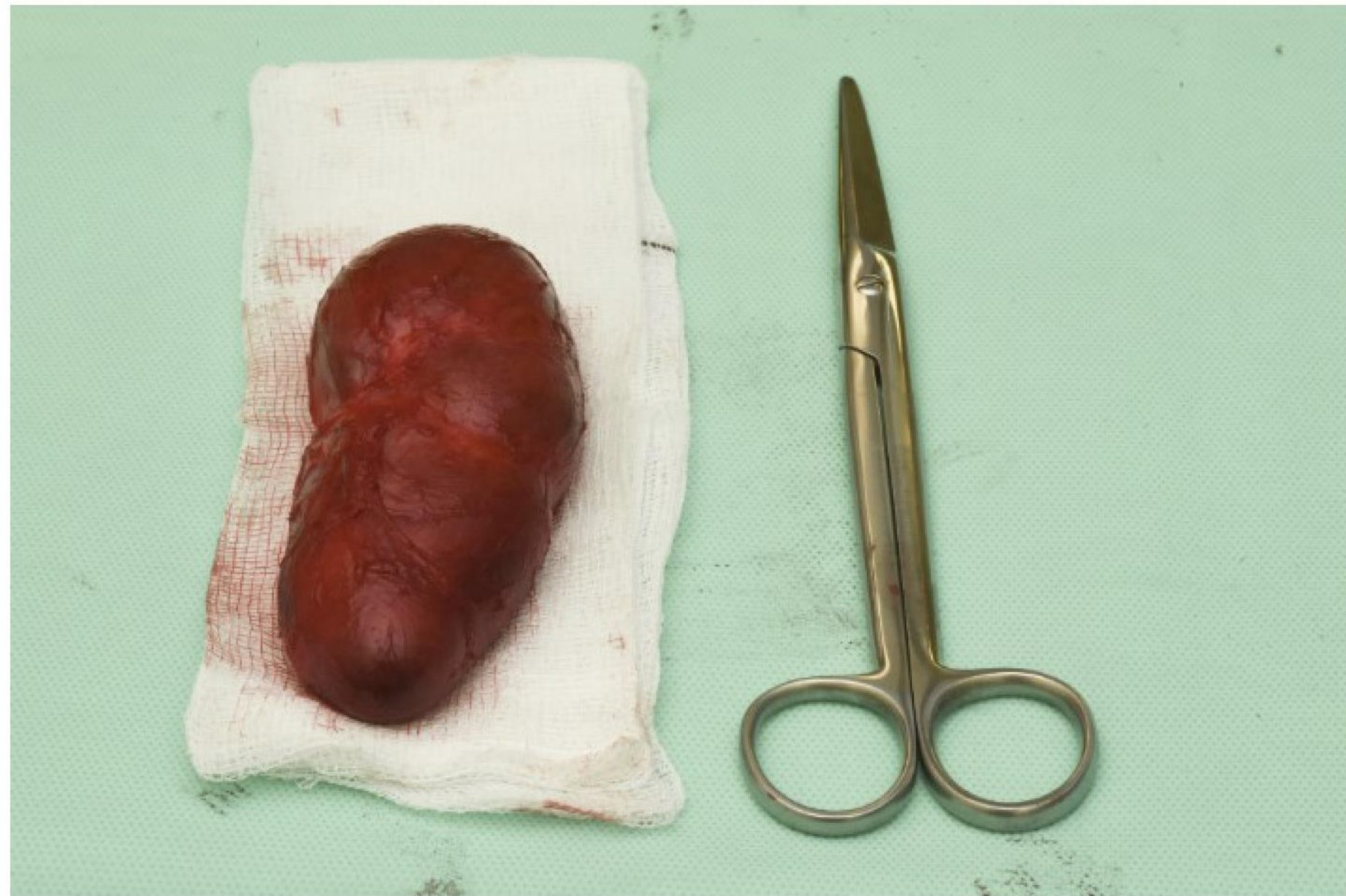
Picture 1. Labial swelling pre-operatively



Picture 3 Labial swelling post-operatively



Picture 2. MRI images of left labial swelling



Picture 4. Removed left labial cyst

CONCLUSION

It is widely known that FGM can cause short-term and long-term complications. It is important to be aware of the potential complications of FGM and take a relevant history. In addition, involvement of urogynaecologist at surgery should be considered.