



Figure 1: (a) Resected specimen of the tailgut cyst, (b) Histopathological examination showed cyst wall composed of fibro-collagenous tissue lined by keratinizing stratified epithelium (H&E stain).

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ANSWER: TAILGUT CYST

Tailgut cysts or Retrorectal Cystic Hamartomas are an extremely rare congenital developmental cyst that arises from the postnatal remnants of the primitive hindgut.¹ Whilst they may present at any age, they are often seen at around the ages of 30-60 with a strong predilection towards the female population and are usually found in the retrorectal space.²

The cyst often is a multiloculated, cystic mass with a thin wall and glistening lining which has mucoid content. The wall can be lined by a various types of epithelia such as ciliated columnar, mucin-secreting columnar, transitional and squamous epithelium.^{1,3} In view of its massive size, sometimes, it may involve the sacral bone causing defects

or associated calcifications. The submitted specimen showed a cyst wall composed of fibrocollagenous tissue lined by keratinizing stratified epithelium (Figure 1a&b). Mature germ cell derivatives such as ectoderm and mesoderm were present, however, in view of the nature of the cyst, there is no compelling risk of malignancy.

In view of its anatomical position, and it's scarcity, it is often difficult to diagnose, and subsequently manage. In fact, many of the lesions are incidental findings, and almost 50% of patients have peri-rectal symptoms or lower back pain.³ As such, complete surgical resection remains to be the mainstay of treatment, which leads to a challenging surgical endeavour which sometimes require a multi-disciplinary approach.⁴

REFERENCES

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