

HUGE EPIDERMAL CYST - A UNIQUE PRESENTATION

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ABSTRACT

Epidermoid/sebaceous/inclusion epidermal cyst is a common skin lesion which may sometimes mimic a cancerous lesion and appear at abnormal site. Main objective of presenting this case report is to develop the insight that benign looking cutaneous/subcutaneous swellings should never be taken as benign until proved by histo-pathological examination.

Keywords: Cancerous lesion, Epiderml cyst, Histo-pathological examination, MRI scan.

INTRODUCTION

An epidermal cyst is a firm, slow-growing lump underneath the skin¹. This cyst contains soft, cheesy-like skin secretions. These usually appear on the scalp, face, neck, chest, upper back, genitals or behind the ears². We present a case report of huge epidermal cyst. A unique presentation in a middle aged male mimicking cancerous lesion. Main idea of report is to give insight that sebaceous/ epidermoid cyst may look like a cancerous growth or persist quietly for a very long period or is located in abnormal sites³.

CASE REPORT

A 37 year old male presented to surgical out-patient department, Combined Military Hospital, Thal Cantt, KPK, on 2nd Jan 2013 with complaints of growth lower back since childhood, with an increase in size for the last one year. There was no associated pain, discharge from the growth, fever or weakness in lower limbs. There was no previous history of any operative treatment and trauma. Clinical examination revealed huge 12×10 cms in size, reducible, non-compressible, non-pulsatile, non-tender, immobile, some what cystic to firm swelling lower back with hyper-pigmented patches and small wound on the surface. Abdominal and neurological examination of lower limbs was unremarkable. (Figure-1). The X-rays lumbo-sacral spine

(anterio-posterior and lateral views) were normal. MRI scan lumbo-sacral spine was basically done to rule out any connection of growth with spinal cord, that was the reason ultrasonography of growth was not done.

MRI scan lumbo-sacral area done from tertiary care center revealed un-ruptured epidermoid cyst in subcutaneous plane without any connection with underlying deeper tissues or spinal cord in lumbo-sacral area.

Patient was very concerned regarding the possibility of cancerous lesion and also cosmetic reasons due to rapid increase in size of swelling. Wide excision of cyst was planned under general anesthesia after general pre-operative assessment of patient.

Operative wound was left opened and was healed by secondary intention due to a wide gap. (Figure-2).

Excised tissue was sent for histo-pathological examination. Patient showed uneventful post-operative recovery and was discharged from hospital on 4th post-operative day. Patient was regularly followed up in out-patient department for recurrence of swelling, he did not show any local recurrence.

After two weeks of operation, histo-pathological report received, suggestive of benign epidermoid cyst lined by stratified squamous epithelium with keratinous debris, without any infiltration of surrounding tissues.

DISCUSSION

An epidermoid inclusion cyst (also known as a sebaceous cyst) is a common cutaneous

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lesion and represents proliferation of squamous epithelium within a confined space in the dermis or subdermis⁴.

An epidermal cyst is either found



Figure-1: Epidermoid cyst on lower back pre-operatively.

incidentally or presents as a firm, non-tender lump. If these cysts rupture, a local inflammatory response to the necrotic debris released can mimic infection. Although these can be found anywhere, these are typically located on the scalp, face, neck, trunk and back. Rarely, epidermal cyst can be seen within bones. Rarely, epidermal cysts can undergo malignant degeneration with squamous cell carcinoma^{5,6}.

Epidermoid cysts usually do not cause problems unless these get very large or the cyst wall ruptures, exposing keratin to the surrounding tissue. A ruptured cyst can be infected or inflamed. A sebaceous cyst is considered unusual and possibly cancerous⁷ if it has: a diameter that is larger than 5 cm, a fast rate of recurrence after being removed, and signs of infection such as redness, pain or pus discharge.

The differential diagnosis of unruptured epidermoid cyst includes other subcutaneous cystic masses, some solid tumors, vascular lesions, dermoid cysts and lipomas^{8,9}.

We often diagnose a sebaceous cyst after a simple physical examination. If a cyst is unusual, we may order additional tests to rule out possible cancers.

Common tests required for a sebaceous cyst include: Computed tomography (CT) scans which help us find the best route for surgery and spot abnormalities. The MRI features epidermal

cysts have high signal intensity on T2-weighted images and show no enhancement after IV gadolinium administration. On MRI ruptured epidermal cysts show thick and irregular peripheral rim enhancement, surrounding soft-tissue reactions and various septa. MRI scans sometimes indicate that a ruptured epidermal cyst may simulate infections or neoplastic lesions and should be included in the differential diagnosis list¹⁰.

Ultrasonography scans identify the contents inside the cyst¹¹.

It is important to remember that without surgical removal, the cyst will usually recur. The



Figure-2: Excision of cyst under general anaesthesia.

best treatment is to ensure complete removal through surgery. Main drawback of surgical treatment is scarring. Sebaceous cysts are generally not cancerous. Cysts left untreated can become very large and may eventually require a surgical removal if these become uncomfortable. If the patient has a complete removal, the cyst will not recur. In rare cases, the removal site may become infected.

The cyst wall makes keratin contents, if the cyst is merely opened and the contents are drained, the cyst wall is still inside and it will start making more keratin causing the cyst to return. An epidermoid cyst is usually removed by making an incision over the cyst and removing most of the contents. Then, the whole cyst wall is separated from the surrounding tissue and removed. If the incision is large enough, it may need to be sutured^{12,13}.

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