Giant epidermoid cysts

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Introduction
Epidermoid cyst is a subcutaneous swelling. Giant epidermoid cysts are rare. The aim of this report was to study occurrence of giant epidermoid cysts.

Abstract
Giant epidermoid cyst may get secondarily infected, may lead to pressure over the underlying bone and rarely undergoes malignant transformation. Epidermoid cysts have a well-developed granular cell layer and are lined by stratified squamous epithelium; rarely, pseudostratified ciliated columnar epithelium may be present on the cyst wall. The cyst wall can have dystrophic type calcification. Excision is the treatment of choice. The aim was to study the occurrence of giant sebaceous cysts.

Short communication
All those who had giant epidermoid cysts from 2005 to 2012 were studied. A total of nine patients had giant epidermoid cysts. There were five females and four males. On the scalp, four had giant cysts, and two had a cyst on the root of the scrotum. The cyst size varied from 12.1 to 6.9 cm. A multilocular cyst was present in one case while the rest had a unilocular type of cyst. None had a punctum visible. All had excision.

Conclusion
Giant epidermoid cysts are rare. Excision is the treatment of choice.

Table 1

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Sex</th>
<th>Site</th>
<th>Size (cm)</th>
<th>Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>52</td>
<td>F</td>
<td>Scalp</td>
<td>10.6 × 8.2</td>
<td>Excision</td>
</tr>
<tr>
<td>65</td>
<td>F</td>
<td>Scalp</td>
<td>9.2 × 3.8</td>
<td>Excision</td>
</tr>
<tr>
<td>55</td>
<td>F</td>
<td>Scalp</td>
<td>8.8 × 2.9</td>
<td>Excision</td>
</tr>
<tr>
<td>66</td>
<td>M</td>
<td>Groin</td>
<td>12.1 × 4.3</td>
<td>Excision</td>
</tr>
<tr>
<td>70</td>
<td>M</td>
<td>Scalp</td>
<td>8.1 × 5.6</td>
<td>Excision</td>
</tr>
<tr>
<td>13</td>
<td>F</td>
<td>Forearm</td>
<td>9.5 × 2.2</td>
<td>Excision</td>
</tr>
<tr>
<td>57</td>
<td>M</td>
<td>Chest wall</td>
<td>7.3 × 2.1</td>
<td>Excision</td>
</tr>
<tr>
<td>60</td>
<td>F</td>
<td>Leg</td>
<td>6.9 × 3.3</td>
<td>Excision</td>
</tr>
<tr>
<td>75</td>
<td>M</td>
<td>Groin</td>
<td>8.7 × 4.3</td>
<td>Excision</td>
</tr>
</tbody>
</table>

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Discussion

Giant epidermoid or sebaceous cyst is rarely seen in a surgical practice. These can occur at any age, rare before puberty, and the most common age of presentation is a young adult male. In this series all the patients were above 50 years, only one case was a 12-year-old female. The most common site of occurrence is the face, trunk, neck, scalp, scrotum, ear lobe and breast but, location at an unusual site raises concern. Rarely, they may occur in a setting of hereditary syndromes like Gardner’s syndrome, basal cell nevus syndrome and pachyonychia congenital. These are common in females usually on the scalp, more in people working in outdoor conditions with sunlight exposure and unhygienic concerned areas. On the scalp, it occurs in an area located in a line drawn along the hair line passing through the upper border of the ear lobe and joining these two lines at the occipital area. This a retention type of cyst and usually unilocular and contains keratin. This a retention type of cyst and usually unilocular and contains keratin. Giant epidermoid cysts in the groin may mimic as hernia, lymphadenopathy, hydrocele,inguinal hernia, lymphadenopathy, hydrocele, and occasionally painless growth, and sometimes even have pathological ulceration which confirms diagnosis in all. Excision is the treatment of choice.

Conclusion

Giant epidermoid cysts are rare. They are found more on the scalp, and excision is the treatment of choice.

References


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