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Epidermoid cyst of face in 49 years old male patient- A case report and review

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Abstract

Epidermoid cysts are slow-growing benign subcutaneous lesions imposing as nodules or tumours. The lesions can either be congenital or acquired. We reported a case of epidermoid cyst of face in 49 years old male patient.

Keywords: Epidermoid cysts, Face, subcutaneous lesions

Introduction

Epidermoid cysts are slow-growing benign subcutaneous lesions imposing as nodules or tumours. The lesions can either be congenital or acquired. Histologically, the cysts are lined by stratified epithelium and filled with a keratinous mass. An epidermal punctum is a hallmark of clinical diagnosis ^[1]. Young males are the most affected subgroup, but any age and gender might be involved. These cysts can develop in any area of the body with about 7% occurring in the head-and-neck region. Extracutaneous development has been observed in the oral cavity and intraosseous, and in various internal organs including the cerebrum. Secondary infection and inflammation due to wall rupture are possible complications. The cyst wall tends to become thicker after that what implies complete surgical excision ^[2]. These skin structures are represented by hair, sebaceous glands, hair follicles, and sweat glands. Epidermoid cysts are either congenital or acquired ^[3]. Epidermoid cysts have prevalence for males and originate from the infundibular epithelium hyperplasia in response to an inflammatory process in the hair follicle. They can develop in isolation or multifocal form, as can be seen in Gardner's syndrome. Surgical enucleation is the recommended treatment for epidermoid cysts. Giant epidermoid cysts > 5 cm in diameter can cause problems, especially in the head-and-neck region but also in other regions such as the sole ^[4]. We reported a case of epidermoid cyst of face in 49 years old male patient.

Case Report

A 49 years old male patient reported to the department swelling on right lower side of face since 6 months. History revealed that swelling started as small size which gradually increased to attain the present size. Local examination showed ovoid swelling was found >5 cm in diameter on the right submandibular region. Clinical examination showed a mobile lesion, well defined and soft on palpation.

A CT scan showed large encapsulated homogeneous mass, near the right mandibular angle with size 4.0 cm in diameter, with a clear boundary. Ultrasound image showed hypoechoic cystic lesion, well outlined, without the Doppler vascularity without calcifications and measuring 3.8 cm × 3.6 cm × 3.1 cm. The enucleation of the lesion was performed under general anesthesia, and surgical specimen was sent for histopathological examination to confirm the diagnosis. Microscopic examination showed cystic lesion lined by stratified flat epithelium. Granular layer well developed and it showed the presence of orthokeratin in light of the cyst. The surgical wound was in the repair process within the normal range. The patient is in outpatient follow-up.

Discussion

Although the preferred localisation of epidermoid cysts is hair-bearing skin, they have also been seen on the glabrous skin and mucous membranes. Acquired cysts are thought to develop after blunt, penetrating trauma from either hair follicle infundibulum or eccrine sweat ducts ^[5]. The role of human papilloma virus in epidermoid cyst pathogenesis has been debated. Multiple epidermoid cysts suggest a genetic background. They can occur in Gardner syndrome caused by mutations in the adenomatous polyposis coli gene,

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or in Lowe syndrome, an X-chromosomal oculo-cerebral-renal disorder caused by mutations of the OCLR1-gene [6]. We reported a case of epidermoid cyst of face in 49 years old male patient.

Epidermoid cysts are benign, slow growing high, round, firm, subcutaneous, or intradermal which usually grow 1–5 cm in diameter and are usually asymptomatic. It is noteworthy that an epidermoid cyst with a diameter ≥ 5 cm is rare. Epidermoid cysts of exacerbated sizes are easier to break, being more susceptible to secondary infection. Another important point is when these giant cysts develop in the head and neck region, as due to the high visibility of these regions the patient may experience depression and anxiety caused by the esthetic appearance of the lesion [7].

Nishar *et al*⁸ retrospective analyzed 2159 epidermoid cysts treated surgically. Most of the cases can be performed under local anaesthesia. The complication rate of 2.2% is low. To avoid relapses, the cyst wall has to be removed completely. Rare genetic disorders with multiple cysts are Gardner and Lowe syndrome. Aljufairi *et al.* [9] reported a case of giant epidermoid cyst in the posterior region of the neck which had developed for more than 40 years, without inflammation or rupture of the lesion.

Kini [10] *et al.* in their study a total of 28 cases were analyzed. 5 were female, with a male: female ratio of 4.6. Age range was from 2 to 60 years (mean = 30). Excision was the preferred treatment in 20 cases (71.4%). Various sites like the submandibular region (5), pinna (5), sublingual region (1), periorbital (6), suprasternal (6), along the anterior border of sternocleidomastoid (1) and glabella (3) were involved, along with an iatrogenic implantation epidermoid cyst in a tracheostomy scar. Some of the interesting cases presenting with clinical dilemma have been emphasized. Epidermoid cysts are relatively less common in the head-neck region, hence are liable to be misdiagnosed. In this case-series, few cases presenting with enough elements of confusion and dilemma are discussed with overall analysis and review of the related literature.

Conclusion

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