Epidermoid Cyst Extending to Nasal Septum

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INTRODUCTION

This relatively uncommon benign tumor of squamous epithelium may be found any where in the body but most frequent location is the face, scalp, neck and trunk. When this occur in the scalp they are called "Wens" or "Pilar Cyst". Although they usually arise spontaneously, they may be caused by traumatic implantation of the surface epithelium into a new deep location. Many are the result of inflammation around a pilosebaceous follicle and they are frequently seen following the more severe lesions of acne vulgaris. These masses occur in all age groups but most frequently affecting middle aged adults. They affect males and females with an equal frequency. Should these cysts appear before puberty or in large numbers, they may be indication of Gardner's syndrome, an autosomal dominant condition that predisposes the patient to intestinal cancer. The development of malignant change in epidermoid cyst is uncommon. Bishop, Welch, Cayler and Stone gave the incidence of carcinoma arising in skin cysts as 9.2%, 3.7%, 3.4% and 2.2% respectively. Usually epidermoid cysts are asymptomatic unless they become infected or inflamed. Epidermoid cyst can present a cosmetic problem also. Whereas some of these lesions will occasionally respond to intracystic injection of Triamcinolone, surgical excision is the most effective treatment. It is necessary to carefully dissect and remove the entire cyst wall, as retained segments may lead to recurrent growth of the cyst.

HYSTOPATHOLOGY

An epidermoid cyst is situated in the dermis and

raised the epidermis to produce a firm elastic dome shaped protuberance. There may be an obvious connection with the surface by a keratin filled duct, but this is probably less common then surgical text would suggest. Histopathologically, these are unilocular, true squamous lined cysts with an orderly keratinisation through a well developed granular cell layer. The basal layer may be flattened and surrounded by fibrosis, or may show pupillary indentations similar to the epidermis. Some cysts have a chronic inflammatory or foreign body type of reactions around them, at times producing partial disruption of the wall occasionally, a hair shaft may be found coiled up within the cysts. On routine H and E stains, one may even see melanocyte and melanin like pigmentation. Some tumor arising in cysts are aggressive and metastasize, although such cases are relatively uncommon.

CASE REPORT

Mrs. S., a 33 year old hindu female patient reported to E.N.T. Department of Gujarat Research and Medical Institute, Ahmedabad on 13th May 1996 with complains of very gradually enlarging swelling at the upper part of dorsum of nose and of and on pain-relieved by a course of antitibiotics and analgesics, for last 2 years duration.

Otolaryngological examination revealed soft fluctuating swelling about 3 cm x 2 cm. in size situated on the dorsum of nose. Swelling was non tender, non reduceable. Anterior rhinoscopic examination shows much thick septum posteriorly.

Heamatocrit was normal. Blood sugar level was

high so patient was kept on Insulin injections and diabetes first controlled before surgery. CT scan of paranasal sinuses showed soft tissue swelling at dorsum of nose extending into nasal septum.

Fig.1

Photograph showing Epidermoid cyst of Nose (Pre-operative)

Fig.2

Photograph showing Epidermoid cyst of Nose (Post-operative)

Patient was operated under general anaesthesia and external approach was selected for complete excision of cyst. Cyst contained yellowish cheesy material of about 20 cm. and was extending to the nasal septum. Entire cyst was removed and sent for histopathological examination. One small drain kept in cavity and its end brought into left nasal cavity. Skin incision sutured with 3-0 mersilk. Stiches were removed after 7 days. Histopathological report showed Epidermoid cyst. Patient was followed up in

the out patient department and was found to be free of her problems.

DISCUSSION

Variety of epithelial cysts occur in the skin. The majority, about 80% are lined by stratified squamous epithelium that keratinized as does the inter follicular epidermis. These are known as epidermoid cysts. In a series of 125 consecutively excised epidermoid cysts at the University of Michigan, 60% occurred in the head and neck. These cysts are rarely seen before puberty. This cyst is tethered to the epidermis. The spherical form can be felt where the skin is sufficiently lax. Cysts near the surface are yellowish or white. The common sites are the face, scalp, neck and trunk. The size varies from a few mm. to 50 mm. or so. Lesions may be solitary but may be multiple. They enlarge slowly and may become inflamed and tender from time to time. Cysts that follow acne are difficult to remove completely.

The uncomplicated cyst can usually be diagnosed with confidence. CT scan is useful to detect the extension of cyst.

A cyst which has not recently been inflamed can be dissected out.

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