

# Squeeze Eversion Of Small Sebaceous Cyst – Novel Technique To Prevent Rupture During Excision

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## Abstract

Sebaceous cysts are common and it may be difficult to remove them without rupturing the capsule. The author describes a novel technique of initial gentle dissection after an elliptical or linear incision, followed by everting of the cyst by gentle squeeze which often helps to shell it out without damaging the capsule.

## INTRODUCTION

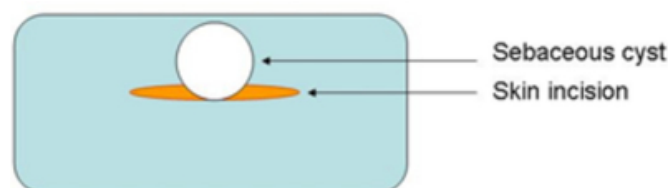
Sebaceous cyst is a common problem (1). The contents are cheesy and foul-smelling. The capsule is often thin and can rupture during dissection and removal. The capsule is much more likely to rupture when it is picked up with an instrument. Squeeze eversion is a technique which is usually used for small lipomas. The author has applied it successfully to small sebaceous cysts (<2 cm) without much fibrous attachment to the capsule.

## TECHNIQUE

Make an elliptical incision encircling the punctum. Then dissection is carried out with curved scissors. The capsule should not be picked up with instruments. One should lift the skin edges rather than the capsule to facilitate dissection. Once the superficial aspect of the cyst is freed, then gently squeeze the cyst from the sides and base to evert the cyst. The main idea is to avoid handling the capsule. It is the handling of capsule that leads to rupture of it. With squeeze eversion, the base of the sebaceous cyst can be exposed and shelled out easily.

## Figure 1

Figure 1: Diagrammatic representation of excision of sebaceous cyst. After incision, perform a gentle dissection without picking up the capsule to release the capsule from the skin. Then apply light pressure at the base and the sides to evert the cyst. The eversion will allow the capsule to be freed with ease.



## DISCUSSION

The name sebaceous cyst is a misnomer (2). Sometimes it can be confused with malignant angiosarcoma (3) and secondaries in the scalp (4). For this common condition, a few techniques have been described for excision through a small incision (1, 5,6,7). There is a risk of rupture during the excision. The risk is higher when there is fibrous attachment which is usually present in places like nape and back of the chest. Rupture will lead to exposure of smelly toothpaste like material. It may increase the risk of wound infection. Incomplete removal of the cyst wall will lead to recurrence of the cyst. The author is not aware of anyone describing squeeze eversion for dealing with a small sebaceous cyst. Squeeze eversion cannot be applied when there are fibrous attachments or when the cyst is inflamed. If too much pressure is applied, then the cyst may rupture during the squeeze eversion.

**References**

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