Giant Sebaceous Cysts of scalp: A Case Report

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Citation

Abstract
The authors are reporting a rare case of giant sebaceous cysts on scalp. A neglect of patient resulting in enormous size of cyst. Local excision is modality of treatment.

INTRODUCTION
Several dermatosis are encountered in day to day surgical practice. The pathology vary from benign to malignant one, but very often benign cutaneous lesions are encountered. A sebaceous cyst of scalp is uncommon entity. Neglect on the part of patient sometimes leads to giant sebaceous cyst formation rarely encountered. These giant sebaceous cysts are more prone for developing malignancy.

CASE PRESENTATION
A 60 year old male presented with two painless swellings on scalp of 15 years duration. Both of the swellings increased progressively in size and there was no positive history of trauma or infection. General and systemic examination was within normal limits. Local examination of two swellings revealed larger one 7.3×6.9×2.4 cm, second one being 6.1×5×2 cm, in dimensions, nontender, fixed to underlying skin but freely mobile from underlying structures(Fig.1)

No neck lymphadenopathy was present. Excision of these giant sebaceous cysts was done. Histopathological examination was consistent with epidermoid cysts.

DISCUSSION
Giant sebaceous cysts are rare entity in clinical practice. Sebaceous cysts are presently called as epidermoid cysts. These asymptomatic, dome-shaped lesions are painless smooth skin lump with thick yellowy sebum in the lump. Cysts usually vary in size from 1cm to 4cm in diameter. Most of times often arise from a ruptured pilosebaceous
follicle. Multiple epidermoid cysts are associated with lipomas or fibromas of the skin and osteomas and should be considered as part of Gardner's syndrome, with associated premalignant colonic polyps. Pathologically, epidermoid cysts are lined by a cornified epithelium with a distinct granular layer. It contains a lamellated keratin without calcification. Some cysts can be associated with basal cell and squamous cell carcinoma. In long standing cases in elderly, squamous cell carcinoma arises from this type of cyst. Bowen disease, metastatic carcinoma, Merkel cell carcinoma, and mycosis fungoides have all been reported in association with epidermoid cyst. Differential diagnosis includes milia, Pilar cysts nevoid basal cell carcinoma syndrome, pachyonychia congenital, lipomas, dermoid cyst. Treatment is excision of cyst.

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References
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