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Case Report

# UNUSUAL CASE OF EPIDERMOID CYST- A CASE REPORT

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## ABSTRACT

In the Oro-facial region different variety of developmental, odontogenic and non-odontogenic cysts are encountered. Epidermoid cyst is a rare developmental cyst of the oro-facial region, which occur due to entrapped epidermal elements without adnexal appendages. We report a case of Epidermoid cyst occurring in left parietal region of scalp.

**Keywords:** Epidermoid Cyst, Non- Odontogenic Cyst, Parietal Region of Scalp.

## INTRODUCTION

Epidermoid cysts are non-odontogenic inclusion cyst lined by ectoderm. These are rare lesions derived from germinal epithelium and are encountered throughout the body, in areas where embryonic elements fuse together.

Epidermoid cysts are indolent in nature. They are slow to progress and remain asymptomatic until secondarily infected[1].

We report a case of Epidermoid cyst present over the left parietal region of scalp, which is an unusual site of Epidermoid cyst.

## CASE REPORT

A 30 year old female patient presented with a swelling over the left parietal region since one year. History revealed that the swelling increased gradually in size and remained asymptomatic. Examination revealed a well circumscribed ovoid swelling in the left parietal region, measuring 1.5x1.5 cm in its greatest diameter. Surface of the swelling was smooth and without any secondary changes. On palpation swelling was soft, fluctuant and non tender. On aspiration creamy white fluid was obtained from the swelling.

## TREATMENT

Patient underwent routine blood investigation and it was normal. In operation theatre excisional biopsy was performed under local anesthesia. Patient was given Cap Amoxicillin 500mg tid, Tab Metronidazole 400mg tid and Tab Paracetamol 650mg SOS for 5 days.

Gross examination of the specimen showed a yellowish white cyst wall.

Histopathology (H/P) report revealed a cystic lining of keratinized stratified squamous epithelium which was 4-5 cell layers thick with numerous keratin flakes in the lumen. The surrounding connective tissue capsule was of collagen fibres, blood vessels, chronic inflammatory cell infiltrate and absence of dermal appendages. Hence a diagnosis of Epidermoid cyst was made.

Patient was evaluated at 1 week, 4 weeks, 8 weeks and 6 months. In first week itself healing was good in operated site, and patient did not experience any problem even after 6 months.

## DISCUSSION

Roser in 1859 first described Epidermoid cyst. These are rare benign conditions occurring in any region derived from abnormally situated ectodermal tissue. Oro-facial incidence ranges from 1.6% to 6.9% and 1.6% within the oral cavity[2].

Depending on the pathogenesis, Epidermoid cyst is divided into, Congenital and Acquired.

Congenital cysts are dysembryogenic lesions that arise from ectodermal elements entrapped during midline fusion of the first and second branchial arches between the third and fourth week of the intrauterine life.

Acquired cysts are derived from traumatic or iatrogenic inclusion of epithelial cells or from occlusion of sebaceous gland duct. This was first recognized by Webner in 1855 and originally referred to as “Implantation cyst” by sultan in 1895[3,4].

In 1955, Meyer updated the concept of Epidermoid cyst to describe three historical variants,

Dermoid cyst- Epithelium lined cystic cavity encloses skin appendages such as hair follicles, sebaceous and sweat glands.

Epidermoid cyst- Epithelium lined cystic cavity without skin appendages.

Teratoid- Cyst cavity encloses mesodermal derivatives such as bone, muscle along with skin appendages[1].

Epidermoid cyst are generally diagnosed in young adults in the second and third decades of life. Males are commonly affected than females with a ratio of 3:1[1].

The Epidermoid cyst rarely discloses malignancy. The occurrence of Basal cell carcinoma, Bowen disease and squamous cell carcinoma from Epidermoid cyst has been reported in the literature[5].

## CONCLUSION

The case reported shows no variations from the normal histopathology, but they prove to be significant because of the variation in their anatomical presentation. . Histopathology remains the mainstay for a conclusive diagnosis.

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**Figure 1: Pre operative photo showing a swelling in the left parietal region**

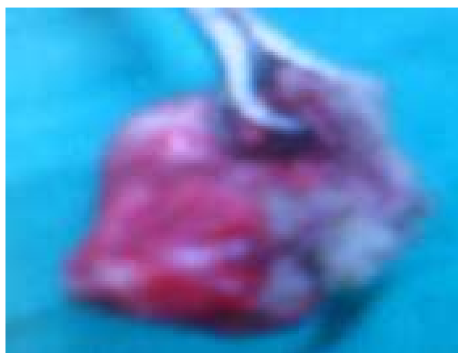

**Figure 2: Excised Cyst**

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