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SEBACEOUS CYST: A CASE STUDY

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ABSTRACT

Sebaceous cyst is a cyst of the sebaceous gland due to blockage of the duct of the gland. Sebaceous cysts are common noncancerous cysts of the skin. Cysts are abnormalities in the body that may contain liquid or semiliquid material.

Epidermoid cysts are the most common cutaneous cysts and typically occur in the third and fourth decades of life. It is rare to find these cysts before puberty. They are predominantly found in males versus females (ratio 2:1).

Sebaceous cysts are mostly found on the face, neck, or torso. They grow slowly and aren't life-threatening, but they may become uncomfortable if they go unchecked.¹

This is a *retention cyst* and is most accurately called 'epidermoid cyst' since such cyst is lined by superficial squamous cells.²

Here we report a case of sebaceous cyst presented with mild pain & uncommon size swelling in natal cleft which mimics pilonidal abscess.

Key words - Gluteal swelling, Abscess, Sebaceous cyst

INTRODUCTION -

Sebaceous cyst is the most common diagnosis offered whenever a cystic lesion of the skin is encountered in surgical practice. As these Sebaceous glands are present in the skin and restricted to it. The contents of these lesions appear to be sebaceous. These glands secrete sebum which keeps the skin soft and oily. The duct of the sebaceous gland mainly opens into the hair follicle and rarely may open directly on to the skin. If the duct or the mouth of the sebaceous gland becomes blocked, the gland becomes distended with its own secretion and forms a sebaceous cyst.

This is grouped under *retention cyst* and such cyst is lined by superficial squamous cells most accurately called 'epidermoid cyst' ²

Ultra-sonography is the commonest, cheap and non invasive imaging technique adopted for evaluation of such swellings. However final confirmation is with surgical exploration

CASE REPORT-

A 30 years old male patient was referred to Shalyatantra OPD of SDM Institute of Ayurveda Bengaluru with the complaint of Lump in the right gluteal region since 2 years. He noticed a lump in right gluteal region 2 years back. Which is mild pain and gradually increased in size. Initially it was hard and as it gradually increased in size, it became soft. No changes on the surface, no fever, no loss of body weight, no functional impairment, no similar lump over the body, having no unprotected sexual history and non D.M. and HTN.

On physical examination swelling was oval, uniform, and regular in outline fluctuating in consistency, mild tender and measuring 6* 4 cms. Transillumination test was negative.

Ultra sonography revealed a 5.5*3.5 cms sized heterogeneously hypoechoic lesion noted in the deep subcutaneous plane over the gluteal region. On doppler there is no internal vascularity with minimal inflammation of surrounding fat with an

impression of sebaceous cyst with minimal inflammatory changes suggesting excision biopsy.

An excision biopsy was planned with a right gluteal paramedian incision. An encapsulated sebaceous cyst situated within the subcutaneous plan was freed and excised.



Fig .1



Fig. 2



Fig. 3

(Fig .1) Clinical examination of the Swelling. (Fig .2) Operative appearance of Sebaceous cyst. (Fig .3) Post operative healed wound

Operative diagnosis was made as sebaceous cyst which measured 5.5*3.5 cms. Histopathology con- firmed the diagnosis of sebaceous cyst.

DISCUSSION -

The most effective treatment involves complete surgical excision of the cyst with the cyst wall intact. The complete excision should be delayed if an active infection is present as the planes of dissection will be difficult. In these cases an initial incision and drainage may be indicated with a potential for reoccurrence in the future

Depending on location, the differential diagnoses of epidermoid cysts include the following: lipoma, dermoid cyst, pilar cyst (isthmus-catagen cyst, trichilemmal, wen), furuncle, pilonidal cyst, lipoma-A lipoma is one of the commonest and most benign of all tumours. It is composed of fat cells of adult type. It can occur anywhere in the body that is why it is often called as 'universal tumour or ubiquitous *tumour*'.

But the *common sites* are the subcutaneous tissue of (i) the trunk, (ii) the nape of the neck and (iii) the limbs.

Painless swelling which is present for a long time is the main complaint.

Lipoma feels typically soft but does not fluctuate.

A lipoma should always be excised. ³

1. Dermoid cyst-A dermoid cyst is a cyst which lies deep to the skin and is lined by skin. So a dermoid cyst can be called an *epidermal cyst*. These cysts are lined by squamous epithelium and contain pultaceous or tooth paste-like material which contains desquamated epithelial cells. ⁴

2. Furuncle-It is an acute staphylococcal infection of a hair follicle with perifolliculitis. Such infection usually proceeds to suppuration and central necrosis.

It starts with a painful and indurated swelling which gradually extends. It is associated with tremendous tenderness and surrounding oedema. ⁵

3. Pilonidal cyst-This is an acquired condition and seen in adult males. This is hardly seen in females. While sitting the buttocks move and hairs broken off by friction and collect in the cleft.

Usually presented by males during third decade. It is rarely seen in people over 40 years of age. It is more common in males than females in the ratio of approximately 6: 1. ⁶

Conclusion -

Sebaceous glands are present in the skin. These glands secrete sebum which keeps the skin soft and oily. The duct of the sebaceous gland mainly opens into the hair follicle and rarely may open directly on to the skin. If the duct or the mouth of the sebaceous gland becomes blocked, the gland becomes distended with its own secretion and forms a sebaceous cyst.

A sebaceous cyst can be seen anywhere in the body but most commonly seen in those parts where there are plenty of sebaceous glands. Such sites are —

(i) The scalp. (ii) Face. (iii) Scrotum.

But its occurrence in natal cleft is uncommon. Cysts & lumps are common in surgical practice of which sebaceous cyst are the most common followed by benign tumour. These huge sebaceous cysts may often give confusion in making proper clinical diagnosis. Huge sebaceous cyst although rare should be kept in mind while making clinical diagnosis of any swellings or lumps.

In such cases with proper clinical knowledge & with the help of appropriate imaging techniques. However, investigations like USG, CT and MRI may help further to confirm the diagnosis and the final diagnosis can be done with surgical excision only.

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