

Case Report

Multiple Epidermoid Cysts of Pinna: An Uncommon Presentation

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Abstract: Epidermal inclusion (epidermoid) cyst and dermoid cysts are benign cysts occur all over the body; 7% occurs in head neck region, most common site being lateral third of eye brow second common site is floor of mouth. Epidermoid cyst of pinna is not uncommon while multiple epidermoid cysts of pinna are rare. By definition when the cyst is lined only by epithelial lining is called epidermal inclusion (epidermoid) cyst. I am reporting a case in which a 30 years old male presented to me with multiple swelling behind the left ear. Physical examination showed four swelling of different sizes. Needle aspiration cytology was suggestive of epidermoid cysts. Surgery was performed and all cysts were excised with different incisions. Histological examinations of resected specimen were consistent with epidermoid cysts. No recurrence was noted on seven month of follow up.

Keywords: Epidermoid cyst, Pinna

INTRODUCTION

Epidermoid cyst is found all over the body. The etiology of development of these cysts is still poorly understood. In the Head Neck region most common site is lateral third of eye brow. I am reporting a case of multiple epidermoid cysts of pinna which is an uncommon presentation.

CASE REPORT

Thirty years old male presented to my clinic with a two years history of multiple slowly growing swelling behind left pinna. There was no history of trauma or surgery. Physical examination revealed four swelling (A-D) on medial aspect of left pinna, of different sizes largest was 2×2 cm (Figure 1A). The masses were smooth, spherical, without any punctum or scar. They were mobile, non-fluctuant, non-translucent, not tender, skin over them were freely mobile. Needle Aspiration Cytology showed the presence of epithelial remnants, desquamated squamous cells, acellular squames and cellular debris which pointed to a diagnosis of epidermoid cyst.

Surgical excision was performed under local anesthesia. Each swelling was excised separately by an elliptical incisions, lenticular shaded areas (is one-third of the half circumference of swelling) was also excised along with cysts (Figure 2, 4). All cysts were found to be attached to underlying perichondrium (Figure 3A, B). Histopathological examination of the cyst showed orthokeratinized stratified squamous epithelium with a flat epithelial-connective tissue interface lining the cystic cavity, with copious desquamated material suggestive of epidermoid cyst. Patient was followed up for a period of seven month without any sign of recurrence (Figure 1B).



Fig. 1A: Multiple cysts (A-D) over medial aspect of left pinna



Fig. 1B: Six month after surgery no recurrence noted



Fig. 2: Lenticular shaded areas had to be excised along with cyst



3A



3B

Fig. 3A and B: Surgical excision of cysts showing cysts were attached to underlying perichondrium



Fig. 4: Excised specimens of cysts (A-D)

DISCUSSION

Epidermal inclusion (epidermoid) cyst and dermoid cysts are benign cysts occur all over the body, with 7% occur in head neck region, most common site being lateral third of eye brow second site being floor of mouth [1]. Epidermoid cysts more specifically refer to implantation of epidermal elements into the dermis. Epidermoid cyst usually present in second to third decade of life without any sex predilection. They are very slow growing masses. Differential diagnosis being first branchial arch cyst and sinuses, preauricular sinus, acquired cyst after ear piercing, keloid, lipoma, sebaceous cyst and calcified hematoma [2-4]. Gardner's

syndrome should be ruled out if these cysts occur before puberty and multiple in number [5]. Human papilloma virus infection and UV exposure are risk factors in patient with epidermodysplasia verruciformis for development of epidermoid inclusion cyst [6].

Malignant transformation can occurs in less than 5% of cysts. Diagnosis can be done by ultrasonography, computed tomography, magnetic resonance imaging and Needle aspiration cytology. Treatment is surgical excision. Incision over cyst should be elliptical, using an ellipse width of one-third of the half circumference to allow primary closure without much redundant skin [7]. Recurrence is rare.

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