

Infected Sebaceous Cyst of Eyelid - A Case Report and Review of Literature

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Abstract: *Infected cyst of eyelids is more common in occurrence. There are many forms of eyelid cysts which present mostly as localized swelling of eyelid. They are of many types and named accordingly on the basis of their cell of origin, progression etc., they are meibomian cyst, sweat gland cyst, inclusion cyst. Here we are presenting a case report on sebaceous cyst. It is commonly confused with dermoid cyst, but histopathological examination provides the final diagnosis. Most of the cysts of eyelid are treated surgically and this case is also treated by surgical excision and sent for biopsy. Histopathological examination revealed infected sebaceous cyst in this case.*

Keywords: Sebaceous cyst, dermoid cyst, meibomian cyst, sweat gland cyst, inclusion cyst

1. Introduction

We present a case of 50 year old male patient with swelling of right lower lid of 6 months duration, which was gradually progressive in size with cosmetic disfigurement with no other significant complaints. Usually sebaceous cysts occur in hairy areas of the body. It is relatively less common in eyelids and even in eyelids the commoner site is the inner canthus of eye. Here in this case it is seen on the lateral aspect of lower eyelid which is seen very rarely. So we are presenting it as a rare presentation of sebaceous cyst on eyelids.

2. Case Report

A 50 year old male patient presented with a swelling of 4*2 cm on lateral aspect of right lower lid of 6 months duration. The lesion has progressed gradually over 6 months and attained the present size. It is cystic in consistency, skin over the swelling is stretched, and movable over the swelling. Pupillary reaction of right eye is normal with vision 6/6 with fundus normal. In left eye anterior segment is normal, vision 6/6 and fundus normal.

3. Investigations

Complete hemogram was done and found to be in normal limits, RBS: 90mg/dl, HIV & HbSAg nonreactive, ULTRASOUND OF ORBIT revealed 1.8*1.3 cm well defined solid appearing nodule with cystic space and with no vascularity seen on colour doppler in the lateral aspect of right lower lid.

Excision Biopsy was done on 12/06/2014

Histopathological Examination revealed infected sebaceous cyst

4. Discussion

Eye lids may be affected by a wide spectrum of benign and malignant lesions but benign lesions are three times more common than malignant neoplasms (3). Sebaceous cysts are a common benign cyst that appears smooth, elevated, yellow in areas with multiple hair follicles. These lesions may not change much or may gradually grow with time (1). Sebaceous cysts occur due to blocked pilosebaceous duct on the skin. There is a closed sac filled with cheese-like material. Usually arises from a swollen hair follicle or following a trauma (4). It usually presents as painless swelling beneath the skin (2). Sebaceous constitutes for 2nd most common type of benign periocular cutaneous lesions. Approximately constitutes for 18% of excised benign lesions. They are epidermal inclusion cysts which arise from the infundibulum of hair follicle either following Dermoid and epidermoid cysts together constitute most common tumours occurring in the orbital and periorbital regions. Dermoid cysts contain epidermal appendages i.e., hair follicles, sweat glands, sebaceous glands. Epidermoid cysts only contain stratified squamous cell epithelium forming the wall of cyst. True sebaceous cysts i.e., cysts originating from sebaceous glands contain only sebum with no keratin, which are very rare and also known as steatocystomas. If they are multiple in number called as steatocystoma multiplex (6). Sebaceous cysts are more common on face, trunk, extremities, but they may be seen anywhere in the body except on palms and soles. They are common benign disorders frequently noted in elderly patients. They clinically resemble epidermal inclusion cysts and dermoid cysts. 90% of sebaceous cysts are located on the scalp. In the face they are found in locations with many hair follicles particularly in the brow region and inner canthus (1). Senile sebaceous nevus may be seen as a small, nodular, umbilicated lesion of yellow colour. Torre's Syndrome, Gardner's syndrome, Basal cell nevus syndrome, Oldfield syndrome, Familial polyposis of colon are hereditary causes of sebaceous cyst (8). They are choristomas.

i.e., congenital tumours arising from embryonic tissues displaced from their usual anatomic locations. Sebaceous cysts contain a waxy comedon plug in the center. They contain eosinophilic material composed of degraded epithelial cells, keratin, fat, cholesterol crystals.(1). They often have a central pore indicating the remaining pilary duct. They may be secondarily infected or calcified or may rarely turn malignant (7). Histopathologically the epithelial cells that line the cysts have no intercellular bridges and possess palisading nuclei in the periphery. The nuclei are lost in these desquamating epithelial cells and the cells demonstrate a swollen cytoplasm with indistinct cell boundaries. The cells are then released into the lumen and the cysts exhibit homogenous eosinophilic staining.(1) The eosinophilic material within the cyst chiefly comprises desquamated cells and keratin and often calcifies.(3) Cysts of eyelids are treated by complete excision. Simply removing the contents is not adequate because of high chances of recurrence if the lining epithelium is not excised.(1) If the cysts are small marsupialization i.e., excising around the periphery of the cyst but leaving the base of cyst wall to serve as the new surface epithelium. Larger and deep cysts may require a complete excision in which case the cyst wall should be removed intact to reduce the possibility of recurrence.(2) Rupture of the cyst wall should be avoided during operative manipulations to avoid complications of spillage of contents as it may result in foreign body reaction(7)(3). The skin incision should be somewhat longer than the length of the cyst following the natural skin creases. Blunt dissection may be used to separate the cyst from the surrounding tissues. The cyst should be entirely removed

through the incision and excess skin is excised and wound is closed. If infection exists, systemic antibiotics must be given.(1)

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Figure 1: Preoperative Image

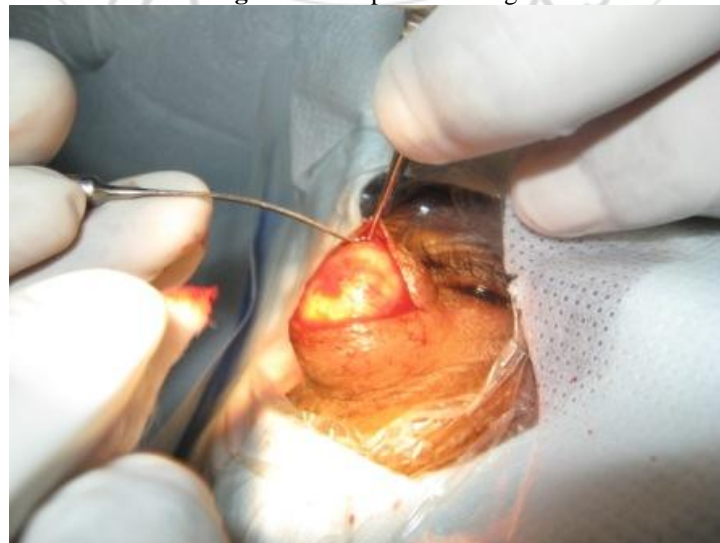


Figure 2: Intraoperative Image



Figure 3: Postoperative Image

