

# A Case of Dermoid Cyst in a 30 Year Old Male Patient – A Case Report and Study of Literature

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**Abstract:** A 30 yr old male, presented with swelling in both eyes from childhood. He noticed a pea size swelling which gradually increased and attained present size. He had previous history of left eye surgery for similar lesion near the limbus on temporal side. On examination right eye – 2x2 cm cystic lesion present in lateral canthus which is non-mobile, soft, non trans illuminant. Left eye 2x2 cm cystic lesion near the limbus in temporal side. Visual acuity right eye – 6/6, left eye – counting fingers 5 metres with pinhole 6/60. Extraocular movements normal in all directions. Pupils – normal size reacting to light. Fundus – both eyes – disc hyperaemic, margins clear, vessels normal, foveal reflex present.

**Keywords:** Dermoid cyst, Defective vision, Hyperaemic disc

## 1. Case Report

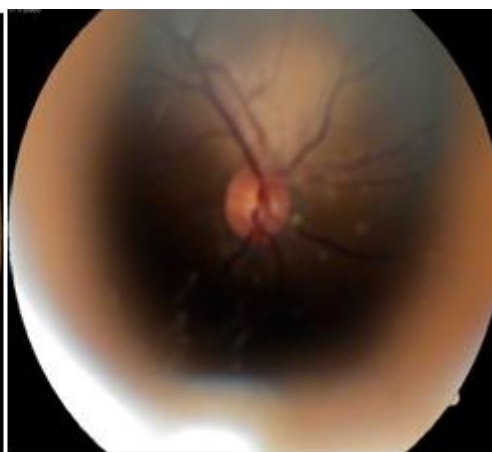
A 30 year male presenting with swelling in both eyes from childhood.

## 2. Introduction

Here we are presenting a case of Dermoid cyst in a 30 year old male.



Left Eye



Right Eye

### 3. Discussion

- 1) A dermoid cyst is a choristoma derived from displacement of ectoderm to a subcutaneous location along embryonic lines of closure. Dermoids are lined by keratinised stratified squamous epithelium have a fibrous wall and contain dermal appendages such as sweatglands, sebaceous gland and hair follicles. Dermoids may be superficial or deep located anterior or posterior to the orbital septum respectively. Superior dermoid cyst : presents in infancy with a painless nodule most commonly located in the supero temporal and occasionally the superonasal part of orbit. Signs : a firm ,round ,smooth , non tender , sub cutaneous mass 1-2 cm in diameter which is freely mobile. the posterior margins are easily palpable denoting lack of origin or extension. CT shows heterogenous well circumscribed lesion. Treatment : is by excision in toto, taking care not to rupture the lesion , since leaking of keratin in to the surrounding tissues results in severe foreign body reaction. Deep dermoid cyst : presents in adolescence or adult life. Signs : proptosis, dystopia or a mass lesion with indistinct posterior margins. Some deep dermoids associated with bony defects may extend into the inferotemporal fossa or intra cranially. CT shows a well circumscribed cystic lesion. Treatment : by excision in toto is advisable because deep dermoids enlarge and may leak their contents in to adjucent tissues , this includes a painful foreignbody reaction , often followed by fibrosis . if incompletely excised , they may recur and cause persistent low grade inflammation.
- 2) They are most commonly located at the inferotemporal limbus are often associated with goldenhar syndrome and may need to be excised if they cause excessive astigmatism encroach on to the pupillary area or are cosmetically disfiguring.
- 3) Dermoids are common developmental tumours which arise from an embryonic displacement of the epidermis to a subcutaneous location. dermoid is of two types . superficial dermoid : These donot extend deep in to the orbit and are not associated with bony defects . displacement of globe is also not seen as these are located anterior to the orbital septum. Deep dermoids are present in adolescence with proptosis or a mass lesion having indistinct posterior margins ,they may be associated with bony defects. Treatment of dermoids : is surgical excision. Care should be taken not to leave behind the contents of cyst which are posteriorly irritating.
- 4) Dermoid and epidermoid cysts are examples of choristomas, tumors that originate from aberrant ectodermal tissue. These tumors contain normal-appearing tissue in an abnormal location. As two suture lines of the skull close during embryonic development, dermal or epidermal elements may be pinched off and form cysts, which are adjacent to the suture line. Approximately 50% of dermoids that involve the head are found in or adjacent to the orbit.

### References

- [1] KANSKI 6<sup>TH</sup> edition page no : 186, 187
- [2] Parsons 22<sup>nd</sup> edition : page no : 230

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- [4] <http://emedicine.medscape.com/article/1218740-overview>

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