

Epidermoidcyst- A Review

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Abstract: Epidermoid cysts are developmental cysts of separate entity. These are keratin filled cyst, with or without skin appendages

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1. Introduction

Epidermoid cysts are rare, slow-growing, benign, developmental cysts that are derived from abnormally situated ectodermal tissue. It is defined as “A simple cyst lined with stratified squamous epithelium and lumen is filled with cystic fluid or keratin and no other specialised structure”¹.

Epidermoid cysts may grow anywhere on the body and about 7% of them are located in the head and neck, with the oral cavity accounting for only 1.6%. Intraorally it is a benign slow growing and painless entity which is usually located in the submandibular, sublingual and submental region^{2,3,4}. They can cause symptoms of dysphagia and dyspnoea. Epidermoid cysts can occur at any age from birth to 72 yrs, they usually become apparent in patients between 15 to 35 yrs. Males are more commonly affected. and may present as small or large masses.



Epidermoid cysts are benign pathologies that can occur anywhere in the body, predominantly seen in areas where embryonic elements fuse together. Most cases have been reported in the ovaries and the testicles (80%), with head and neck accounting for 7%². Dermoid and epidermoid cysts in the mouth are uncommon and comprise less than 0.01% of all the oral cysts. Majority of them occur in sublingual region, but there are rare case reports of occurrence in other sites. The origin of epidermoid cysts is

believed to be from entrapment of epithelial remnants during midline closure of the bilateral first and second branchial arches⁵.

Epidermoid and dermoid cysts are rare, benign lesions found throughout the body, with 7% occurring in the head and neck area, 1.6% of which occurs in the oral cavity. Of all the oral cysts dermoid and epidermoid cysts account for only 0.01%. A simple cystic lesion without any skin appendages is termed as epidermoid cyst. Whereas dermoid cyst is a cysts with epithelial lining. cystic cavity encloses skin appendages such as hair, hair follicles, sebaceous, and sweat glands. Epidermoid cyst etiology is due to follicular infundibulum, traumatic implantation of epithelium or entrapment of epithelial remnants during embryonic fusion. In case of dermoid cyst it is only due to entrapment of epithelial remnants during embryonic fusion. Dermoid cysts are seen only in areas of fusion especially midline swellings, whereas epidermoid cysts can occur anywhere in the body⁶.

Epidermoid cysts may be categorized as congenital or acquired based on their origin although there is no disparity between the two either clinically or histologically. They may be found in any age group but show preponderance between 15-35 years of age with male predilection^{6,7}.



Although floor of the mouth in the midline is most favored site, occasional occurrence involving the buccal mucosa,

tongue, lips, uvula, temporomandibular joint dermal graft, intradiploic, intracranial, and intraosseous location within the mandible and maxilla also have been reported in literature. Due to these sublingual swellings in the floor of the mouth symptoms of dysphagia, dyspnoea and dysphonia may occur due to upward displacement of tongue⁷. A giant dermoid cyst of the neck can mimic a cystic hygroma, requiring MRI to differentiate.



Epidermoid cysts typically feel "dough like" on palpation, although they may be fluctuant and cyst like based on consistency of the luminal contents, that may range from a cheesy, sebaceous to liquefied substance. Epidermoid cysts are less likely to rupture. Treatment comprises total surgical excision without any rupture because spillage of the cystic contents to the underlying fibrovascular structures can cause post operative inflammation⁸. Recurrence of these cysts are very rare.

2. Conclusion

Epidermoid cysts of head and neck origin are quite an rare entity. Here we report a simple case of epidermoid cyst which clinically appeared as an lipoma, later turned out to be epidermoid cyst.

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