

Giant Sebaceous Cyst over the Sacrum: A Case Report

Hikeno K Yeptho¹, Bikram Kumar², Akash Kumar Gupta³, Shalini Sonali⁴

^{1, 3, 4}Junior Resident Academic, Department of General Surgery, RIMS, Ranchi, Jharkhand, India

²Senior Resident Doctor, Department of General Surgery, RIMS, Ranchi, Jharkhand, India

Abstract: Epidermal cyst commonly known as sebaceous cyst are cysts lined with true, stratified-Squamous epithelium, derived from hair follicle infundibuli or traumatic inclusion. They can occur anywhere, fixed to skin and usually have a central punctum [1]. It is usually asymptomatic and mostly presents as a slowly growing painless mass. It is most commonly confused with sebaceous cysts and dermoid cyst but histopathological examination provides the final diagnosis. Here we present a large sebaceous cyst over the sacrum. A large sebaceous cyst over the sacrum of this size is rarely reported.

Keywords: Sebaceous cyst, epidermal cyst, Cyst, Keratin, Squamous Epithelium, Sacrum Swelling

1. Introduction

Epidermal cysts are solitary, firm sub epithelial lesions mostly seen on scalp, face, trunk and scrotum. Usually asymptomatic but may cause cosmetic disfigurement and may get infected. It is not seen over palms and soles as there is no sebaceous gland. Histopathology of the mass reveals a cyst lined by squamous epithelium filled with keratin [2]. It is a retention cyst and occurs due to blockage of the duct of sebaceous glands. Sebaceous glands are situated in dermis which secretes sebum through sebaceous ducts which opens directly to skin surface or into a hair follicle [3]. Surgical excision is the treatment of choice.

2. Case Study

A 65 year old male patient, daily laborer by profession came with history of painless slowly growing mass over the Sacrum for the past 15 years. Swelling has increased drastically over the past 2 years. No history of trauma, Infection or surgery prior to the disease onset. History of Pulmonary Tuberculosis 20 years back for which he too complete course of ATT. No history of Diabetes Mellitus, Hypertension or any other surgical and significant medical history in the past.

General Examination shows no evidence of skin lesions and masses elsewhere. On examination of the mass, a 15x12 cm mass lesion is seen over the sacrum in the midline which is pear shaped. Surface of the mass is smooth. Skin over the mass is not pinchable, variable in consistency, non tender and surrounding skin is normal.

Routine investigation revealed Normoglycaemic status, Hb 12gm/dl, TLC 7600 and Non Reactive erology. FNAC study revealed features suggestive of Sebaceous Cyst. MRI of Lumbosacral spine revealed no intra spinal involvement of the cyst.



Figure 1: Pre operative photo showing the mass over the Sacrum

After Complete routine investigation and proper Pre Anesthetic Check up, Cyst excision was done under Spinal Anesthesia through an elliptical incision over the swelling. A corrugated drain placed and skin primarily closed. Gross examination revealed a lobulated grey brown cystic mass of size 14x12 cm in diameter. Cut section revealed cyst filled with pultaceous material. Microscopic appearance show cyst lined by squamous epithelium filled with keratin.



Figure 2: Intra operative photo of the cyst being excised

3. Discussion

Sebaceous cysts are most common benign epithelial cysts and generally devoid of malignant potential [4]. Large Sebaceous cyst over Sacrum is rare and may be confused with other diseases such as Meningocele, Meningomyelocele, Sacrococcygeal tumor etc. They may also be infected and cause problems or may cause cosmetic stigma for the patient. They occur commonly in hair bearing areas mostly on scalp, scrotum, face and trunk. Histologically, cysts are lined by stratified squamous epithelium and contain loosely packed keratin debris and cholesterol. Gold standard treatment for epidermal cyst is complete excision of sac and its contents. Complications include infection, malignant transformation, and rupture causing a granulomatous reaction or even abscess formation and recurrence if not excised properly.



Figure 3: Post operative photo of the cyst after being excised

4. Conclusion

Large Epidermal cyst over the sacrum is a rare presentation of epidermal cyst and even rarer is a cyst as large as the case discussed above. A giant sebaceous cyst over the Sacrum or lower back may be confused with other medical conditions such as meningocele, meningomyelocele, sacrococcygeal tumor etc and hence proper investigation with the help of Imaging and FNAC should be done before proceeding for Surgery. Gold Standard treatment after ruling out other causes is Surgical Excision. Complications can occur at any point and so it should be treated with outmost care.

References

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