



SEBACEOUS CYST: A HUMUNGOUS MASS IN THORAX

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ABSTRACT

Sebaceous cysts are generally slow growing swelling under the skin that are typically harmless. These may develop because of the blockage in the duct of the sebaceous cysts that hamper the drainage of the glandular contents, the blockage may occur due to trauma in the area or due to a skin condition like Acne. They generally occur on the hairy areas of the body such as scalp, face, ears, trunk, back, or groin area. They are sometimes called epidermal inclusion cysts. But it's more accurate to call them sebaceous cysts. Sometimes they happen for no clear reason. Cysts may remain stable in terms of size or they may steadily grow. Sometimes they will become inflamed and they may also rupture. Sebaceous cysts, which originate from sebaceous glands and which contain sebum, are relatively rare and are known as steatocytoma simplex or, if multiple, steatocytoma multiplex. They are smooth to touch with regular surface and are generally round in shape. They may be filled with lipid like content and sometimes a cottage-cheese like material which has a foot smelling odour. They are generally of two types viz., Epidermoid cyst and Pilar cyst. Pilar cyst generally occurs over Scalp and the second most common site being the extremities. Pilar cysts are more commonly found in females and are said to have an autosomal dominant pattern of inheritance and they are often multiple in presentation. Epidermoid cysts can be painful, have no risk of malignant transformation and they are present on the parts of the body having very little hair. These cysts are managed surgically, medical management being not having any role in treatment. The cysts warrant surgical excision.

KEYWORDS

CASE PRESENTATION

A patient named Madanlal presented in the outpatient department with the complain of a large swelling in the upper thoracic region for about 8 years. The swelling was insidious in onset, gradually progressive in nature, not associated with any pain. The patient first noticed the swelling while bathing and the swelling gradually enlarged over the years to reach the present state. On examination the patient was moderately built and nourished, had vitals in the normal range, no history of any systemic illness or any illness running in the family. The examination of CNS, CVS, respiratory and musculoskeletal did not reveal any abnormalities.

On local examination:

- There is a large swelling present on the anterior aspect of the upper thoracic region with overlying skin normal in character, colour, appearance. On palpating the swelling there is no tenderness, pain. The swelling is spherical in shape, mobile freely in all the directions with slip sign positive, surface of the swelling is regular, smooth with no irregularities, smooth and circular edges, the consistency being solid and non-fulctulant, non transilluminant, no palpable thrill or bruit and normal in temperature by palpatory method.
- Orbital examination was normal; Visual acuity was normal, no restriction in extraocular muscle movement (the range of movement was normal and symmetrical), no evidence of Proptosis, no evidence of any pulsation, Conjunctiva was normal, no tenderness in the area of ethmoid and frontal sinus was noted.
- Examination of the nose was normal. Cold spatula and cotton wool test was normal on both the sides suggesting good and patent nasal cavities with no obstruction, there was no evidence of nasal discharge or bloodstained nasal secretions. On anterior rhinoscopy the nasal cavity appears normal, nasal mucosa is normal in colour and there is no presence of septal deviation, turbinal hypertrophy, there is no evidence of and nasal mass present in the nasal cavity and examination on both the sides are normal.
- Oral cavity and examination of oropharyngeal examination is normal and reveals no abnormalities.
- Dental examination is found to be normal and reveals no abnormalities.
- Facial examination is normal.
- Cranial nerve examination is found to be normal.
- Aural examination reveals no abnormalities.
- Laryngeal examination is normal.

Based on the clinical examination the diagnosis of a Sebaceous cyst

was made and the surgical excision was planned. The swelling was surgically excised with a portion of the overlying skin and the wound was closed in layers using interrupted sutures. The specimen then was subjected to histopathological examination which revealed the specimen to be Sebaceous cyst. The cyst occurred on the upper thoracic region, devoid of hair.

The cyst is being reported for its unusual and humungous size 11x9x8.5 cms

The images of the swelling are shown below;



