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STEATOCYSTOMA SIMPLEX UNUSUAL BUMP ON UPPER EYE LID - RARE CASE REPORT

Ophthalmology

Dr. Sharad Shegaonkar (Associate Professor) Associate Professor, Department of Ophthalmology, GMC, Miraj

ABSTRACT

A case of steatocystoma simplex keratinized cyst of upper eye lid in 64 years old female is reported as unusual presentation with its clinical pathological diagnosis management and result. steatocystema occurs as cystic lesion containing sebum or fat material. It is condition arises as cutaneous malformation associated with genetic role with intraglandular changes mainly in pilosebaceous ducts in various parts of body steatocystema classified into two forms steatocystema simplex and steatocystema multiplex Single nodule on cyst called simplex, common sites were occur on scalp face neck axilla groin, extesmitres also periorbital region conjunctiva and lower eye lids shows occurrence of multiple or single lesions. Presence of steatocystema simplex in cystic form on upper eye lid is very rare. Due to it's rarity diagnosis of disseased eye lid lesion plays important role in patient care, initial ignorance may result in visual compromisation and facial disfigurement with variable discomfort

KEYWORDS

upper eye lid steatocystoma simplex, keratinized

Case report –

In our tertiary care eye OPD patient presented for the treatment of mass which is present over upper eye lid. Initially patient noticed single nodule like mass on medial side of upper eye lid it is painless, slowly increasing from pustular size to huge. Enlargement of soft mass since one year. It disturbed her routine activities due to decrease in vision and cosmetically give bad appearance.

There is no history of trauma, any operation. No similar swellings on eye lid or on other parts of body in the past, No family history of such type of mass No history of weight loss or other symptoms suggestive of malignancy. Systemic examination within normal limits. No lymph node enlargement. Ophthalmic examination revealed best corrected visual acuity in Rt eye 6/9 and left eye 6/6. Both eye Iop 17.9 mmhg & lacrimal passages patent both eyes. Right eye on examination shows below the eye brow on medial one third part, near the upper lid margin single nodular mass extending anteriorly with pointed prominence from the shin, No other swelling adjacent to it. The mass is round oblong in shape, skin over the mass is smooth, no change in colour, it is shiny, non pulsatile, non translucent. The size of cyst is 2 cm X 6 cm. On palpation single soft rounded mass, non tender non fluctuant having well defined circumscribed margins. No leakage from the mass. It is fixed to overlying skin, freely mobile and free from underlying structures might be pretarsal region clinically suggestive of cystic lesions . There is no change in the normal architecture of upper eye lid. The cystic lesion due to its huge size created pressure over the lid and develop temporary mechanical ptosis. Rest ocular examination within normal limits of both eye.

Complete work up revealed to rule out presence of any malignancy. All routine investigations were performed Hbsag negative, negative for HIV antibodies, all blood counts within normal limits.

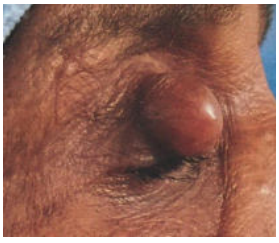
Under cover of antibiotic eye drop moxiflox eye drop surgical excision was planned under local anesthesia, infiltration at skin crease incision given to expose cyst containing faint yellow creamy colour material inside the cyst complete excision done and excised cyst send for histopathology to get new information.

Histopathology shows –

Grossly cystic mass measuring 2.0 x1.0x x 0.5 cm and cut surface shows corrugated appearance

Microscopically - section shows tissue lined by several layers of squamous epithelium showing corrugated configuration and absent granular layer. The sub epithelial tissue shows scattered mononuclear cell infiltration with presence of fine keratic fleks. There is involvement of sebaceous duct keratinised cyst histopathological findings were compatible with steatocystoma. She was diagnosed as steatocystoma simplex.

Photographs –



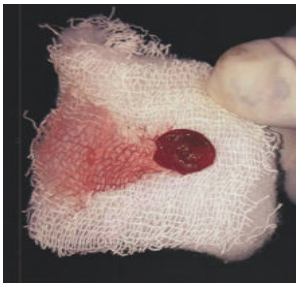


Fig No. 01: showing the cystic lesion on upper eye lid. **Fig No. 02: After excision**

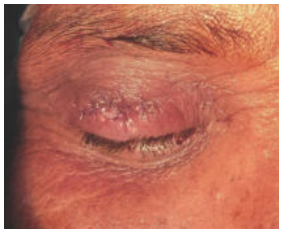


Fig. No. 03 : Removal of cyst.

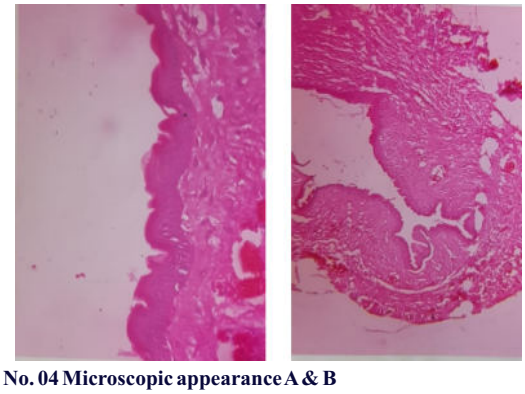


Fig. No. 04 Microscopic appearance A & B

Discussion-

steatocystoma is dermatological skin condition, the lesions appear as benign noncancerous benign may be in nodule or cystic form. Embryological development of skin shows focal hyperplabias of epidermis, first appear in eyebrows and scalp region in third month of gestation these thickenings become hair germs that extend to mesenchyme to create pilosebaceous unit, every hair has associated sebaceous gland. [1, 2] Steatocystoma appear as benign growth from sebaceous gland. The main unit of steatocystoma is pilosebaceous duct which is classified into seven type of cysts. The pilosebaceous duct produce intraluminal keratin was indicated in literature and one

subtype is sebaceous duct keratinous cyst.[3]

The defective keratin disrupts the growth & function of cells in the skin of sebaceous glands.[4] As per literature the sebaceous duct keratinzed cyst in form of steatocystoma after histopathological examination is compatible & the case was diagnosed as steatocystoma simplex keratinzed cyst. Eye lid is not usual site of keratinic cyst but there is difference in & calibre of collecting duct of each sebaceous gland which is narrow in upper eye lid. [5] According to literature review 6% lesions involve the upper eye lid and lesions are typically asymptomatic slowly progressive the majority of cases seen in 4th to 6th decade of life.

The case was managed with complete and wide excision of cyst and confirmation of steatocystoma is by histopathological microscopy.

Clinically steatocystoma simplex keratinized cyst may get misdiagnosed as trichelemmal cyst, sebaceous cyst, dermoid cyst, epidermoid cyst, atypical chalazion have been reported[6,7].

There are no specific clinical criteria to diagnose steatocystoma simplex keratinized cyst. No specific lab tests. Only histopathological confirmation with correlation of clinical findings gives true diagnosis. patients had an uneventful post operative recovery. The discomfort in vision is disappeared and there is loss of mechanical ptosis, No difficulty in closing & opening the upper eye lid cosmetically acceptable. Patient undergone regular follow up for ten months. Recurrence of st.simp k cyst is not reported in literature careful long term follow up is mandatory

Conclusion –

Rare occurrence of steatocystoma simplex keratinized cyst in old age appearance on the lid may initially be mistaken for diagnosis but confirmation with histopathology

- steatocystoma simplex keratinized cyst gives temporary disfigurement and discomfort
- prognosis is better in cases on steatocystoma simplex keratinized cyst of upper eye lid
- No recurrance found.

Acknowledgement

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Conflict of Interest : - Nil

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