



**ORIGINAL RESEARCH PAPER**

**General Surgery**

**COMMON LESION IN RARE SITE – GIANT EPIDERMOID CYST BREAST.**

**KEY WORDS:** Epidermoid Cyst , Malignant Transformation, Infection, Excision.

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**ABSTRACT**

**INTRODUCTION:** Epidermoid cysts are benign lesion and can occur anywhere in the body . More common in head, neck ,trunk and extremities . Occurrence in the breast is rare. Infection and malignant transformation are possible potential risk. Fewer than 60 cases reported in the literature. Due to rarity of this breast giant epidermoid cyst we are presenting here.

**CASE REPORT :** we report a 40 year old female presented with lump in the right breast for 1 year . On examination, 12cm\*10cm lump in the right breast occupying all quadrants. Epidermoid cyst was diagnosed on ultrasound and confirmed with Fine needle aspiration. Excision done . Histopathology revealed it as epidermoid cyst.

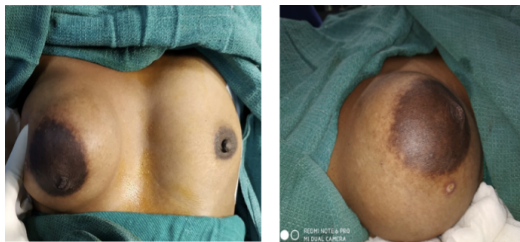
**CONCLUSION:** Excision of all epidermoid cysts in the breast is usually recommended for definitive histopathological diagnosis and so as to exclude a malignant lesion with benign features and to prevent potential complications .

**INTRODUCTION:**

An epidermoid cyst of the breast is a rare condition that develops due to proliferation and implantation of epidermal within a circumscribed space in the dermis. Growth occurs through the accumulation of epithelial and keratinous debris and it is formed by the inclusion of keratinising squamous epithelium within the dermis, resulting in lamellated keratin filled cyst . May occur anywhere in the body mostly in face, trunk, neck and extremities and scalp. Rarely develops in the breast . In breast present as lump in periareolar region. Importance lies in differentiation between other benign and malignant conditions. There is an association between epidermoid cyst and squamous cell carcinoma is reported. Our aim is to differentiate and prevent from complications like infection and spontaneous rupture.

**CASE REPORT:**

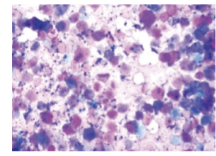
A 40 yr old female presented with complaints of painless swelling in her right breast for past 1 year. She noticed a small swelling in her right breast 1 year back which gradually increased in size to reach the present size. No history of nipple discharge or retraction , fever , trauma , loss of appetite or weight , jaundice, bone pain , cough with hemoptysis. On examination right breast appeared to be enlarged compared to left breast . Right nipple areola complex is also enlarged. A large lump of size 12cm\*10cm



palpable in right breast occupying all the quadrants. Not warm and tender. Smooth surface, soft in consistency and not fluctuant. Not fixed to overlying skin and no pun gum seen. Moves along with breast tissue . No axillary nodes. Left breast appears normal. Ultrasonogram showed a well circumscribed hypoechoic solid mass , measuring about 10 cm \* 8 cm in right breast . Fine needle aspiration cytology revealed scattered nucleated and anucleated squamous cells in a necrotic background and no malignant cells was seen. As



USG of right breast showing huge epidermoid cyst



Giemsa stain showing anucleate and nucleate squamous cells

ultrasonography findings and cytology reports were indicative of epidermoid cyst , mammogram not done. With an inframammary incision excision of the lump done with its capsule . Post op period was uneventful. Histopathology



examination confirmed its nature as epidermoid cyst. Followed up after 1 month scar was healthy.

**DISCUSSION :**

Epidermoid cysts in the breast is an uncommon benign condition. Fewer than 60 cases of epidermoid cyst in the breast have been reported in literature. In breast , clinically and radiologically these lesions are often mistaken as benign or malignant tumours. The exact pathogenesis of the cyst arising in the breast is poorly understood. In our case the pathogenesis appears to be obstruction of hair follicle , as there was no history of previous trauma , surgery or lump in the breast . It may also be due to inflamed pilosebaceous structures leading to a cystic reaction in dermis or squamous metaplasia of normal columnar cells within a dilated duct in case of fibrocystic disease, fibroadenoma or phyllodes tumor. Clinically epidermoid cYst at other site present as firm Nodular protrusion from the skin. But in case of breast , the lesion often grows deep inside the subcutaneous tissue of the breast because it has flexible fat and mammary gland tissue under the skin. Giant epidermoid cyst are rarely seen in surgical practice. The largest epidermoid cyst in the breast reported was 6.19cm\*5.46cm . In our case , the size of the epidermoid cyst in the breast was 10cm\*6cm. The infection and malignant transformation are the potential risk in giant

epidermoid cyst. Spontaneous rupture of cyst can occur releasing non absorbable keratin which is an irritant and can cause foreign body reaction and abscess formation . Malignant transformation of the cyst wall epithelium occurs very rarely (0.045%)

**CONCLUSION:**

Epidermoid cyst uncommon benign condition of the breast . Excision of all epidermoid cysts in the breast is usually recommended for definitive histopathological diagnosis and so as to exclude a malignant lesion with benign features and to prevent potential complications.

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