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Sebaceous cyst of cheek: A case report

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Abstract

Epidermoid cysts are common in the scalp but rare in the head and neck region. They present as an asymptomatic swelling. Although these cystic lesions are benign they need to be treated as soon as a possible as they can cause disfigurement of the face in head and neck region. Here in we report a case of 36 year old male patient with a swelling on cheek and had problem with esthetics- sebaceous cyst which was surgically treated.

Keywords: Sebaceous cyst, epidermoid cyst, face

Introduction

The subcutaneous cyst occurring due to obstruction of pilosebaceous ductal opening are sebaceous cyst. They are asymptomatic soft, cystic and fluctuant in consistency unless infected [1]. The predominant site of occurrence is the scalp followed by the face. Clinically a sebaceous cyst has a punctum [2]. Punctum is a black coloured (necrosed) part of the skin over the swelling which is attached to the underlying cyst. Cysts usually vary in size from few millimeters (mm) to several centimeters (cms) in diameter. They occur single or multiple. Sebaceous cyst is rarely present before adolescent based on the fact sebaceous cyst is slow growing which means that it is more common in adult and middle age patient [2]. Once infected the cyst is painful firm in consistency and can undergo spontaneous rupture to discharge the content into the dermis which is difficult to retrieve and may lead to heavy scar [3]. The differential diagnosis can be fibroma, lipoma, abscess. Surgery is the only treatment for sebaceous cysts, and the goal is to completely remove the cyst to prevent recurrence and achieve the best cosmetic result, which means less or no scar on the skin [4].

Case Report

A 36 year old male patient reported to the department of oral medicine and radiology with the complaint of swelling on the left side of cheek since 2 years. Patient was asymptomatic but had problem with esthetics so wanted get it removed. Patient had no previous medical history and neither the patient nor his family members had similar swelling elsewhere on the body.

On inspection the swelling was round in shape and of 2cms in diameter extending anterioposteriorly 2cms away from ala of the nose to 2cms in front of the tragus of ear, superioinferiorly from ala tragus line to 1.5 cms above lower border of mandible with well defined borders, no colour change seen. The skin over the swelling had central region of atrophy-a punctum like appearance. (Figure 1).

On palpation the swelling had no warmth, non tender, consistency was soft, cystic and non pulsatile. Based on the clinical features a provisional diagnosis of lipoma was given. Radiographic examination on PA view was non contributory. Ultrasound picture of the swelling revealed a well defined avascular hypo echoic 33x16 mm at the subcutaneous planes of left cheek suggesting sebaceous cyst. (Figure 2 and 3)

Based on clinical, radiographic and ultrasonographic findings a final diagnosis of sebaceous cyst was given.

After thorough systemic examination, the patient was prepared for surgical excision of the cystic lesion. Under local anesthesia and with aseptic precautions, incision was placed over the skin fixed to the cyst and with great care excision was done around the cyst without rupturing it. (Figure 4 and 5) After excision of the cyst and after achieving haemostasis the wound was closed in layers with sutures. The post operative phase was uneventful and the wound healed with minimal scar tissue.

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Conclusion

Sebaceous cyst can present with varied atypical features. A detailed knowledge of various atypical presentation of

sebaceous cyst is important for proper diagnosis and treatment.



Fig 1: Shows profile images of patient



Fig 2: Shows PA view of patient



Fig 3: ultrasonographic image



Fig 4: Surgical excision of lesion



Fig 5: Shows post operative image of patient

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