

GIANT INTRADIPLOIC EPIDERMOID CYST

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A giant intradiploic epidermoid cyst was seen in a 13-year-old male manifesting as a swelling in the right sub-temporal region along with proptosis of the right eye for the last 6 years. There was no intracranial extension of the cyst. Removal of the cyst was followed by complete recovery of the proptosis of the eye.

Key words : Intradiploic, Epidermoid cyst.

Epidermoid cyst is a common lesion of the skin and may sometimes be found as a part of intracranial tumours.¹ However, primary epidermoid cyst of skull bones is rare. First case of intradiploic epidermoid cyst was reported in 1922.² Haig³ collected 100 cases of primary epidermoid cyst of the skull after a review of the world literature and added five cases of his own. One such case was reported from India in 1986.⁴

Case Report

A 13-year-old male had a swelling in the right sub-temporal region for the last 6 years. It progressively increased to attain the present size of 9 cm × 8 cm. There was no history of local trauma, fever or pain in the swelling. An operation about 3 years back did not give much relief. The skin overlying the swelling was free and showed prominent veins with a linear operative scar. The swelling was non-tender and firm to hard in consistency. The local temperature was raised. Right eye showed proptosis (Fig. 1). X-ray skull revealed a large radio-lucent area in the temporo-frontal bone (Fig. 2) suggesting a provisional diagnosis of dermoid cyst.

Under general anaesthesia, the swelling was explored through a vertical incision. The outer table of the skull was papery thin but intact.

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Fig. 1. Pre-operative swelling in the right sub-temporal region with proptosis right eye.

After nibbling the outer table of skull, the pul-taceous material present in the cyst was evacuated and the cyst wall was removed in pieces. The inner table of the skull bone was intact but pushed forward producing the proptosis. There was no evidence of intra-cranial extension. Histopathological examination of the cyst wall revealed epidermoid cyst.

On follow up of the patient, the cavity obliterated itself with regression of the proptosis in about two months.

Comments

Primary intradiploic epidermoid cyst may occur in any of the flat bones of the skull. It is



Fig. 2. X-ray skull (Oblique view) showing a large circumscribed radiolucent area.

usually small in size but may sometimes be quite large, as in the present case. It is thought to arise from epidermal rests which become sequestered during intrauterine life. The cyst is also sometimes labelled as cholesteatoma because of

high cholesterol concentration of its contents. Rarely, malignant change has also been reported.⁸

Epidermoid cyst can be differentiated from dermoid cyst histopathologically by the absence of adnexal structures like sweat glands, sebaceous glands and hair follicles. Sebaceous cysts, on the other hand, do not have granular cell layer and parakeratosis, but the pilar type of epithelium.

References

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