

Examination of Sebaceous cyst

APPROACH

Examine as for any lump.

VITAL POINTS

Inspect

- Smooth hemispherical swelling
- Usually solitary
- Found most commonly on the face, trunk, neck and scalp
- Punctum present at apex of cyst in 50%.

Palpate

- Smooth surface
- Firm to soft on palpation
- Punctum may exhibit plastic deformation on palpation

All sebaceous cysts are attached to the skin, therefore the cyst does not move independently from the skin.

Completion

Say that you would like to ask the patient:

- How the cyst affects their lives, e.g. cosmetic symptoms
- Whether they have noticed similar lumps elsewhere.

QUESTIONS

(a) What are the complications of a sebaceous cyst?

- **Infection** – frequent complication, there may be an associated discharge
- **Ulceration**
- **Calcification** (trichilemmal cysts, see below) – this may cause the cyst to feel hard on palpation
- **Sebaceous horn formation** (hardening of a slow discharge of sebum from a wide punctum)
- **Malignant change.**

(b) How would you treat a sebaceous cyst?

- **Non-surgical:** may be left alone if small and asymptomatic
- **Surgical:** to prevent recurrence, complete excision of cyst and its contents is required which requires removal of an elliptical portion of skin containing the punctum.

ADVANCED QUESTIONS

(a) What are the different histological subtypes of sebaceous cysts?

Two types of cysts are recognized according to their histological features:

1. **Epidermal cyst (EC)** – thought to arise from the infundibular portions of hair follicles
2. **Trichilemmal cysts (TC)** – thought to arise from hair follicle epithelium and so are most common on the scalp, and are frequently multiple; these cysts have an autosomal dominant mode of inheritance.

(b) What is a Cock's peculiar tumour?

Proliferating trichilemmal cysts are usually solitary, occur on the scalp in 90% of cases, and can grow to a large size and ulcerate. Clinically and histologically, they may resemble a squamous cell carcinoma, in which case it is known as a Cock's peculiar tumour. Very rarely, malignant transformation can occur.

(c) What is Gardner's syndrome?

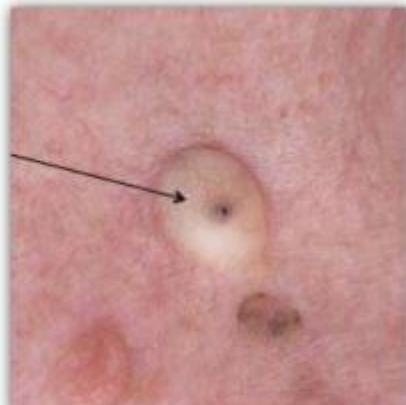
Multiple epidermal cysts may be part of Gardner's syndrome, which is also associated with:

- Adenomatous polyposis of the large bowel
- Multiple osteomata of the skull
- Desmoid tumours.

Note that Gardner's syndrome is now part of the spectrum of familial polyposis coli syndromes, which includes familial adenomatous polyposis



Sebaceous cyst



Puncti of Epidermoid Cysts

Dark color keratin plug overlying cyst cavity tether the cyst to the overlying epidermis



Pictures of Sebaceous horn



Plate 11
Plate 13
Nos 11, 12, 17, 18, and 19. A 60-year old woman had a cutaneous horn growing from the anterior view of the scalp over a period of 20 years. The 17 cm. long worm titantium was excised surgically. Serial photographs were taken before and after the operation. The photographic record was completed by a pre-operative photograph of the surgical specimen and a photomicrograph.

Picture of Cock's peculiar tumour



Cock's peculiar tumour. This is a mass of granulation tissue protruding from the base of a previously infected and ruptured sebaceous cyst.

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