ejpmr, 2023, 10(10), 165-166

EUROPEAN JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH

www.ejpmr.com

SJIF Impact Factor 6.222

Review Article

ISSN 2394-3211

EJPMR

INCLUSION CYST PRESENTING AS WART

[1]Arvind Mehra and *[2]Saurabh Bawa

[1]Medical Officer Surger Civil Hospital Dharampur Mandi(H.P.),
[2]Medical Officer Medicine Civil Hospital Dharampur Mandi(H.P.).

***Corresponding Author: Saurabh Bawa**

Medical Officer Medicine Civil Hospital Dharampur Mandi(H.P.).

Article Received on 06/09/2023 **Article Revised on 27/09/2023** **Article Accepted on 16/10/2023**

ABSTRACT

44 years old male presenting with chronic pain in left foot with wart like lesion diagnosed as inclusion cyst

KEYWORD: Wart, Biopsy, Inclusion Cyst.

INTRODUCTION

Epidermal inclusion cysts are the most common cutaneous cysts. Numerous synonyms for epidermal inclusion cysts exist, including epidermoid cyst, epidermal cyst, infundibular cyst, inclusion cyst, and keratin cyst. These cysts can occur anywhere on the body, typically present as nodules directly underneath the patient's skin, and often have a visible central punctum. They are usually freely moveable. The size of these cysts can range from a few millimeters to several centimeters in diameter. Lesions may remain stable or progressively enlarge over time. There are no reliable predictive factors to tell if an epidermal inclusion cyst will enlarge, become inflamed, or remain quiescent. Infected and/or fluctuant cysts tend to be larger, erythematous, and more noticeable to the patient. Due to the inflammatory response, the cyst will often become painful to the patient and may present as a fluctuant filled nodule below the patient's skin. The center of epidermoid cysts almost always contains keratin and not sebum. This keratin often has a "cheesy" appearance. They also do not originate from sebaceous glands; therefore, epidermal inclusion cysts are not sebaceous cysts. The term "sebaceous" cyst should not be used when describing an "epidermoid" cyst. Unfortunately, in practice, the terms are often used interchangeably.[1]

CASE

A 44 years old male presented with pain in left foot from past 1 year. On examination there was a raised maculopapular lesion of size 6 cm *5cm in the plantar aspect of left foot. Excision was done under local anaesthesia. Beneath the maculopapular lesion there was a cyst grey brown soft measuring 2.0x1.0×0.3 cm., which was also excised at the same sitting and sent for histopathological examination. Histopathological examination was suggestive of stratified squamous epithelium with hyperkeratosis and shows cyst wall displaying squamous epithelial lining and fibrocollagenous matrix and luminally filled with laminated keratinous material. No evidence of inflammation,granuloma or malignancy noted in the biopsy material studied. So final diagnosis was kept as suggestive of Keratinous cyst/Epidermal inclusion cyst (Benign).

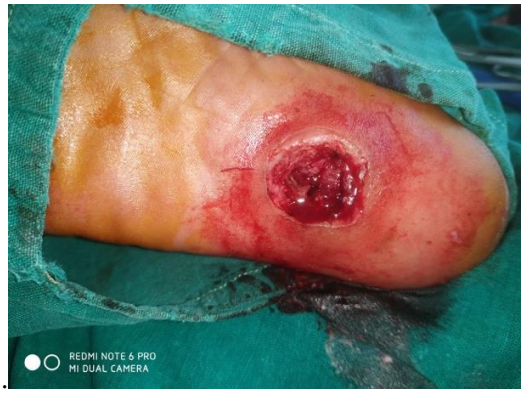

Fig 1: gross image of left foot showing post excision of lesion.

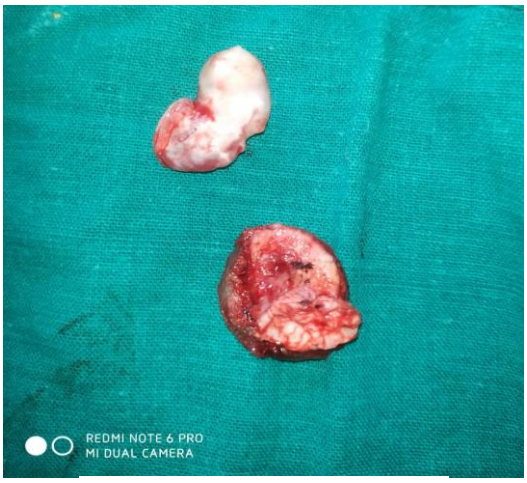

Fig 2: excised cyst from left foot.

DISCUSSION

The diagnosis of epidermoid cysts is usually clinical. It is based upon the clinical appearance of a discrete, freely moveable cyst, often with a visible central punctum. These cysts can occur anywhere on the body and typically present as nodules directly underneath the patient's skin. The size of a cyst can range from a few millimeters to several centimeters in diameter.[2] The majority of epidermoid cysts are sporadic. Epidermal inclusion cysts are extremely common, benign, not contagious, and can appear to resolve on their own. Without definitive treatment, they can reoccur. They often occur in areas where hair follicles have been inflamed and are usually common in conjunction with acne.

REFERENCES

1. Zito PM, Scharf R. StatPearls [Internet]. StatPearls Publishing; Treasure Island (FL): Mar 7, 2023. Epidermoid Cyst.
2. Connor B. Weir; Nicholas J. St.Hilaire.
3. Boussemart L, Routier E, Mateus C, Opletalova K, Sebille G, Kamsu-Kom N, Thomas M, Vagner S, Favre M, Tomasic G, Wechsler J, Lacroix L, Robert C. Prospective study of cutaneous side-effects associated with the BRAF inhibitor vemurafenib: a study of 42 patients. Ann Oncol, 2013 Jun; 24(6): 1691-7.
4. Urabe K, Xia J, Masuda T, Moroi Y, Furue M, Matsumoto T. Pilomatricoma-like changes in the epidermoid cysts of Gardner syndrome with an APC gene mutation. J Dermatol, 2004 Mar; 31(3): 255-7.