

Case Report**Multiple calcified scrotal sebaceous cysts: A rare case presentation**Lamba RS¹, Uppal MS², Mittal S³, Kohli M⁴, Singh J⁵¹ Dr Randeep Singh Lamba

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ABSTRACT

A sebaceous cyst is a retention cyst. The classical management of scrotal sebaceous cysts is complete surgical excision and in the current era and as expected from the patient from the doctor and as the duty of the doctor, excellent outcome, minimal morbidity with good cosmetic results.

Keywords: Retention cyst, sebaceous gland, epidermal cysts, gold standard, idiopathic, calcinosis

Introduction

Sebaceous cyst is a retention cyst in relation to the sebaceous gland due to the blockade of the sebaceous duct and its subsequent accumulation within the gland. They are situated in the dermis and their ducts open either into a hair follicle or directly onto the skin surface and secrete sebum.

[1] A sebaceous cyst is caused by obstruction of the mouth of a sebaceous duct and may be caused by damage from a comb or by infection. It occurs most frequently on the scalp. [2] Epidermal cysts are the most common benign epithelial cysts and are generally devoid of malignant potential. These occur commonly in hair-bearing areas mostly on the scalp, also on the face, neck, back and scrotum. [3] The classical management of scrotal sebaceous cysts is complete surgical excision with excellent outcomes and minimal morbidity with good cosmetic results. [1] We present a case of multiple calcified scrotal sebaceous cysts.

Case Report

A 42-year old male presented to the out-patient department of general surgery at our institute with complaint of multiple swellings in the scrotal area for the last 2 years and with local irritation. (Fig.1) Examination revealed suspicion of calcified sebaceous cysts. Surgical excision was planned for the patient followed by scrotal reconstruction in the same sitting. The patient was taken for the surgery under spinal anaesthesia.



Fig.1 Calcified sebaceous cysts

The multiple swellings were excised in toto (Fig.2) and sent for histopathological examination for

further assessment. The scrotum was reconstructed by mobilising local scrotal flaps. (Fig.3) Post-operative period was uneventful & patient was discharged in satisfactory condition. All the sutures were removed on the 9th day post-operatively on the patient's follow-up. (Fig.4) The histopathological report on follow-up revealed the impression of multiple epidermal inclusion cysts.



Fig.2 Cysts excised in toto



Fig.3 Reconstructed scrotum



Fig.4 Postoperative on follow up

Discussion

Sebaceous cysts are the most common benign epithelial cysts and are generally devoid of malignant potential. [3] Extensive large sebaceous cysts on the scrotum are rare and present a problem only when infected or when cosmesis is deemed by the patient. [4] These occur commonly in hair-bearing areas mostly on the scalp, also on the face, neck, back and scrotum. [3] Histologically, cysts are lined by stratified squamous epithelium and contain loosely packed keratin debris and cholesterol. Gold standard treatment for epidermal cyst is complete excision of sac and its contents. Idiopathic scrotal calcinosis is an important differential diagnosis and can be differentiated on histology. [5] Multiple sebaceous cysts over the scrotum is a rare condition, but should be promptly treated if infected to avoid fatal sequels such as Fournier's gangrene. Pedicle inguinal flap technique for the coverage of bare testes provides better cosmetic results than skin grafting and inner thigh pouch implantation of testes. [3]

Conclusion

Multiple scrotal sebaceous cysts, a rare clinical presentation when present are excised all together along with the skin taking care not to inhibit the blood supply of the area. Scrotal skin is a lax structure and can be easily mobilised without much risk of hampering the associated blood supply and providing us with an opportunity to undertake scrotal reconstruction satisfactorily. In other cases where primary suturing or mobilising local flaps due to any reason is not possible, pedicle inguinal flap technique for the coverage of bare testes can be employed which provides better cosmetic results than skin grafting and inner thigh pouch implantation of testes.

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