



**ORIGINAL RESEARCH PAPER**

**General Surgery**

**MULTIPLE GIANT GLUTEAL EPIDERMAL INCLUSION CYST FOLLOWING INTRAMUSCULAR INJECTION**

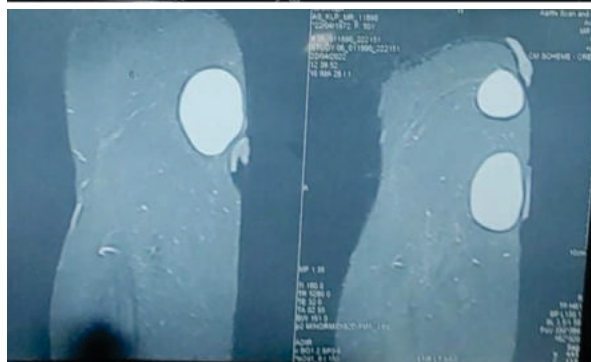
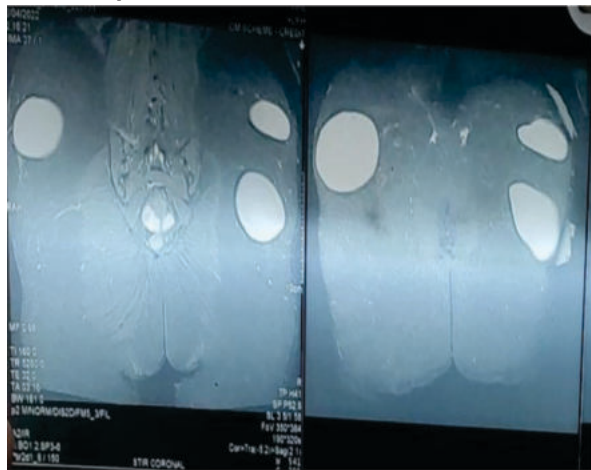
**KEY WORDS:**

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**INTRODUCTION**

Epidermal inclusion cyst (epidermal cysts or epidermoid cysts), are a very common type of benign intradermal or subcutaneous tumors .They occur as a result of the migration of epidermal cells into the dermis. They are lined with stratified squamous epithelium. These lesions are typically small, solitary, and slow-growing, located on the trunk, face, scalp and neck, with uncommon cases of multiple larger masses reported on the extremities. Their size varies from mm to a few cm, with sizes of above 5cm called as giant epidermal inclusion cyst.

to be present in the subcutaneous plane and became more prominent on tensing the muscle, A clinical diagnosis of a benign soft tissue tumor .On MRI showed large well defined cystic lesions 3 in number, appearing hyperintense on T2W And T1W with restricted diffusion seen in subcutaneous tissue in both gluteal region, 8.2x6.5 cm and 7.2x4.3 cm in left and 7.3x8 cm in right gluteal region. The patient was duly taken up for elective surgery. Excision was done under general anesthesia. Intra operatively, a three large epidermal inclusion cyst of was present, 2 in the left and 1 in right gluteal region, the Cyst was removed in its entirety along with its wall .The cavity was thoroughly washed, dead space was obliterated , and the incision closed in layers. the patient had a normal recovery. The histopathology report confirmed the diagnosis of an epidermal inclusion cyst.



**DISCUSSION**

Epidermal inclusion cysts are the most common cystic lesions of the subcutaneous tissue comprising approximately 80-90% of the excised subcutaneous cysts .Etiology of epidermal cyst due to inflammation of hair follicles and sebaceous gland and proliferation of the epidermal cells within the dermis , they usually occur in hair-bearing skin areas such as the head, neck, and trunk, Human Papilloma Virus (HPV), congenital factors, and implantation of epidermal structures into the dermis due to a trauma such as injection . ultrasonography and MRI are used for diagnosis . On MRI, inclusion cysts are seen as well-defined oval or round lesions with a hypointense signal on T1-weighted images and a hyperintense signal on T2-weighted .

In the differential diagnosis of epidermal cyst, trichilemmal cysts, cystic degeneration, vascular and neurogenic tumors, hemorrhagic lymphangioma, cystic teratoma, ganglion cysts, or tumors can be considered. MRI is an excellent method to define neoplasms and soft-tissue tumors . Furthermore, despite its limited use, diffusion-weighted MRI is important in diagnosis and differential diagnosis of perineal cystic lesions from other lesions.

Excission of cyst in its entirety along with its wall is treatment. While removing the cyst, there is a risk of spilling its contents into the surrounding areas. Thus, to avoid inflammation and recurrence, the entire wall of the cyst must be taken out without rupture. In the literature, even if the entire wall is removed, a 3% recurrence rate has been reported for epidermal cysts. Epidermal cysts usually stay as benign

**Case Report**

A 50 year old female with multiple swelling in bilateral gluteal region for three years , following intramuscular injection ,progressive and painless, was causing discomfort while sitting and while lying supine. On examination there was a 3 swelling over both buttock. With well defined borders and regular margins , 7x8 cm on right side, 8x6 and 7x4 cm on left side . The skin above the swelling was unremarkable the surface smooth, consistency was Soft. The swelling appeared

tumors and grow slowly over the years. Large symptomatic epidermal cysts are treated by surgery.

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