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Trichilemmal Cyst Over Scalp: An Uncommon Case Report

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Abstract

We reported a case of a 55-year-old male presented with huge swellings on the scalp. This swelling was presented since adulthood and slowly increases in size to biggest measuring 15 cm × 12 cm. Excision of this swelling was done, and sample were sent for histopathological examination which confirmed this swelling as trichilemmal cyst. No complication was reported in this surgery. The patient was followed up and was doing great.

Keywords: Cyst; Malignant; Scalp

Introduction

Trichilemmal Cyst are an uncommon presentation in clinical practice [1]. These can happen at any age, once in a while before adolescence, and the most well-known period of introduction is a youthful grown-up male. The most widely recognized site for swellings are the face, trunk, neck, scalp, scrotum, ear flap, butt cheek and bosom, yet area at an abnormal site raises concern [2-4]. These are regular in females as a rule on the scalp, more in individuals working in outside conditions with daylight introduction and unhygienic concerned ranges. Ordinary size shifts from a couple of millimeters to a couple of centimeters however when the size surpasses 5 cm, it is called to as trichilemmal cyst [5]. This swelling is unique in presentation because most of the swelling looks like this are pots puffy tumor, osteomyelitis of skull bone, so we have to be very care full in the management of this type of swellings over scalp as scalp has enormous blood supply and during operation there are more chance of blood loss hence preop proper evaluation is required.

Case report

A 55-year-old male were presented with huge swellings on scalp since adulthood. The swellings were gradually increased to present size and there was no history of injury or contamination. There was history of related male pattern

baldness on the overlying skin. There was no comparable family history. Point by point general and physical examination was unremarkable. Local examination revealed larger swellings measuring about 15 cm × 12 cm (Figure 1).



Figure 1 Trichilemmal scalp cyst.

Swelling was non-tender, fixed to the skin and free from the underlying structures, with local erythema and redness and scab and crusting over swelling. Cervical lymphadenopathy was absent. A clinical diagnosis of sebaceous cysts was made. Excision of these giant cysts was undertaken. Histopathological examination was consistent with the diagnosis of trichilemmal cyst (Figure 2).

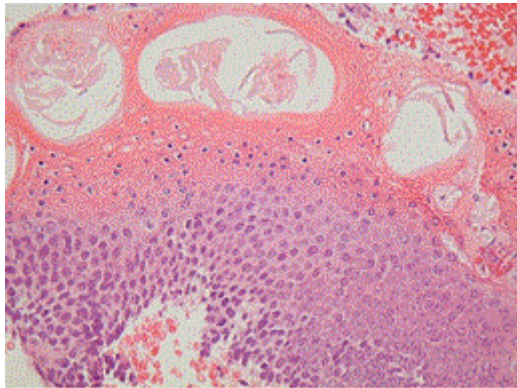


Figure 2 H&E stain 40x trichilemmal scalp cyst.

Thereafter, the patient was followed up in OPD. There were no fresh complaints and our patient was doing well.

Discussion

In everyday surgical practice a few dermatoses are experienced, and this type of swelling is one of them. Besides, these cystic swelling are additionally more inclined for creating danger. Trichilemmal cyst an uncommon pathological finding in clinical practice [1]. These can happen at any age, once in a while before adolescence, and the most widely recognized period of introduction is a youthful grown-up male. The most widely recognized site of event is the face, trunk, neck, scalp, scrotum, ear flap, butt cheek and bosom, yet area at a surprising site raises concern [2-4]. The location of little swelling and developing into huge cystic swelling takes years and it develops as a rule at a rate of not more than 0.5 cm for every year. In the underlying years, development is quicker than in the wake of achieving big size. These are intradermal in source and disciple to the epidermis and as a rule have a focal punctum that is regularly identifiable [1]. These are asymptomatic, effortless, arch formed sores with overlying smooth skin and contain thick sebum. The injuries were effortless with overlying smooth skin. Sores more often than not shift in measure from 1-4 cm in distance across and emerge from a cracked pilosebaceous follicle. epidermoid pimples have an affinity to create harm [6]. Various epidermoid blisters are once in a while connected with lipomas or fibromas of the skin and osteomas and ought to be considered as a piece of Gardener's disorder with related premalignant colonic polyps and pachyonychia innate [7]. In our patient there were no different sores exhibit somewhere

else amid the examination. Various sorts of threat that can emerge from a huge sebaceous growth are squamous cell carcinoma, basal cell carcinoma, mycosis fungicides and melanoma in long standing cases in elderly [8-10]. Differential diagnosis if this type swelling is osteomyelitis with complication, potts puffy tumor, mycosis fungoid.

Conclusion

Huge swellings over scalp may create harm in later stage it shouldn't be disregarded and should be dealt with as early as possible. this case was sufficiently lucky not to develop any harmful changes. So, surgeon must have adequate knowledge of various types of scalp swelling with different types, and size of swelling and also give some awareness to the patient to have early diagnosis and treatment of this types of lesion to prevent further dreaded complication.

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