

Large Lesion on the Scalp

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A 36-year-old male presents with a large asymptomatic lesion on his scalp. It has slowly enlarged over the past few years.

What is your diagnosis?

Epidermoid cyst which can be described in various terms such as epidermal inclusion cyst or milia to describe very small epidermoid cysts. The term sebaceous cyst, however, is a misnomer since these cysts are never of sebaceous origin.

These cysts are due to a growth of epidermal cells within a localized space of the dermis. The source of the epidermis is often the infundibulum of the hair follicle. Inflammation with cysts can occur and is mediated by the horny material which is chemotactic for neutrophils. As well, new onset erythema and tenderness can be due to a secondary infection. Rarely, likely as a result of repeated inflammation and trauma, a carcinoma can develop within these cysts.

They present as slowly growing, firm, round, flesh-yellow coloured nodules of variable size.

Epidermoid cysts may be more common in men and most commonly develop in the third and fourth decade. These cysts are also evident in Gardner syndrome (usually on the face).



Figure 1. Cyst on top of the scalp.

They present as slowly growing, firm, round, flesh-yellow coloured nodules of variable size. There is often a central pore/punctum from which thick, cheesy and foul-smelling material may be discharged.

Asymptomatic cysts do not require treatment, while uninfected inflamed cysts benefit from intralesional triamcinolone. Infected cysts should be incised and drained and oral antibiotics considered. Various excision techniques can be employed, though patients should be warned that there is a possibility of recurrence, especially if elements of the cyst wall remain.

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