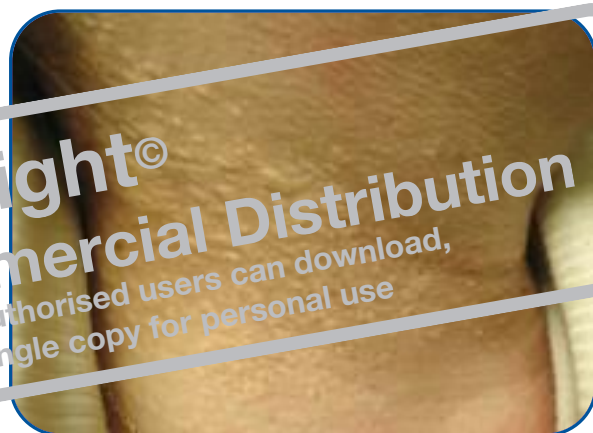


## Nancy's Bumpy Neck

Stanley Wine, MD, FRCPC

### Meet Nancy

- Nancy is a 35-year-old woman who first noted cream-coloured, pebble-like changes on her neck during her teens
- Her chin creases and mental fold deepened during her twenties
- Epistaxis and claudication have been problems
- Her father is vision impaired



### What is your diagnosis?

- a) Fibroelastotic disease                      c) Type 1 diabetes                      e) Pseudoxanthoma elasticum  
b) Ehlers-Danlos syndrome                      d) Cutis laxa

Send in your correct answer for a chance to win a **CME** courier pack!

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Or e-mail the answer to **cme@sta.ca** and include "CME courier pack" in the subject line. Also, include your NAME, ADDRESS and PHONE NUMBER.

See page 2 for the answer to last month's case 



## Here is the answer to last month's case

### Meet Jon

- Jon is a 28-year-old male with a large lump on his back that has been increasing in size over the past year
- The lesion is occasionally tender but is nonpruritic
- There is no discharge from the lesion
- There is no personal or family history of malignancy
- He is otherwise healthy, though he occasionally takes NSAIDs for headaches



### What is your diagnosis?

- |                     |                    |           |
|---------------------|--------------------|-----------|
| a) Keloid           | c) Milia cyst      | e) Lipoma |
| b) Deep acne nodule | d) Epidermoid cyst |           |

### Answer: D

Various terms are used to describe epidermoid cysts, including epidermal inclusion cysts, or milia, which refers to very small epidermoid cysts; however, the commonly used term sebaceous cyst is a misnomer, since these cysts are never of sebaceous origin.

Epidermoid cysts are benign growths that result from the growth of epidermal cells within a localized space of the dermis. Inflammation can occur, but this is mediated by the contents of the cyst, which are chemotactic for neutrophils.

New onset erythema and tenderness can be caused by a secondary infection. It rarely occurs as a result of repeated inflammation and

trauma. Carcinoma can develop within these cysts.

Epidermoid cysts are slightly more common in men, and they most often develop in the third and fourth decades of life. These cysts are also evident as part of Gardner's syndrome (usually on the face). Epidermoid cysts present as slowly growing, firm, round, flesh to yellow coloured nodules of variable size. There is often a central pore/punctum (dark dot) 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 acetonide. Infected cysts should be incised and drained, and oral antibiotics should be considered.

For definitive removal, various surgical 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.

**Benjamin Barankin, MD, FRCPC**

*cme*

### Congratulations

to our winner for the month of  
April 2012

**Dr. Dennis Caners**

Winnipeg, Manitoba