

Case Report

Multiple giant pilar cysts of scalp: A case report

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Abstract:

A rare case of multiple giant pilar cysts on scalp. Negligency by patients, delay in treatment causing enormous size of cysts. Local excision is the modality of treatment. Malignant transformation is rare.

Key words: Pilar, trichilemmal cyst, Tumour.

Introduction:

Skin tumours are usually encountered in day to day surgical practice. The pathology vary from benign to malignant one but very often cutaneous lesions are encountered. Multiple giant pilar cysts of Scalp are uncommon entity negligence of patient. Sometimes leads to multiple giant pilar cysts formation rarely encountered. Malignant change in proliferating giant pilar cysts is a rare event.¹

Case Report:

A 55-year-old lady presented with multiple painless swelling on scalp of 14 years

duration. The swelling increased progressively in size and there was no positive history of trauma or infection. No abnormality was found in general and systematic examination. Local examination of swelling revealed largest one is 8x7x 2.5 cm in dimensions, non tender, fixed to skin but freely mobile from underlying structures. No cervical lymphadenopathy was present. Excision of these giant pilar cysts was done. Histopathological study confirmed the diagnosis of pilar cyst.

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Fig.-1: Before operation

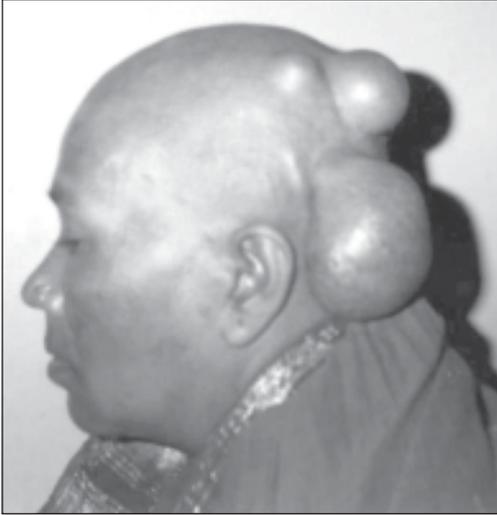


Fig -2: Before operation

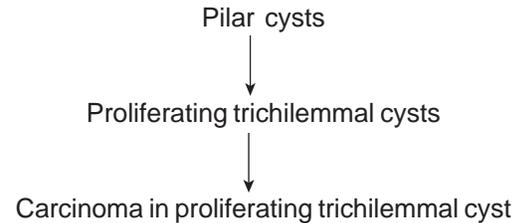


Fig-3: After operation

Discussion:

Pilar cysts are predominantly solid in appearance and pushing border lined by squamous epithelium and contain homogeneous keratinized material. Pilar cyst also known as trichilemmal cysts affect scalp of elderly women.² Even though proliferating trichilemmal tumours can occur in various body regions such as arm, wrist, trunk, leg, vulva & hand.³ 80% are in the head and neck regions. It has been suggested that these tumours form a continuum from benign

neoplasm to malignancy and that malignancy develops in a sequences as follows.⁴



Proliferating trichilemmal cyst can be regarded as a neoplastic entity rather than a lymphoblastic one.⁵

Conclusion:

This case shows multiple cysts at different development stages present for 14 years. Delay in treatment caused enormous size of cyst. Treatment is excision of cyst. It tends to support a common cellular origin.

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