



CASE REPORT

A Benign Lesion At Rare Site: Sebaceous Cyst Presenting As Breast Lump In A Young Male .

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Abstract

Epidermoid cyst is frequently known as sebaceous cyst. It is the most commonly encountered cyst of the skin. Epidermoid cyst in breast is rare while, presentation as breast lump in male is an extremely rare entity , few cases has been reported till now. Epidermoid cyst should be considered as a differential diagnosis of the benign breast lump in males. Local excision through elliptical incision is the treatment of choice.

Keywords: Epidermal cyst, characteristics of cyst, Ultra-sonography, treatment.

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1 | INTRODUCTION

An epidermoid cyst is a benign cyst of pilosebaceous origin which forms as a collection of keratin like material most commonly located on scalp in the back and trunk and it was formerly known as epidermal inclusion cyst or sebaceous cyst. It is the most commonly encountered cyst of the skin ,but Its occurrence in breast parenchyma is extremely rare in male breast (1) and also rise to malignancy (2) . Importance of recognizing this lesion lies in fact that it can be mistaken for any benign or malignant lesions of the breast both clinically and radiologically. Denison et al. reported about eight cases of epidermal cyst in the breast by using sinography (3) . Local excision with primary closure is the treatment of choice. .

2 | CASE PRESENTATION

A 23 year old male patient who presented to surgery clinic with solitary ,gradually growing breast mass. The mass was well defined ,localized at the upper outer quadrant of the right breast, oval shape, firm in consistency , mobile , non tender ,with smooth surface , approximately 4 cm in diameter .The lump was attached to overlying skin and was mobile over the underlying structures , nipple areola complex looked normal . No other significant history was available. Examination of the left breast was unremarkable. Cervical , supra-clavicular ,and axillary lymph node were not palpable Ultra-sonography revealed well defined echogenic mass with normal. copper ligament ,normal nipple , and normal axillary lymph node , diagnosis of breast Rt breast adenoma was suggested. Preoperative facility for performing



FIGURE 1: Preoperative Appearance Of The Lump

breast mammography and FNAC was unavailable, because of potential complications such as , infection , and malignant transformation , Patient underwent excision of the sebaceous cyst, the entire cyst with capsule has been removed . Post operative period was unremarkable.

3 | DISCUSSION

Epidermoid cysts are commonly referred as sebaceous cyst is common age of presentation is young adult male (4) . Common sites are scalp, back and face. Size of an epidermoid cyst varies from 0.5 to 5 cm, while cyst >5 cm is referred to as giant sebaceous cyst (5) . Clinical diagnosis can be made

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from black keratin filled punctum in the center. The exact mechanism of the cyst is poorly understood, few theories regarding their etiology have been postulated ; Damage to epidermis which get implanted deep to breast tissue , it can occur following trauma. Clinically epidermoid cysts at other sites presents as firm nodular protrusion of the skin, but these lesions often grow deep inside the subcutaneous tissue of the breast; they are often confused with benign and malignant lesions of the breast. Similar observations were observed in our case. Ultra-sonography revealed well defined echogenic mass with normal copper ligament, normal nipple and axillary lymph node in this case. An epidermal inclusion cyst reported as superficial well circumscribed, oval mass showing complex or heterogeneous appearance (6) . Differential diagnosis of benign male breast lump includes gynecomastia, lipoma, epidermoid cysts and malignant entities are Invasive Ductal Carcinoma, Papillary Carcinoma (4) and rarely Primary lymphoma of breast. Imaging options include radiography, ultrasound and mammography.

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FIGURE 2: Intraoperative Appearance Of The Lump After Excision.

4 | CONCLUSIONS

Epidermoid inclusion in the rare presentation in male breast and differential diagnosis of benign male breast lump includes gynecomastia, lipoma, epidermoid cysts, Pseudoangiomatous Stromal Hyperplasia (PASH), intraductal papilloma, subareolar abscess, hematoma, and very rarely fibroadenoma. The malignant entities are Invasive Ductal Carcinoma, Papillary Carcinoma and rarely Primary lymphoma of breast. Imaging options include radiography, ultrasound and mammography and surgical intervention is treatment of choice. .

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