A Chronically Itching Dusky Bump on Thigh- An Interesting Case

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Abstract: Most cutaneous bumps are benign and are simply referred to as epidermoid cyst as they originate from the follicular infundibulum. These are usually seen in scalp, face, neck and trunk. Once the cyst ruptures, it can sometimes produce excessive melanin so as to give it a blackish-blue appearance grossly. We, herein, describe a rare case of extensive melanin incontinence in a ruptured epidermal inclusion cyst of thigh.

Keywords: Bump; Thigh; Epidermal cyst; Melanin

INTRODUCTION

Most cutaneous bumps are benign and are the commonest cystic lesions encountered in day to day dermatology clinics. These are simply referred to as epidermoid cyst or epidermal inclusion cyst. Most lesions originate from the follicular infundibulum, thus, the term epidermoid cysts is often favoured [1]. The term sebaceous cysts should be avoided in these lesions as they do not show sebaceous elements. Herein, we describe a rare case of ruptured epidermal inclusion cyst with extensive melanin incontinence.

CASE REPORT

We present a case of 22-year-old village girl who presented with a dome shaped bluish colored cutaneous cyst over left thigh near popliteal fossa for the past two years. It was associated with gradual increase in size and itching for the past four months.
DISCUSSION

Roser, in 1859 first described the term epidermoid cysts as a dome-shaped cyst that resides beneath the skin. These are slow growing keratinizing cysts arising from traumatic implantation of epithelial cells into the dermis [2]. However, other proposed mechanisms include proliferation of ectodermal remnant during embryogenesis or plugging of pilosebaceous units. Common sites of involvement are scalp, face, neck and trunk [3]. When an epidermal inclusion cyst ruptures, it elicits a striking inflammatory response in the form of keratin granuloma due to extrusion of keratinous contents of the cyst in the dermis. The occurrence of cholesterol clefts in a keratin granuloma suggests that cholesterol had been slowly isolated from the lipoproteins and the membrane components of the cornified cells included in the lipid-rich keratin [4]. It is assumed that chronic irritation leads to rupture of the cyst that may cause extensive incontinence of melanin pigment by the melanocytes [5].

Although handful of cases on melanin deposition in an epidermal inclusion cyst have been reported in the past but massive melanin pigmentation of the cyst lying close to the popliteal fossa is a rare event and it needs to be documented. The importance of recognizing this slowly progressive lesion with dense pigmentation is that it can be mistaken for any benign or malignant soft tissue lesion that can lead to mismanagement.

REFERENCES