ATYPICAL PRESENTATION OF A DERMOID CYST

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Accepted Date: 06/02/2016; Published Date: 27/02/2016

Abstract: Dermoid cysts are smooth, tense, rounded or hourglass shaped tumours. Of all dermoids occurring in head and neck, 50% are in the orbital region and of those 60% are situated in outer third of upper lid and brow. In our case, 29 year old male presented with a huge swelling on the outer half of right eyelid. Skin was freely movable over the swelling and it was not adherent to the underlying bone. This case indicated how a common swelling presented in a different manner and can pose a problem in clinical diagnosis.

Keywords: Dermoid cyst, trans illumination, sebaceous hyperplasia, Casoni’s test

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Access Online On:
www.ijprbs.com

How to Cite This Article:
K. Mohan Raj, IJPRBS, 2016; Volume 5(1): 92-95

Available Online at www.ijprbs.com
INTRODUCTION

A 29 year old male presented to Department of Ophthalmology, Sree Balaji Medical College and Hospital with a complaint of huge swelling on the outer half of right eyelid. The swelling was present since childhood and has increased steadily to the present size. Skin was freely movable over the swelling. The swelling was also not attached to the deeper structures. The consistency of the swelling was soft and not tender. It was not reducible. There was no impulse on coughing and not pulsatile. Transillumination was positive. Anterior and posterior segments of both eyes were normal.

Fig1: dermoid cyst

Hemogram was within normal limits. Motion examination was normal. Mantoux and Casoni’s tests were negative. Xray of right orbit showed only soft tissue shadow without bony erosion. Swelling was excised in toto. The cyst was found attached to the undersurface of supraorbital margin. The cyst was filled with clear oily fluid, which on histopathological examination showed cholesterol crystals. The wall of the cyst showed squamous epithelial lining, hair follicles and hyperplasia of sebaceous glands.
Initially the diagnosis of lymphangioma was thought of due to the bogginess of the swelling and translucency. It was differentiated from sebaceous cyst since the skin was not attached to the swelling. Cephalocele was differentiated due to the absence of reducibility and lack of impulse on coughing and cerebral symptoms. Hydatid cyst was ruled out due to negative Casoni’s test. The boggy swelling with positive transillumination eluded the diagnosis of dermoid cyst. The diagnosis which was suggested during operation was confirmed after histopathological report. Since the cyst consisted of almost transparent fluid, it has not eroded the bone. This case is been reported for its atypical presentation.

REFERENCES: