

An Unusual Case of Bilateral Epidermoid Cyst in Male Breast, Cytological Diagnosis

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Abstract: Epidermoid cyst presenting as bilateral breast lump in male is very rare condition. Clinically diagnosed gynecomastia turned out to be epidermoid cyst on cytological examination. Epidermoid cyst should be kept as differential diagnosis while dealing with breast lump in male.

Keywords: Breast Lump, Male, Epidermoid cyst, FNAC (Fine needle aspiration cytology).

INTRODUCTION

Epidermoid cyst is also called as sebaceous cyst, is disorder of epidermis of skin. Mechanisms of cyst formation are not completely understood. But it may be due to inflammation around pilosebaceous follicle, trauma. Usual site of cyst is face, neck and scalp. Breast is an unusual site. Complications like inflammation, infection, rupture, ulceration, can occur [1]. Chances of epidermoid cyst transforming in malignancy are very rare. In, male breast lump is usually diagnosed as gynecomastia. Simple cytological examination of smear can diagnose this condition. Treatment is Excision of cyst. In the present case surgeon clinically diagnosed the lump as bilateral gynecomastia as found in male. Purpose of presenting this case was to highlight the importance of FNAC to diagnose this condition and secondly it is very rare to find epidermoid cyst in male bilaterally

CASE REPORT

45 years old male presented with lump in both the breast since 2 months. Lumps were increasing in size. On examination, lumps were present in subareolar area, well defined, spherical, firm in consistency, mobile, non-tender, approximately 2 x 2 cm in size. Overlying skin was normal. Axillary lymph nodes were not palpable. No abnormality of other systems found.

FNAC was done from the lumps of both breasts with 22 Gauge needle. Thick cheesy yellowish material was aspirated from the lumps. Slides were stained by HE, PAP and MGG stain.

On microscopy, it showed plenty nucleated and anucleated squamous cells in background of keratinous debris (as shown in figure 1 and 2). No other cells were seen. Hence the diagnosis of epidermoid cyst was done.

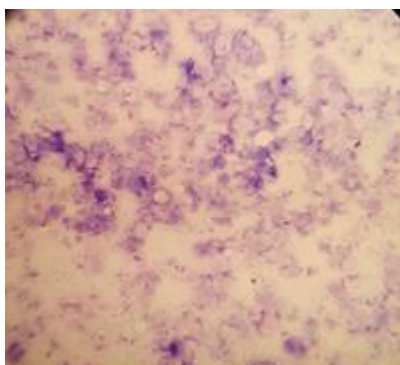


Fig 1: MGG Stain

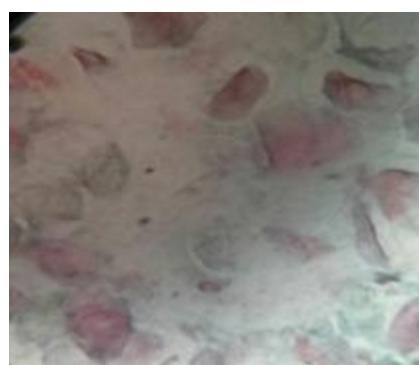


Fig 2: PAP Stain

DISCUSSION

Lump in male breast, most commonly diagnosed as gynecomastia. It is common breast pathology in male. Presentation is generally unilateral. In our case it

was bilateral. Risk factors for gynecomastia like hormonal therapy, cirrhosis of liver, drugs such as cimetidine, spironolactone and finasteride [2] were not present in our case.

Other differential diagnosis of lump in male breast can be lipoma, fibroadenoma, subareolar abscess and hematoma. Due to lack of lobule in male breast fibroadenoma is very rare. Estrogenic stimulation can cause fibroadenoma in male patient [3]. But in our patient there was no history of taking drugs containing estrogen. Malignancy in male breast can present with lump but location is eccentric to nipple. There may be puckering and retraction of skin in malignancy [4]. Epidermoid cyst is a benign cyst of pilosebaceous origin. It is very uncommon in male [5]. In our case epidermoid cyst was bilateral which is again very unusual presentation is. On aspiration material was cheesy, yellowish, keratinous that gave clue to the diagnosis. Smear of the material on microscopy showed numerous nucleated and anucleated squames which was diagnostic of epidermoid cyst [6].

CONCLUSION:

In conclusion, although majority of the breast lumps in male patients are diagnosed as gynecomastia; epidermoid cyst should be kept as differential diagnosis which can be diagnosed by simple cost effective technique FNAC.

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