

Giant Dermoid Cyst in the Nasal Bridge Region Developing Over 12 Years

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Abstract: Conventional dermoid cysts are generally small, slow-growing, non-tender, dome-shaped lesions. Although dermoid cyst is congenital, this patient gives no history of swelling before 12 years. A dermoid cyst is usually asymptomatic until it is infected or enlarged to the extent that it causes damage to adjacent anatomical structures. However, very few cases of giant dermoid cysts on the nasal bridge have been reported. The present case reports an unusual giant dermoid cyst on the nasal bridge, which grew to a large size for >12 years without inflammation or rupture. The patient exhibited depression and developed social anxiety due to the negative cosmetic consequences of the large mass. The patient then underwent excision of the mass.

Keywords: Dermoid cyst, swelling, nasal bridge.

INTRODUCTION

Dermoid cysts are developmental cysts with around 7% occurring in the head and neck region. They may arise due to entrapment of pluripotent cells or as a result of implantation of epithelium [1, 2]. Dermoid cysts are most commonly seen in the areas of embryonic fusion probably due to sequestration of ectodermal tissue or lack of separation of ectoderm from mesoderm during developmental stages [3]. Meyer in 1955 concluded that there are 3 variants histopathologically, the first being a cavity lined by epithelium and keratinization and having skin appendages in the cystic wall. This is a true dermoid cyst.

The epidermoid cyst is the one which is devoid of skin appendages. The third variety is teratoid cyst which may have lining varying from stratified squamous epithelium to ciliated respiratory epithelium containing derivatives of ectoderm, mesoderm and endoderm [4]. Here we report a rare case of dermoid cyst of middle third of the face.

CASE REPORT

A 23 year old female patient came with a swelling on the nasal bridge on the left lateral aspect. The patient reported that the swelling was present since 12 year. Patient gives no history of trauma in that region. The swelling was initially small and gradually in a span of 12 years it increased to the present size. Examination revealed that the swelling was soft in consistency and had smooth surface and measured 3cm x3 cm in its greatest diameter. The swelling was non-compressible, non-tender, non-fluctuant and immobile. The color of the skin was darker than that of adjacent skin (Figure-1). FNAC was inconclusive of any diagnosis. The lesion was surgically removed and sent

for histopathological examination where the diagnosis was confirmed as dermoid cyst.

DISCUSSION

Dermoid cysts are one of the very rare benign lesions occurring in the head and neck region accounting for nearly 7%. Unlike conventional dermoid cysts, in this case it was not congenitally present. While its etiology is due to follicular infundibulum, traumatic implantation or entrapment of epithelial remnants during embryonic fusion, the dermoid cyst is due to only entrapment of epithelium during developmental stages [5]. The cyst increased to present size over a period of more than 12 years, but due to lack of awareness the patient did not resort to any medical advice. The patient experienced depression and developed social anxiety due to the negative cosmetic consequences of the large mass. Ultrasonography can be of some help in the diagnosis and treatment planning of dermoid cysts [6]. Dermoid cyst of this size in the nasal bridge region is unusual and treatment of choice is surgical excision.



Fig-1: Preoperative frontal profile with radiographic presentation



Fig-2: Enucleation of cyst done



Fig-3: Histological presentation of the lesion

CONCLUSION

This is an unusual case of giant dermoid cyst present in a relatively uncommon region i.e. head and neck region which accounts for only 7%. The treatment is surgical excision and its recurrence is rare.

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Conflict of interest and informed consent

There is no conflict of interest. This article does not contain any studies with animals performed by any of the authors. All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national

research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. Informed consent was obtained from all individual participants included in the study.

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