Scholars Journal of Medical Case Reports

OPEN ACCESS

Abbreviated Key Title: Sch J Med Case Rep
ISSN 2347-9507 (Print) | ISSN 2347-6559 (Online)
Journal homepage: https://saspublishers.com/journal/sjmcr/home

Giant Extradural Intradiploic Epidermoid Cyst of Posterior Cranial Fossa

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DOI: 10.36347/sjmcr.2019.v07i08.001 | **Received:** 20.07.2019 | **Accepted:** 27.07.2019 | **Published:** 18.08.2019

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Abstract | **Case Report**

Epidermoid cysts are uncommon, benign and slow-growing lesions. They often reach an enormous size without producing neurologic symptoms. We describe a 60-year-old female who had a giant extradural intradiploic epidermoid cyst of the posterior cranial fossa. She underwent posterior cranial fossa tumor resection. Pathology confirmed epidermoid cyst. There was no recurrence at 18-month follow-up.

Keywords: Intradiploic Epidermoid Cyst, Posterior cranial fossa.

INTRODUCTION

Intradiploic epidermoid cysts, like epidermoid cysts in other cranial locations, are rare, representing <0.25% of all primary intracranial tumors. (1)They can be located in any part of the skull, and occur from the first to the seventh decade. (2) These lesions are usually discovered incidentally and may remain asymptomatic for many years. Rarely, they grow intracranially to produce brain compression or undergo malignant change.

CASE REPORT

A 60 -years-old female presented with a large painless swelling of the midline occipital region.The patient has been well and without any complaints until 3 months before his admission in our clinic. Local inspection exposed a painful subcutaneous swelling, 8 to 14 cm across, in the occipital region. Physical examination revealed headache, and cerebellar ataxia.. CT scan and MRI exposed a giant infratentorial extracerebellar lesion with extensive occipital bone destruction and substantial mass effect in the posterior cranial fossa.There was no abnormal signal in the brain parenchyma (A,B,C).Epidermoid cyst originating from diploe and eosinophilic granuloma were considered. Intraoperative findings showed extremely thick gelatinous substance (D,E,F), and histological examination of the surgical specimen showed cyst lining made of attenuated squamous epithelium and dystrophic calcification along with keratinous debris, findings compatible with an epidermoid cyst. The patient recovered well following surgery and had no neurological sequelae.

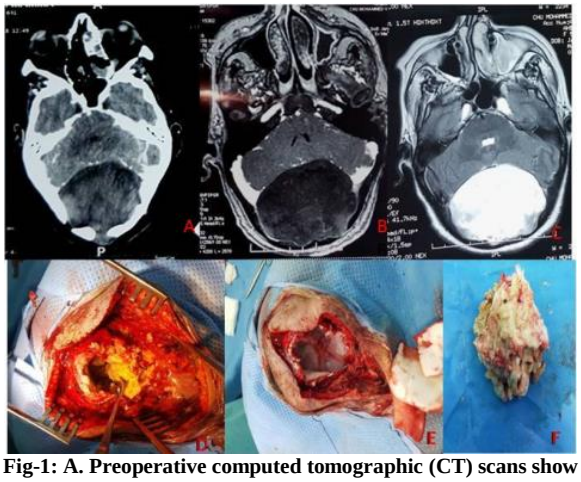

Fig-1: A. Preoperative computed tomographic (CT) scans show giant infratentorial extracerebellar hypodense lesion with extensive occipital bone destruction and substantial mass effect in the posterior cranial fossa. B. Preoperative magnetic resonance (MR) images show giant infratentorial extradural intradiploic tumour, inhomogeneously hypointense in T1-weighted images past gadolinium and hyperintense in T2-weighted. C. Intraoperative photos. D,E,F. where the lesion characteristic and the significant erosion of the occipital bone is observed.

DISCUSSION

Epidermoid cysts are benign, slow growing lesions, representing about 1% of all intracranial tumors.They can be congenital or acquired [1,3]. Intracranial epidermoids are subdivided to more frequent intradural and less common extradural

subgroups. Extradural epidermoid cysts are intradiploic in approximately 25% of the cases, and predominantly supratentorial in location [2]. Infratentorial intradiploic epidermoids are not rare whereas the giant variants are extremely rare [1]. It is important to consider this diagnosis in a patient who presents with a slowly progressive scalp mass that demonstrates a lytic lesion on radiography. Correct radiologic assessment and complete removal of the tumor and its capsule are essential for good long-term prognosis.

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