COMMUNICATIONS AND BRIEF REPORTS

Hourglass Epidermoid Inclusion Cyst: An Unusual Clinical Presentation

Vijay Naraynsingh, MBBS, FRCS, Seetharaman Haribaran, MD, FCCM, Dilip Dan, MBBS, FACS, and Patrick Harnarayan, MBBS, FRCS*

The authors have indicated no significant interest with commercial supporters.

Although hourglass epidermoid inclusion cysts have been reported in the cranial region, they have not been reported elsewhere in the body. We report a case of an epidermoid inclusion cyst that was excised completely.

Case Report

An obese 60-year-old woman presented with a 2-year history of a slowly enlarging, painless lump in the hip region. On examination, it was found to be a typical sebaceous cyst, 2.5 cm in diameter, attached to the skin with a punctum at the apex over the greater trochanter laterally. There was no sign of scarring or inflammation.

Under local anesthesia (1% lidocaine with epinephrine), an elliptical incision including the punctum was made. The dissection was uneventful, with the plane around the cyst well defined and with no obvious fibrous tissue. On reaching around the deep surface of the cyst, there appeared to be tethering. Careful dissection and exposure revealed that the cyst continued on, beyond a narrow neck, to another “lobe” that was approximately the same size as the superficial portion (Figure 1). The cyst was removed completely. On cut section, the two portions, each 2.5 cm in diameter were in communication through a neck 2 mm in diameter (Figure 2).

Discussion

Epidermoid inclusion cysts do not always need surgical treatment but are commonly excised for cosmetic reasons and complications. Surgical approaches are of two categories: traditional wide excision and minimal excision with punch biopsy.1 Although minimal excision has been advocated, it is unclear whether this technique is useful for larger cysts and prevents recurrence.2

There have been no randomized controlled trials published that compare the most common surgical techniques for treatment of sebaceous cysts. Only one small randomized study involving 60 patients compared traditional wide excision with punch biopsy.3 Although this study found punch biopsy to be less time consuming and capable of offering a superior cosmetic result, it is doubtful that larger cysts could be removed using this technique.

There have been two reports of hourglass epidermoid cysts in the cranial cavity, but there is no report of this anatomical variation in other parts of the body.4,5

In sebaceous cyst surgery, the cyst may rupture, and later recurrence is possible. If the assumption is made that the deep surface of a sebaceous cyst is a smooth

*All authors are affiliated with Department of Clinical Surgical Sciences, University of the West Indies, St. Augustine, Trinidad, West Indies

© 2009 by the American Society for Dermatologic Surgery, Inc. • Published by Wiley Periodicals, Inc. • ISSN: 1076-0512 • Dermatol Surg 2009;36:1–2 • DOI: 10.1111/j.1524-4725.2009.01458.x
convexity, blunt dissection of this area could result in
rupture and recurrence if the cyst has an hourglass
deformity. This abnormality could be difficult to
recognize if the field of dissection is bloody, the in-
cision too small, or the lighting inadequate—condi-
tions that often apply, because this procedure is
usually regarded as minor and may be performed in
less-than-ideal settings and by junior or inexperi-
enced staff.

In this case, there was no scarring, fibrosis, or ab-
normality of any part of the cyst wall or surrounding
tissues, but the wall of a sebaceous cyst varies in
thickness. Because this cyst was near the greater
trochanter in an obese patient, one could postulate
that sustained, repeated pressure from sitting, could
produce a small “diverticulum” at the weakest point
in the cyst wall. This might then enlarge progres-
sively as the sebum accumulates, producing an
hourglass appearance.

If this is true, it may offer a simple anatomical ex-
planation for the common occurrences of rupture at
surgery and recurrence thereafter if an hourglass
deformity or a much smaller “diverticulum” projects
from the otherwise smooth sphere of a sebaceous
cyst, resulting in incomplete excision.

References
2. Zuber TJ. Minimal excision technique for epidermoid (sebaceous)
   outcomes of punch incision and elliptical excision in treating epi-
dermal inclusion cysts: a prospective, randomized study. Dermatol
   median hourglass-shaped dermoid associated with hereditary
   epidermoid cysts extending in the middle and posterior cranial

Address correspondence and reprint requests to:
Seetharaman Hariharan, MD, FCCM, Senior Lecturer,
Department of Clinical Surgical Sciences, Faculty of
Medical Sciences, The University of the West Indies, Eric
Williams Medical Sciences Complex, Mount Hope, Trinidad,
West Indies, or e-mail: uwi.hariharan@gmail.com
Dear Author,

During the copy-editing of your paper, the following queries arose. Please respond to these by marking up your proofs with the necessary changes/additions. Please write your answers clearly on the query sheet if there is insufficient space on the page proofs. If returning the proof by fax do not write too close to the paper's edge. Please remember that illegible mark-ups may delay publication.

<table>
<thead>
<tr>
<th>Query No.</th>
<th>Description</th>
<th>Author Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>Author: A running head short title was not supplied; please check if this one is suitable and, if not, please supply a short title that can be used instead.</td>
<td></td>
</tr>
</tbody>
</table>
