Case Report

TONSILLAR EPIDERMOID CYST: A RARE CASE REPORT

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ABSTRACT

Epidermoid and dermoid cysts are benign, developmental lesions that can be encountered anywhere in the body. This is a case of a 42-year-old female patient who underwent a tonsillectomy for clinical diagnosis of tonsillitis. However, on histopathological examination an epidermoid cyst arising from the tonsil was confirmed by histology. Literature does not show such cases frequently. We are presenting this case for its rare location.

INTRODUCTION

Epidermoid and dermoid cysts are benign lesions developing from abnormal epithelial components of ectodermal tissue formed during the fetal period, or implanted epithelium arising after trauma or surgery. These lesions, which can be seen anywhere in the body, occur in the head and neck area in approximately 7% of cases. These cysts are termed “epidermoid” if they are enclosed in epithelium only, “dermoid” if they comprise skin appendages and “teratoid” if they include other tissues like muscle, cartilage or bone. They are generally asymptomatic and grow slowly. Surgical excision is sufficient for cure.

Case report

A 42 year old female came to outpatient door in department with complaints of sore throat and cough. On examination one of her tonsil was enlarged, no regional lymphadenopathy was noted. Clinical diagnosis of chronic tonsillitis was made. No any systemic disease was noted. She underwent tonsillectomy for enlarged tonsil, specimen was sent for histopathological examination(Fig.1), which revealed tonsillar tissue lined by stratified squamous epithelium filled with macrophages, lymphocytes and keratin flakes(Fig2,3).

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Fig 1 Tonsillectomy specimen
Fig 2 Showing tonsillar tissue lined by stratified squamous epithelium filled with macrophages, lymphocytes and keratin flakes (10X,H&E)

Fig 3 Showing tonsillar tissue lined by stratified squamous epithelium, keratin and lymphocytes.(40X,H&E)

DISCUSSION

Epidermoid cysts are benign lesions that can develop anywhere in the body. They generally appear in areas where embryogenic elements fuse. They can be classified as being either congenital or acquired. There is no developmental or histologic difference between the two. Histologically there are three types of dermoid cysts – epidermoid cyst, true dermoid cyst and teratoid. Epidermoid is a type of dermoid cyst, lined by squamous epithelium, contains keratin and has no adnexal structures. True dermoid cyst contains appendages such as hair follicle, sweat glands, sebaceous gland etc. Teratoid cyst contains elements from all germ layers - skin, nail, teeth, nervous tissue, gland etc. Tonsillar cyst is asymptomatic in many patients. Presence of swelling in the throat may cause difficulty in swallowing. A theory widely accepted today on the etiology of these lesions is their development from the epithelial remnants remaining isolated during the closure of the first and second branchial arches in the midline. Another theory is the development of cysts from abnormal inclusion of cells during surgery or trauma. Even though the fact that our patient was aged 42 years would seem to favor the later mechanism, she presented with no history of surgery or trauma. The male/female ratio of the patients with a diagnosis of epidermoid cyst is 3/13 and the age range of the large majority is 10-35 years. Especially the latter fact leads to the thought that cyst formation could be stimulated by hormonal influence during puberty. If the cyst can be excised completely, there is no chance of recurrence. Histopathology will confirm the benign nature of the cyst. Treatment for these lesions is surgical excision of the cyst. It should be excised without opening because its contents could have an irritating effect on the surrounding fibrovascular tissue. Recurrence after surgery is rare. A malignant evolution has only been seen in the teratoid type and was reported to have an incidence of 0.5%.

CONCLUSION

Epidermoid cysts, a rare occurrence in the head and neck area, can also be found inside the palatine tonsils and cause asymmetrical hypertrophy. We have reported this case because of its rare occurrence and it should be included in differential diagnosis of chronic tonsillitis.

References