

Epidermoid cysts

What are epidermoid cysts?

Skin-coloured lesion which often contain a visible central depression known as a punctum. These are the most common cutaneous cyst, occurring anywhere on the body and are also known as epidermal cysts, epidermal inclusion cysts or sebaceous cysts.

What are the symptoms?

Usually, asymptomatic. However, they can occasionally become infected and cause pain.

What tests are required?

Usually none as the diagnosis is clinical. Occasionally an ultrasound may be useful when the diagnosis remains unclear.

What are the options of management?

Conservative or surgical. Conservative or non-operative options are only recommended in patients who are asymptomatic.

Surgical management is recommended for patients who either currently have an infection or have had an

infection previously. If an active infection is present, the infected area is incised (cut) and the cyst and any associated pus removed. The wound is left open to drain the infection, the wound packed and dressings required until the wound heals. Alternatively, an infected cyst can be managed with antibiotics and the cyst removed when the infection settles.

What are the possible complications?

Minor complications from the procedure include infection of the wound which requires dressings and antibiotic treatment. Other complications include minor bleeding and the cyst returning.

What to expect following your procedure?

These cysts can be excised under local anaesthetic and sedation in hospital as a day procedure. Alternatively, a general anaesthetic may be required in certain instances.

Gentle exercises are encouraged. You may drive if you are able to put your foot on the brake in an emergency or have ceased taking any painkillers. Usually this occurs after two days. Post-operative follow-up usually

occurs in two weeks and will be arranged on discharge with your surgeon.

The dressing should remain intact for four days. The dressing is waterproof to splashes only. If sutures are present, they are usually removed by the surgeon if non-dissolving. Alternatively, an appointment can be made with your GP if that is your preference.