Dermoid cyst: an unusual location

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DESCRIPTION

We report a case of a dermoid cyst of the lower lid, such a presentation has not been reported so far. A 40-year-old woman presented with a painless swelling of the lower eye lid of 20 years duration, that was gradually increasing in size. No diplopia, diminution of vision or other ocular symptoms. An examination revealed a firm, non-tender 1.5×2.0 cm swelling in the right lower lid. The overlying skin, underlying tarsal plate and bone were free with no displacement of the globe (figure 1). Extraocular movements were normal. The visual acuity was 6/6, N 6, fundus were normal. Blood counts were normal, CT orbit did not show erosion of the bone or orbit involvement. Fine-needle aspiration cytology was suggestive of dermoid cyst. The cyst was excised without spilling the contents. Thick cheesy material was noted with few hairs, suggestive of a dermoid cyst (figure 2). Diagnosis was confirmed on histopathology. The cyst did not recur and the site healed well with no scarring. A dermoid cyst is a choristoma occurring at the sites of closure of the suture lines during embryonic development. The most common site is the lateral angle of the orbit, medial angle, limbal, deep orbital in that order.1 Dermoid cysts in the upper lid with attachment to the tarsus have been reported.2 The lower lid is an uncommon site. Slow enlargement is due to the accumulation of debris within the lumen. Cysts located deep in the orbit may compress the optic nerve, and cause proptosis, restriction of eye movements.3 Treatment is en bloc excision.

Learning points

▸ Orbital dermoid cysts located superficially in and around the orbit present as subcutaneous or subconjunctival discrete well-circumscribed swellings in childhood.
▸ Complete surgical excision with intact capsule is done to prevent dissemination of the contents.
▸ The present case is unusual, as the site of the dermoid cyst is the lower lid in an adult which is uncommon, with no pressure symptoms.

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Figure 1 Dermoid cyst of the lower lid, without attachment to the underlying tarsus.

Figure 2 Histopathology section showing a typical dermoid cyst.

REFERENCES
