Cysts of the Skin

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Cyst vs Psuedocyst
Ganglion Cyst
(PseudoCyst)
Epidermoid Cyst (Infundibular Cyst)
Histopathology

- Epidermal cyst with granular layer
- Laminate keratin
- Rupture with foreign body giant cell reaction common
- Epidermoid cyst (infundibular cyst) vs. Epidermal inclusion cyst (traumatic epidermoid cyst)-keratin is dense in latter
Pilar Cyst
(Trichilemmal Cyst, Isthmus Catagen Cyst)
Histopathology

- Dense homogenous and compact keratin
- Epidermal cyst wall lacking granular layer, PAS + DS cells
- Calcification, cholesterol clefts, and rupture common
- Proliferating pilar cyst variants
Dermoid Cyst
Histopathology

- Usually present at birth
- Lateral aspect of upper eyelid or eyebrow
- Developmental defect
- Epidermal cyst with effete sebaceous glands and sweat glands embedded within the cyst wall
- May be attached to periosteum
- Laminated keratin
Vellus Hair Cyst
Histopathology

- Multiple epidermal cysts, usually lined by flattened squamous epithelium
- Laminated keratinous contents
- Polarization reveals vellus hairs

DDX: Steatocystoma
Steatocystoma
Histopathology

- Solitary or multiple (AD)
- Corrugated epithelial lining
- Effete sebaceous glands embedded within the wall
- No sweat glands
- Polarization negative for vellus hairs
Cutaneous Ciliated Cyst
Histopathology

- Clinical location usually lower legs of F
- Rarely in M
- Epithelial cyst lined by pseudostratified ciliated epithelium
- Reminiscent of tubal epithelium
- Rarely ER/PR positive-?hormonal stimulation
Branchial Cleft Cyst
Histopathology

- Unilateral along anterior border of sternomastoid muscle
- Usually lined by columnar epithelium
- Squamous metaplasia common
- Wall surrounded by dense lymphoid tissue
Hidrocystoma
Histopathology

- Usually unilocular cyst
- Head and neck most common
- Eccrine or apocrine lining
- Etiology-retention vs. neoplastic
Median Raphe Cyst of the Penis
Histopathology

- Characteristic penile location-ventral surface
- Located from urethral meatus to anus
- Cyst lined by bland pseudostratified columnar epithelium mimicking apocrine decapitation secretion
Milia en Plaque
Histopathology

- Multiple milia
- May be associated with scarring
- Usually head and neck
- May be congenital or acquired
Favre-Racouchot Disease
(Nodular Cysts and Comedones)
Histopathology

- Usually head and neck
- Multiple epidermal cysts
- Extensive solar elastosis
- May have scattered foreign body type giant cells