

## A simple surgical technique for treating facial epidermoid cyst

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Epidermoid cyst on the face is a benign epithelial tumour occurring due to rupture of the pilosebaceous canal. The cyst presents as an aesthetic problem in young people. Surgical excision is the most used method which may result in the obvious scar. To improve the cosmetic effect of cyst extraction, the contents and capsule of the cyst are removed out

through a small incision, which is closed by putting the suture, under local anaesthesia [1, 2]. Here I have described a minimally invasive technique using a disposable syringe to punch out the cyst for extracting the contents and wall of the cyst. Under aseptic conditions, the top of the cyst is pricked/incised with a hypodermic needle without using local anaesthesia.



**Figure 1.** A–C – A facial epidermoid cyst is pricked, punched with a needle cap and keratin content is mixed with the blood. D, E – The cyst is punched out with a syringe barrel and the contents of the cyst is visible. F, G – The contents of the cyst extruded out by compressing with fingers done twice at 90° to each other. H – The extracted cyst after complete removal of its content is left unsutured after chemical cautery



**Figure 2. A–E** – The cyst is squeezed out manually after 1 week to remove the remaining contents if any and then its cavity is cauterized with trichloroacetic acid (100%)

A disposable syringe (3 or 5 ml) is selected depending on the diameter of the cyst. First of all, the centre of the cyst is punched out with a needle cap of the syringe (figs. 1 A–C). Then the areas around the cyst are pressed to mobilize the content in the centre with sides of the syringe. Following this, the syringe barrel is used to punch the cyst to extract out most of the keratin content (figs. 1 D, E). For the remnant of the cyst, the site is squeezed out with the thumb and index finger of both hands at 90° to each of other (figs. 1 F, G). At the end, the site is once again punched out with a needle cap for extracting the cyst content, and the cavity of the cyst is cauterized with 50 to 100% trichloroacetic acid using a chemical ball pen or tooth

pick. After completion of the procedure, the site is left unsutured to heal (fig. 1 H). After 1 week, the patient is called in, and the cyst is squeezed out and chemical cauterization is done if any content is visible (figs. 2 A–E). Thus, punching, squeezing along with chemical cauterization of the cyst helps in extracting out the cyst contents through a tiny incision and damaging the cyst cavity which is a good non-invasive technique for the facial epidermoid cyst.

#### CONFLICT OF INTEREST

The author declares no conflict of interest.

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