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Clinical case

Giant facial dermoid cyst: A case treated by marsupialization

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ABSTRACT

Dermoid cyst is considered a rare lesion caused by the epithelial cells inclusion along the lines of embryonic closure. Typically, intraoral dermoid cysts present as slow growing masses in the midline of the floor of the mouth and rare cases are reported in the tongue, cheek, and in the parotid gland. This paper describes a 59-year-old man with a large dermoid cyst in the right cheek treated by marsupialization technique. This seems to be the first report of marsupialization in an oral dermoid cyst, although some cases have been successfully described in other locations. The decision regarding which approach is most appropriate is based on the location and extent of lesion.

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Cisto dermóide gigante da face: Caso tratado por marsupialização

RESUMO

O cisto dermóide é considerado uma lesão rara, causada pela inclusão de células epiteliais ao longo das linhas de fusão embrionária. Normalmente, os cistos dermóides intra-orais apresentam-se como massas de crescimento lento na linha média do pavimento oral e raros casos são relatados na língua, região geniana e na glândula parótida. Este artigo descreve um homem de 59 anos com um grande cisto dermóide na face direita tratado pela técnica de marsupialização. Este parece ser o primeiro relato de marsupialização de um cisto dermóide oral, embora alguns casos tenham sido descritos com sucesso em outras localizações. A decisão sobre qual abordagem é mais adequada baseia-se na localização e extensão da lesão.

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Palavras-chave:

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Cavidade oral

Cisto dermóide

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Introduction

Dermoid cysts are uncommon oral developmental cysts.^{1,2} The term dermoid cyst has been used to clinically describe a group of lesions with similar features, although they have different denomination according to its histological aspect: epidermoid, dermoid or teratoid cyst.³ The true dermoid cysts are lined by epidermis with the presence of dermal appendages, such as sweat glands, sebaceous glands, hair and hair follicles, whereas the epidermoid cyst are also lined by epidermis, but without the appendages.¹⁻³ The teratoid cysts are rare in the oral cavity and present elements from the three germ layers, ectoderm, mesoderm and endoderm.²

Head and neck dermoid cysts are relatively infrequent and account for only 6.9% of all dermoid cysts.^{1,3} In the oral cavity, the floor of the mouth is the most common site, being rarely found in the cheeks.⁴⁻⁶ Although very rare, these lesions may also occur in the lip.⁷ Uncommon at birth, the dermoid cyst usually becomes clinically apparent during the second or third decades of life.⁴ It shows no gender predilection and the size varies, with cases presenting up to 12 cm of extension.⁸

Surgical excision represents the most adequate treatment. However, the marsupialization technique can be an alternative approach for large lesions.^{3,7} Marsupialization consists in performing a surgical cavity on the wall of the cyst, emptying its content and maintaining the continuity between the cyst and the oral cavity, maxillary sinus, or nasal cavity. This technique is indicated for large cysts, cystic lesions associated with unerupted teeth in pediatric patients, or in patients with systemic diseases, generally the elderly, but it is not indicated for infected lesions.⁹

Although the dermoid cyst presents a slow growth, some lesions can reach a broad volume compromising function and esthetics. In addition, depending on the site, the surgical treatment is not recommended. This report describes a giant cheek dermoid cyst treated by the marsupialization technique.

Case report

A 59-year-old man was referred to the Oral Diagnosis Department complaining a large swelling in the right cheek with approximately 13 years of duration and esthetics impairment. The patient denied pain, tenderness, dysphagia, dysphonia, dyspnea or any trauma on the face or neck. Clinical examination showed a large well-circumscribed, soft, smooth mass that occupied the entire right face, which extended into the oral cavity and measured 13 cm × 8.0 cm in size. There were no local skin changes and the palpation indicated a well-delimited lesion, painless and with soft consistency (Fig. 1). Lateral view revealed a binodular surface, involving the cheek and the parotid region (Fig. 2).

A computed tomography (CT) scan demonstrated a well-defined and hypodense soft tissue mass in the superficial portion of the right parotid gland and cheek. Needle aspiration was performed, which exhibited large amount of a cheese-like keratinous substance (Fig. 3). Based on the clinical features, in addition to contents aspirated, a provisional diagnosis of dermoid cyst was made.



Fig. 1 – Large, well-circumscribed, soft, smooth mass, affecting the entire right face.

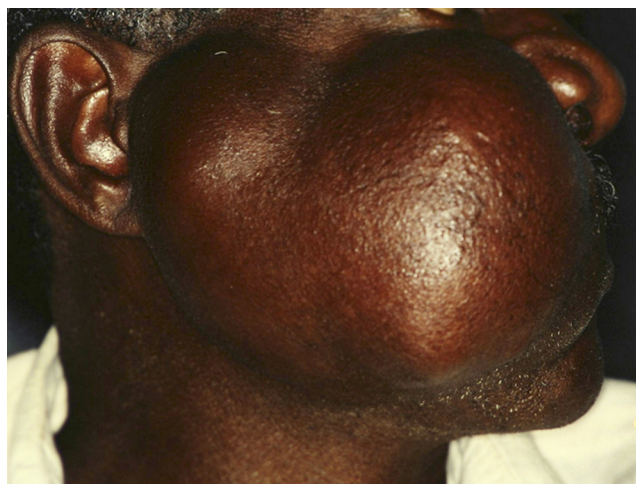


Fig. 2 – Lesion with a binodular surface, involving the cheek and the parotid region.



Fig. 3 – Needle aspiration revealed a large amount of a yellowish and cheese-like keratinous substance.

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