

Yellow to flesh-coloured cysts

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A young man presents with a three-year history of asymptomatic pale-yellow to flesh-coloured cysts on his chest, forearms and axillae.

What are these cysts?

A 22-year-old man had a three-year history of an increasing number of asymptomatic pale-yellow to flesh-coloured cysts on his chest (Figure 1), forearms and axillae. There was no known family history of similar lesions. Skin biopsy revealed a collapsed cyst, which was lined by stratified squamous epithelium and had a cuticular lining and some prominent sebaceous glands in its wall (Figure 2).

Differential diagnosis

Multiple cysts in the skin may appear similar clinically but have distinct histological features.

- **Hidrocystomas** are cysts of the sweat glands and ducts. They often have a bluish hue. Multiple lesions occur usually on the face and may be concentrated on the nose. They may fluctuate in size with heat. Skin biopsy shows a lining of cuboidal cells and clear fluid contents.
- **Gardner's syndrome** is an autosomal dominant disorder in which individuals have multiple cutaneous cysts, osteomas, lipomas and polyps of the colon. The cysts are concentrated on the head and neck and the upper limbs rather than the trunk. Skin biopsy of the cysts shows an epidermal lining and there may be follicular

matrix cells producing hybrid combinations.

- **Eruptive vellus hair cysts** usually present in children and appear as flesh-coloured papules. The cysts are concentrated on the chest but have also developed on the flexor aspect of the upper limbs and face. Skin biopsy shows the cysts lined by epithelium and usually small vellus follicles at the base, producing the numerous hairs that are trapped within the cyst cavity.
- **Steatocystoma multiplex** is the correct diagnosis, and it may occur as an autosomal dominant disorder. The cysts are particularly frequent on the chest, back, upper limbs and axillae. Some cysts may rupture and discharge to the surface. Steatocystoma multiplex may occur rarely in association with thickened nails, resembling hoofs (pachyonychia congenita).

Treatment

Treatment of the cysts is difficult because they do not usually respond to systemic retinoid therapy. Surgical extraction remains the management in symptomatic cases.

Keypoint

A variety of follicular cysts may be distinguished by histological examination. They may reflect distinct genetically determined abnormalities in the development of the patency of appendageal ducts, leading to the development of underlying cysts. MT



Figure 1. Flesh-coloured cysts on the patient's chest wall.

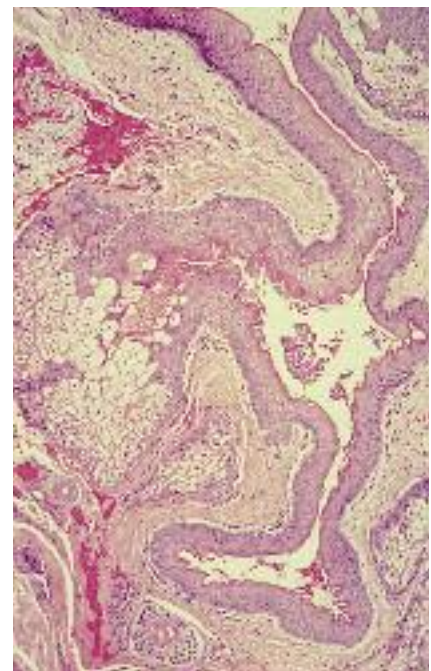


Figure 2. Skin biopsy showing a collapsed cyst which is lined by stratified squamous epithelium with a cuticular border and a prominent sebaceous gland in its wall.

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