CYSTS

Sebaceous/Epidermoid /Pilar

INTRODUCTION

Cysts appear out of the blue as swellings either in or underneath the skin. They are usually painless unless they become infected. They seldom do any harm except to become unsightly and embarrass the person. They don't ***have*** to be removed but it is usually sensible to remove them before they enlarge too much or become infected.

An infected cyst is painful, a considerable nuisance to the patient and often arises at the most inconvenient time (when the person is about to go on holiday or has an important meeting, for example).

Removal always requires a cut in the skin just long enough to extract the cyst. The cyst is usually orientated in parallel to the natural crease-lines in that part of the body. This should minimise the scar. Cysts can occur anywhere where there are sebaceous glands. These grease-making glands, which make the natural smelly grease on our skin, can block off and so fill up with grease. Sometimes the grease is quite hard in consistency (a pilar cyst often found in the scalp) but usually is like soft cottage cheese and smells revolting.

The commonest places to find cysts are in the face (the cheek and neck), the earlobes and the scalp. It is very unusual to find them on the palms or soles of the feet and in the lips.

Some people have a special kind of cyst in the lip known as a mucoid cyst which is due to the blockage of a gland which makes saliva and lubricates the inside of the mouth. These mucoid cysts are different from sebaceous cysts because they very seldom become infected and are very rarely painful but simply a nuisance.

Some unlucky people seem to make lots of cysts in several parts of the body and many of these people seem to have inherited this tendency.

People who suffer from acne often develop cysts (acne cysts) as well as having the embarrassing spots. People with lots of cysts, however, don't necessarily have acne.

Acne sufferers are often helped by taking the drug Roaccutane, which reduces the production of grease in the skin. Roaccutane should only be prescribed by a skin specialist because it can be hazardous, particularly in pregnancy.

INFORMATION WHICH THE SPECIALIST MAY ASK YOU

The Consultant will probably ask you how long you have had the cyst, whether it has enlarged or shrunk and whether it has become inflamed or infected or shown any other unusual behaviour. It is often very helpful if you can give approximate dates.

TREATMENT OF CYSTS

The treatment of nearly all cysts is surgical. The area must first be numbed with local anaesthetic. The skin is cut through with or without a small fringe around the hole or punctum leading into the cyst. The cyst is extracted and the wound is then closed with stitches. Sometimes an internal stitch is required to try and reduce the size of the cavity from which the cyst has been removed. Very large cysts (egg sized) may need to be "drained" with a small tube of plastic coming out of them through the skin. This is to prevent fluid and blood accumulating in the cavity. The drain might need to stay in for a day or so and therefore the patient may have to leave hospital with the drain still in and return to the hospital to have it removed 24 hours later. This can be discussed with the Consultant in advance of the operation.

INFECTION AND INFLAMMATION

After months and years of law abiding behaviour, a cyst may suddenly start to enlarge rapidly and become swollen and tender to touch or painful just at rest. The cyst may appear to double or quadruple in size. If the cyst is allowed to continue its natural course, it will either settle down again over 2 or 3 weeks or it will eventually burst like a boil with production of a lot of pus and mess but relief of pain.

A burst cyst often shrinks and shrivels as it heals and effectively destroys itself, but one can't depend on this and it may flare up again a few months later. The same thing

applies to a cyst which swells and then settles down spontaneously. It too can suddenly flare up again for no obvious reason.

TREATMENT AND ANTIBIOTICS

Most patients become alarmed by the rapid enlargement and tenderness of a cyst and go to their Doctor for advice. The Doctor will probably advise them either to wait and see what happens (settle or burst) or may prescribe antibiotics. If the antibiotic happens to be the best one for that particular infection, the infection may well be halted and the swelling will either shrink or remain stationary. If it shrinks then all well and good, but if it remains it will become what is known as an antibioma, a long lasting swelling larger than the original cyst but a painless lump in the skin. Thus, antibiotics can be a 2-edged sword. They may abate the infection and swelling but they may occasionally result in a permanent enlargement. If a Surgeon attempts to operate at the stage of the acute or sudden enlargement and inflammation, probably the best thing he can do is to cut into the cyst and let the contents out "incision and drainage." If the Surgeon tries not just to empty the cyst but to remove the whole thing as well, this will probably require a much bigger operation because the cyst wall will have thickened and swelled so much that a lot more tissue has to be removed. Thus, the general rule is to drain an infected or inflamed cyst and wait for it to shrink and settle down and to remove what remains later on, perhaps a month or 2 later. In general, it is better to operate to remove a cyst while it is uninflamed.

THE SCAR

The scar from removing a cyst is usually good. It will go on improving for a year or more after the operation. If there has been a lot of infection associated with healing, the scar may be a bit grooved or tethered to the underlying tissues and this groove may need to be corrected by a further "tidy up operation." It is usually best to leave as much time as possible for softening of the scar because this makes the subsequent surgery much easier.

HISTOLOGY

The vast majority of cysts are benign, ie not cancerous and they don't have to be examined under the microscope. The Surgeon usually checks the cyst with the naked

eye by cutting into it after he has removed it. If there is anything unusual or suspicious about it he will send it to be examined under the microscope. This is known as obtaining a histological examination.

COMPLICATIONS

The commonest complication is apparent recurrence of the cyst. The cyst may appear to come back in the same place when in fact the original cyst has been removed completely and a tiny satellite cyst too small to see at the time of the operation has taken its place. If the cyst ruptured during removal, a few cells may be seeded into the wound and cause a new cyst to form. Patients are sometimes very critical of a Surgeon if the cyst appears to recur but this criticism is seldom justified. The scar, after removal of a cyst, often hardens and thickens and may feel as though a new cyst is forming. One must, therefore, be careful not to presume that a new cyst is forming until at least 3 or 4 months have passed because it is during this time that the scar is likely to be hardest.

If one cuts out a hard scar in the mistaken belief that it is a new cyst, a new hard scar will almost certainly replace the first one. In general, it is better to be patient and wait for several months before deciding that the new swelling is a new cyst.

INFECTION, BLEEDING AND DEHISCENCE

Surgery to remove cysts has a 2-3% risk of infection or bleeding afterwards, ie about 1 in 30 people to 1 in 50 people will have the problem of either the wound bleeding immediately after the operation, or opening up when the stitches are removed (dehiscence) or becoming infected a few days after the operation. All of these problems are a nuisance but none are a disaster. Dehiscence and infection may result in a poorer quality scar making it wider and slower to heal. It may be worth doing a second operation a few months later when the scar has settled to try and make it narrower.

PAIN

All operations cause a certain amount of discomfort and so everyone can expect a certain amount of tenderness at the place where the cyst have been removed. Pain after cyst removal usually lasts for only a few days. Removal of the stitches is seldom a problem although a lot of patients fear that it will be painful.

A very few cysts are painful to start with and this is usually due to the fact that one of the tiny nerves in the skin is attached to the cyst and has become caught up in the capsule of the cyst. In these cases one cannot guarantee that removal of the cyst will get rid of the tenderness and pain but in the vast majority of cases it does so.

Very frequently cysts are associated with a hair follicle or group of hairs with a mole. Moles which appear to enlarge often alarm the patient because they may fear that this is a sign of cancer. However, in practice a mole which suddenly develops a swelling underneath it or becomes painful is usually due to infection and inflammation in a cyst associated with the base of the hair follicle associated with a mole. Removal of the mole and the cyst is usually all that is required and will eliminate the pain.

SUMMARY

Cysts are extremely common but in general are nothing to worry about. It is usually better to get them treated before they erupt or before they become too large.

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