



## **CYSTS**

### **DEFINITION**

A cyst is a sac that contains liquid or semi-solid material. Cysts are very common growths of the skin which are almost always benign (non-cancerous). The three most common types are acne cysts, epidermoid (epithelial) cysts, and pilar (trichilemmal) cysts.

**Acne cysts** consist primarily of a blocked follicle (pore) and the collection of cells and fluid within the lower layer of skin (dermis). It is often red, swollen, and tender. These are usually located in areas where you get acne, but can occur on any hairy or oil-gland-bearing skin.

**Epidermoid cysts** have a wall that looks like the outer layer of skin (epidermis) and cheesy inner material composed of dead cells. These occur spontaneously or as a result of acne, trauma, or previous surgery. These cysts are usually not red or tender unless the surrounding wall is broken, exposing the central cheesy material to the body's immune system (usually after squeezing). Even when red and tender, this is usually a sterile abscess and not an infection.

**Pilar cysts** are similar to epidermoid cysts except that they usually occur on the scalp or other hair-bearing areas, their wall is thicker, and they are rarely red and tender.

### **TREATMENT**

Cysts that are not bothersome to the patient usually cause no harm and require no treatment. Once a cyst ruptures and becomes inflamed, it may resolve in 1 to 6 weeks. Lack of treatment may prolong patient discomfort, increase the likelihood of scarring, and allow the cyst to become inflamed and tender in the future. Treatment options include:

**Injection:** injection of a very small amount of cortisone into acne cysts may promote prompt resolution of over 90% of lesions. Inflamed epidermoid or pilar cysts also respond with a lessening of redness, swelling, and pain, but may not resolve with injection alone. Additional injections may be required in the future. Rarely, injections can cause a slight depression or color change, which usually resolves over months.

**Incision, Drainage, and Curettage:** After local anesthesia, a small incision is made over the cyst and a small instrument (curette) is inserted into the center of the cyst in order to remove all contents. If a small amount of cyst material or cyst wall remains, however, the cyst may grow back. Cure rate is approximately 90% for acne cysts, 75% for pilar cysts, but only 40-60% for epidermoid cysts. Cysts may drain for several days after treatment and a small scar will remain.

**Excision:** After local anesthesia, epidermoid or pilar cysts are cut out entirely and the skin is stitched back together. The likelihood of cure is greater than 95%. All cutting of the skin, however, results in a scar that will vary in size and severity based on the size of the original cyst. Often the scar is less noticeable than the original cyst, but it is important to try less invasive procedures first before more invasive (scarring) methods are employed.

