CASE REPORT

THYROID EPIDERMAL CYST – A COMMON CYST, RARE SITE

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ABSTRACT

Cystic lesions are quite common in thyroid gland. A wide spectrum encompassing developmental, degenerative non-neoplastic, inclusion and neoplastic etiology have to be considered. The cystic lesions occur ubiquitously in any age with no particular sex predilection. The cystic lesions include colloid cysts, papillary carcinoma, thyroglossal cysts and very rarely epidermal cyst. Epidermal inclusion cyst is a slow growing cyst. The diagnosis can be made on cytology with accuracy. Treatment is surgical excision. We report a rare case of inclusion epidermal cyst diagnosed on cytology and confirmed by histopathology.

Keywords: Thyroid gland, Cyst, Epidermal, Cytology

INTRODUCTION

Thyroid lesions are one of the common conditions encountered in clinical practice but are amenable to medical or surgical treatment.1 Presence of swelling causes much anxiety and cosmetic embarrassment, especially for females who are affected more than males. As all palpable lesions can be assessed by FNAC technique, early diagnosis is often possible. But the perspective of aspiration cytology is to be regarded complementary and not a substitute for histopathology.2 The BETHESDA system of reporting for thyroid cytopathology has served useful in bridging discrepancy, bringing uniformity between pathologists and clinicians.3 The surgically amenable cystic thyroid gland lesions range from developmental cysts due to brachial cleft anomalies i.e. thyroglossal cyst, cystic change in goitres and malignancy is well known. Rarely, epidermal cyst can be seen in thyroid gland. These are thought to arise from foci of squamous metaplasia.4 We here report such a rare case of epidermal cyst in thyroid gland.

DISCUSSION

Epidermoid cysts of the thyroid gland are rare lesions with only 8 cases reported in the literature. The age range was 4 to 60 years with a mean of 42 years with no sex predilection. The sizes of the cysts were in the range of 1.1 to 4.4 cm.5 On cytologic smears, there were many mature superficial squamous cells with intact nuclei, anucleate squames, clusters of neutrophils and lymphocytes, macrophages, and in the background, amorphous debris.6 Epidermoid cysts are unilocular and well circumscribed. They are lined by squamous epithelium and surrounded by a fibrous layer, which might contain smooth muscle fibers.6 Squamous cells are not a component of the normal thyroid gland, but they may be seen in a variety of thyroid lesions such as benign metaplasia, neoplasms, and congenital
remnants such as thymic rests, thyroglossal duct remnants, and branchial cleft cysts.

The treatment includes surgical excision. There are no evidence of recurrence.7

Figure 1: Photomicrograph of Keratinous Cyst showing anucleate and few nucleate squamous cells against clear background. FNAC (H&E, 400x)

Figure 2: Photomicrograph of Keratinous Cyst showing cyst wall lined by squamous epithelium with underlying fibrous layer and thyroid follicles. Tissue section (H&E, 40x) Inset: Keratinous Cyst wall. Tissue section (H&E, 100x)

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