

- *A 50years old male Mr.Raja coming from T.nagar who is a security by occupation belonging to socio economic class of lower middle came to op*

CHIEF COMPLAINT

*Swelling in the back of right shoulder
for past 2months*

HISTORY OF PRESENTING ILLNESS

*The patient was apparently normal
2months back after which he noticed swelling
in the back of right shoulder*

-duration 2months

-insidious in onset

-progressive in nature

*-initially small in size now it attain
present size*

- *No H/O ulceration, fungation*
- *No H/O trauma, fever*
- *No H/O evening rise of temperature*
- *No H/O loss of weight, loss of appetite*
- *No H/O restriction of movement*
- *No H/O any other swelling elsewhere in the body*

PAST HISTORY

- *No H/O similar complaint in the past*
- *No H/O previous surgery, hospitalisation*
- *No H/O DM , HT , TB , asthma , epilepsy , jaundice*
- *No H/O blood transfusion*

PERSONAL HISTORY

- *Consumes non-veg diet*
- *Normal bowel and bladder habits*
- *Not a smoker*
- *Not a alcoholic*

FAMILY HISTORY

- *No relevant family history*

GENERAL EXAMINATION

- *The patient is conscious, oriented, moderately built and moderately nourished.*
- *No pallor, no icterus, no cyanosis, no clubbing, no pedal edema, no generalised lymphadenopathy.*

- *Pulse rate- 74/min normal in volume, regular in rhythm, no specific character, no radio-radial/radio-femoral delay, felt in all peripheral pulses.*
- *Respiratory rate- 16/min, regular, thoracoabdominal type*
- *Blood pressure- 120/80mm of Hg measured in right upper arm in sitting posture*
- *Temperature-afebrile*

LOCAL EXAMINATION

After getting consent from patient, after exposing adequately, the patient was examined under bright light.

- *Inspection*

A single swelling approximately 3x4cm in size, ovoid shape present in the back of right shoulder.

Extent-superioly 4cm from acromian process

inferioly 7cm from acromian process

lateraly 4cm from pos.axillary fold

medialy 7cm from midline

Surface – smooth

Skin over the swelling- normal with punctum

No scar, sinuses, dilated veins

No visible pulsation

No visible lymphnode



-not warm, not tender

-inspectory finding of size, shape and extent are confirmed.

-surface-smooth

-margin-well defined, mobile

-consistency-soft

-skin over the swelling not pinchable

-sign of moulding-present www.FirstRanker.com

-non fluctuant

-non transilluminant

-not compressible/reducible

-no pulsatile/expansile pulsation

-no lymphnode palpable

-neurovascular system-normal

SYSTEMIC EXAMINATION

- *Abdomen*

soft, non tender, no organomegaly, no palpable mass, no free fluid, hernial orifice free, external genitalia normal

- *Respiratory system*

normal vesicular breath sound heard all the lung fields, no added sound

- *Cardiovascular system*

S1 S2 heard, no murmurs

- *Central nervous system*

no focal neurological deficit

- *Spine and cranium- normal*

Sebaceous cyst in the back of right shoulder

INVESTIGATION

-complete hemogram- TC, DC, ESR, Hb%, BT, CT

-urine albumin, sugar, deposits

-blood sugar, urea

-ECG (old patient)

-FNAC-to confirm diagnosis

TREATMENT

- *Excision including skin adjuvant to punctum using **elliptical incision** (dissection method)*
- *Other method- incision and avulsion of cyst wall*

DIFFERENTIAL DIAGNOSIS

- *Lipoma*
- *Dermoid cyst*



	<i>Sebaceous cyst</i>	<i>Lipoma</i>	<i>Dermoid cyst</i>
<i>definition</i>	<i>Retention cyst, due to blockage of sebaceous duct and accumulation of secretion within gland</i>	<i>Benign tumour, arising from fat cell of adult type,. Universal tumour</i>	<i>This is cyst lined by squamous epithelium, containing desquamated cells, lies deep to the skin</i>
<i>site</i>	<i>Scalp, face, back, scrotum. Does not occur in palm and sole(absence of sebaceous gland)</i>	<i>Anywhere in the body except brain</i>	<i>Midline or line of the fusion, neck, post auricular, external angular, forehead</i>

On local examination

Soft, smooth, punctum, well defined, skin over swelling not pinchable, fluctuation(-), transillumination(-), sign of moulding present

www.FirstRanker.com

Soft to firm, lobular, well defined, skin over swelling pinchable, pseudofluctuation, pseudotransillumination, slip sign(+), mobility(+)

www.FirstRanker.com

Soft, smooth, well defined, skin over swelling pinchable fluctuation(+), transillumination(-) mobility(+), bony indentation present

Specific investigation

—

FNAC

FNAC and CT to rule out intra cranial extention

Treatment

Excision including skin adjuvant to punctum using elliptical incision, incision and avulsion of cyst wall, drainage and later excision

www.FirstRanker.com

Excision

Excision of cyst