Case Report

CUTANEOUS CILIATED CYSTS: A CASE REPORT

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ABSTRACT

We report a case of cutaneous ciliated cyst located on the lumbosacral region of a 14-year-old girl. The cutaneous ciliated cyst is a very rare lesion usually found in young women that typically occurs on the lower limbs.


Key Words • Lumbosacral region • cutaneous ciliated cyst

Introduction

Ciliated cells, in the adult, are usually located in the respiratory tract, genitourinary system, middle ear and the ependymal lining of the brain. However, a lumbosacral cutaneous ciliated cyst is a very rare lesion which usually affects young women and typically occurs on the lower limbs. Here we describe a case of lumbosacral cutaneous ciliated cyst in a 14-year-old girl.

Case Report

A 14-year-old girl referred to our clinic with a non-tender soft oval mass on her lumbosacral region of 6 months duration. Examination revealed a cutaneous solitary cystic tumor measuring 3 cm in diameter with an incisional scar line from previous incomplete surgical removal. Sonography showed a cystic mass without any connection to the underlying tissue. Twenty ml of bloody fluid was aspirated and the cyst was removed under local anesthesia. Histopathologic examination revealed a multi-locular cyst with papillary projections into the lumen lined by ciliated columnar epithelium. No atypia or mitosis was found (Figure. 1).

Discussion

The cutaneous ciliated cyst and bronchogenic cyst are thought to be the main types of ciliated cysts of the skin.1

Immunohistochemically the ciliated lining cells of the cutaneous ciliated cyst are diffusely positive to epithelial membrane antigen and cytokeratin.2

Ciliated epithelial cysts may arise from heteroplasia in implantation sites or migration of undifferentiated tissue of the transplanted organ.1 Although the pathogenesis of the cutaneous ciliated cyst is still unclear, Clark has suggested that these cysts are caused by heteroplasia of the fallopian tube
or rudimentary M?an duct\textsuperscript{3} and can develop on any part of the lower half of the female body.\textsuperscript{3,4} However, it has been documented that such cysts may also arise in the chest,\textsuperscript{5} scalp,\textsuperscript{6} soles\textsuperscript{1} of the feet and in males\textsuperscript{7,8} in the perineum. Other cysts occasionally and focally lined by ciliated epithelium are bronchial cleft cysts, mucinous cysts of the vulva,\textsuperscript{4} cutaneous endometriosis and endosalpingiosis, thymic cysts, median raphe cysts of the penis and thyroglossal duct cysts.\textsuperscript{9}

Despite their rarity these cysts are easily diagnosed when anatomical and clinical information are available. In fact, the only lesion that could conceivably enter the

histological differential diagnosis is eccrine spiradenoma which predominantly occur on the face and is lined by two layers of flat or cuboidal cells without cilia.

References


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