A RARE PRESENTING FORM OF A DERMOID CYST
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Cutaneous sinus tracts of the head and neck region can continue as a dermoid cyst in the depth. They must be recognised and diagnosed (CT, MRI) as soon as possible in order to have complete and successful surgical excision.

Histopathological examination revealed a deep frontotemporal dermoid cyst presenting as a discharging sinus. The patient recovered uneventfully with no complications.

The authors present the case of a 2-year-old girl, with a draining punctum in the right temporal region. MRI described a 5 cm x 1.5 cm residual abscess on the border of the right temporal fossa and the retroorbital region as a probable extension of the tract along the incision line. The child was referred to our department for an operation. A targeted CT of the frontal temporal region revealed a 0.5 cm diameter bony defect at the meeting point of the frontal, parietal and squamous temporal and greater wing of the sphenoidal bone, with extension to the dura over the temporal lobe of the brain.

The sinus was explored with a radiofrequency needle electrode. The cystic lesion within the frontal bone extended into the greater wing of the sphenoid and adhered to the dura mater of the right middle cranial fossa. The cyst was completely delineated and dissected without any dural tearing.

The cutaneous sinus tracts of the fronto-temporal region may represent the “tip of the iceberg” of a deep dermoid cyst. Because of the possible complications, including inflammation, osteomyelitis, meningitis, and cerebral abscess the early, and accurate diagnosis is important.