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(CASE REPORT)

Symptomatic Multiple Sebaceous Cysts of the Scrotum in a Young Adult: A Case Report

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Abstract

Background: Sebaceous cysts are common benign encapsulated lesions originating from the pilosebaceous unit and filled with keratin material . However, their occurrence on the scrotum is relatively rare and may cause diagnostic and therapeutic challenges.

Case Presentation: We report the case of a 35-year-old male who presented to the hospital with chief complaints of a painful scrotal nodules evolving over 6 months. Clinical examination revealed a well-circumscribed, mobile, non-tender cystic lesion on the scrotal skin. Surgical excision was performed, and histopathological examination confirmed the diagnosis of a sebaceous cyst.

Conclusion: Sebaceous cysts of the scrotum are uncommon but benign lesions. Complete surgical excision remains the treatment of choice to prevent recurrence and complications.

Keywords: Sebaceous cyst; Scrotum; Epidermoid cyst; Case report; Benign tumor

1. Introduction

Sebaceous cysts, also known as epidermoid cysts, are benign cutaneous lesions resulting from the proliferation of epidermal cells within the dermis. They commonly occur on the face, neck, and trunk, but involvement of the scrotum is uncommon. Due to their rarity and potential to mimic other scrotal pathologies, accurate diagnosis is essential. We report a rare case of a sebaceous cyst located on the scrotum and discuss its clinical and therapeutic aspects.

2. Case presentation

A 35-year-old male with no significant past medical history presented to our department with multiple scrotal nodules that had been progressively evolving over several months. The patient initially noticed three to four small, painless nodules on the scrotal skin. Over time, the lesions gradually increased in size and became painful, leading to daily discomfort and significant interference with his professional activities.

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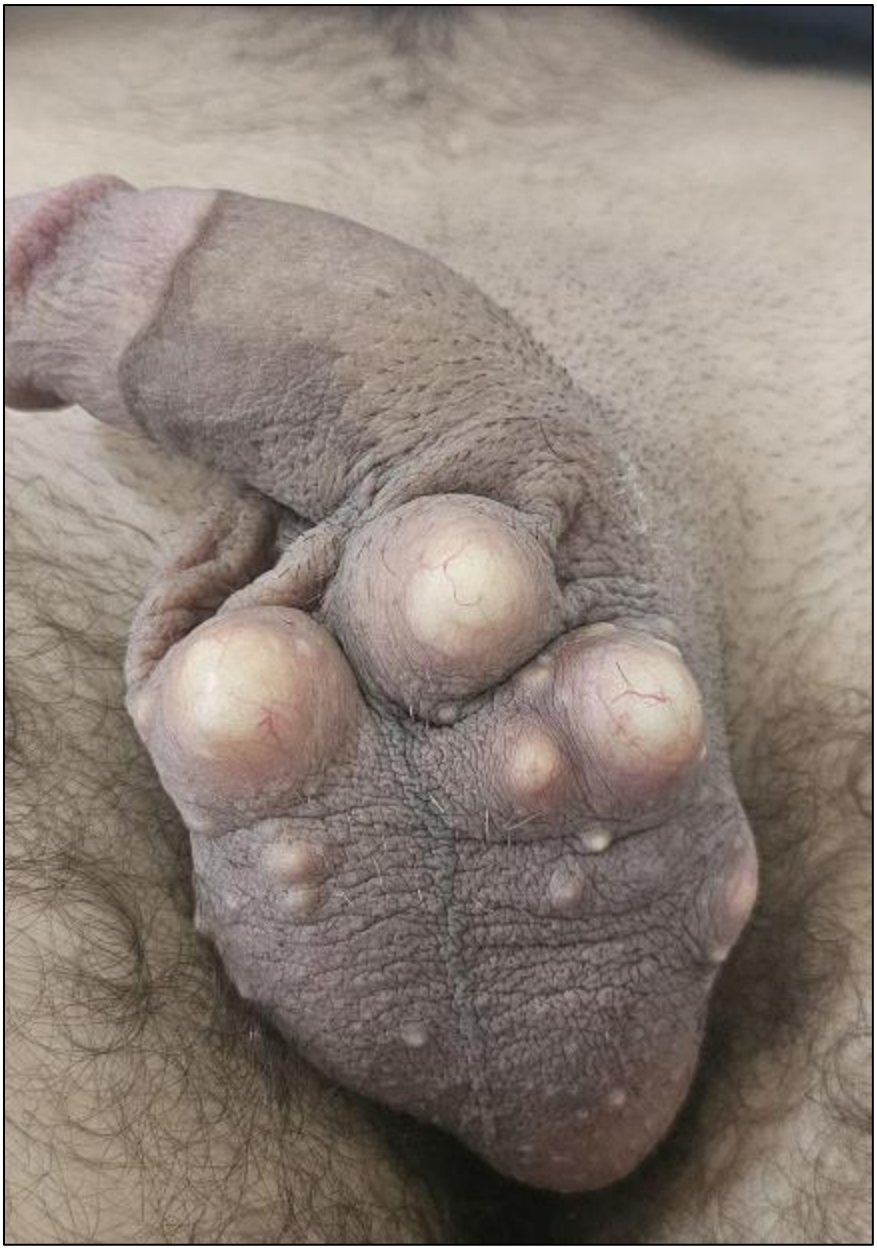


Figure 1 Multiple sebaceous cysts over the scrotum

The patient denied fever, urinary symptoms, trauma, or previous scrotal surgery. There was no history of sexually transmitted infections.

On physical examination, multiple small infracentimetric cystic lesions were noted on the scrotal skin, associated with three larger nodules, each measuring approximately 2 × 1.5 cm. The nodules were firm, mobile, and tender on palpation, measuring approximately 2 × 1,5 cm. The overlying skin was intact, with no signs of erythema, ulceration, or discharge. Both testes were normally positioned, with normal size and consistency.

Scrotal ultrasonography revealed well-defined cystic lesions confined to the scrotal wall, without involvement of the testes, epididymis, or spermatic cord.

Given the progressive pain and functional discomfort, the patient underwent surgical excision of the lesions under local anesthesia. During surgery, only the three larger and painful nodules were excised, while the remaining small, clinically insignificant cysts were preserved. The excision was performed with careful dissection to ensure complete removal of the cyst walls (FIGURE 2 - FIGURE 3) and to minimize damage to the surrounding scrotal skin.

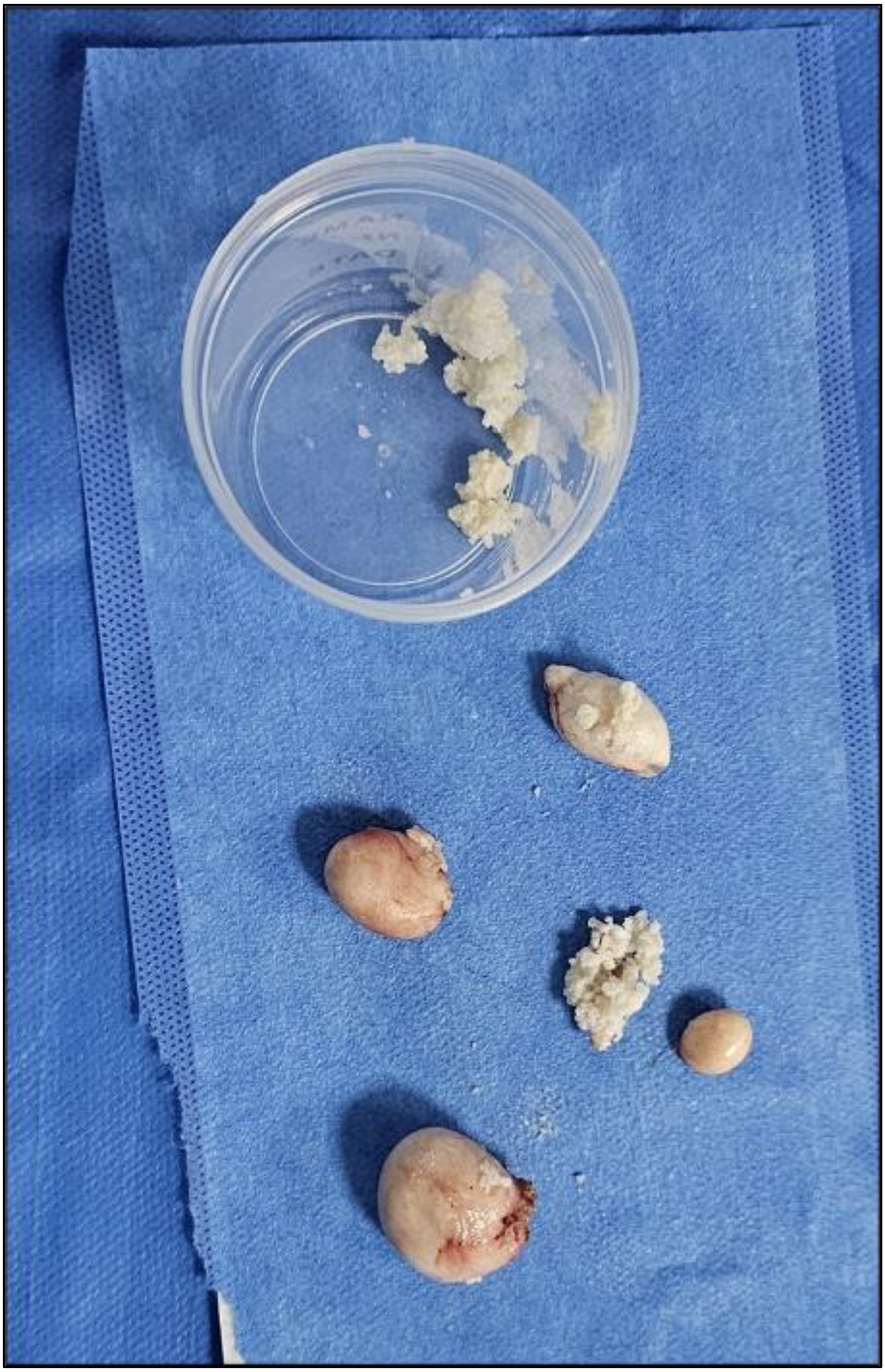
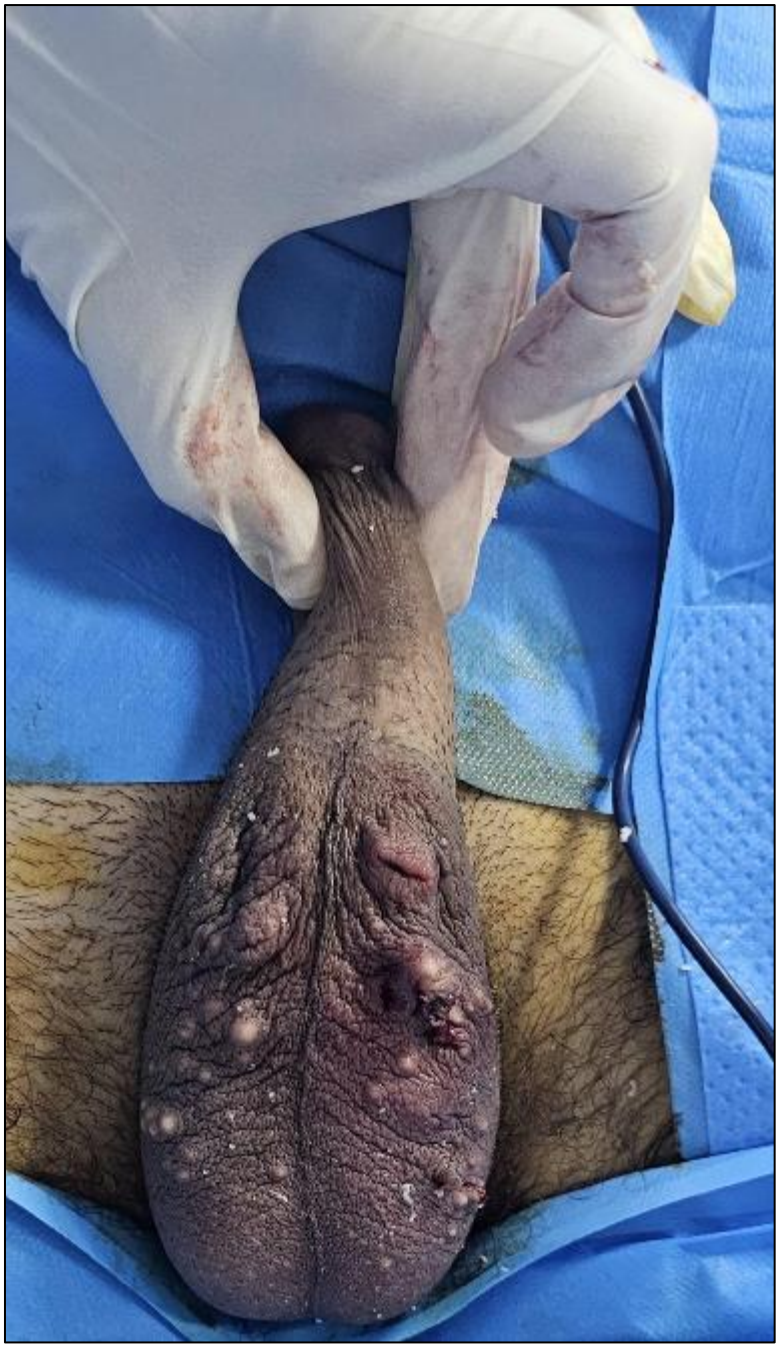


Figure 2 Intra-op picture post excision of all the sebaceous cysts in toto



Figures 3 Postoperative aspect after surgical excision of scrotal nodules

The decision to limit surgical excision to the symptomatic lesions was based on their painful nature and functional impact, whereas the smaller cysts were asymptomatic and of negligible size.

Histopathological examination demonstrated cystic structures lined by stratified squamous epithelium filled with lamellated keratinous material, confirming the diagnosis of sebaceous (epidermoid) cysts.

The postoperative course was uneventful, with complete resolution of pain and no recurrence at 18 months of follow-up.

3. Discussion

Sebaceous cysts, more accurately referred to as epidermoid cysts, are benign cutaneous lesions that arise from the proliferation of epidermal cells within the dermis. They are typically derived from the infundibular portion of the hair follicle and are filled with keratinous material. While these cysts are frequently encountered on the face, scalp, neck, and trunk, their occurrence in the scrotal region is relatively uncommon, making them a diagnostic challenge for clinicians [1,2].

In the present case, a 35-year-old male presented with multiple scrotal nodules that were initially asymptomatic. This clinical course is consistent with the natural history of sebaceous cysts, which are usually slow-growing and painless during the early stages. However, as observed in our patient, progressive enlargement and multiplicity may lead to mechanical irritation, inflammation, and secondary pain, resulting in significant daily and professional discomfort. Pain is often related to repeated friction, local inflammation, or partial infection, even in the absence of overt signs of abscess formation [3].

Scrotal sebaceous cysts usually present as slow-growing, painless, well-circumscribed masses arising from the scrotal skin. Due to the anatomical and psychological sensitivity of the scrotum, patients often delay medical consultation, allowing the lesion to reach a considerable size. In rare cases, these cysts may become infected, rupture, or cause discomfort, leading to inflammation, pain, or secondary abscess formation [3].

While the majority of these cysts are benign, rare malignancy can occur. Squamous cell carcinoma (SCC) is the most common malignancy. [1] . The differential diagnosis of scrotal masses is broad and includes both benign and malignant conditions such as lipoma, hydrocele, varicocele, scrotal abscess, steatocystoma, and primary scrotal malignancies. Distinguishing scrotal skin lesions from testicular or paratesticular pathology is essential. Imaging is not commonly utilized in the evaluation of epidermoid cysts ; In selected cases , Scrotal ultrasonography may play a crucial role in this context, as it allows confirmation that the lesion is confined to the scrotal wall and does not involve the testes or epididymis [4].

Histopathological examination remains the gold standard for diagnosis. Typical findings include a cyst lined by stratified squamous epithelium containing lamellated keratin debris, without adnexal structures, which differentiates epidermoid cysts from dermoid cysts. Although malignant transformation of epidermoid cysts is extremely rare, cases of squamous cell carcinoma arising from long-standing cysts have been reported, reinforcing the importance of complete excision and histological assessment [5,6].

Surgical excision is the treatment of choice and should aim for complete removal of the cyst wall to prevent recurrence. Incomplete excision or rupture of the cyst during surgery may lead to inflammation or recurrence. When performed adequately, surgical management offers excellent cosmetic and functional outcomes, with a very low recurrence rate [7].

Given the rarity of scrotal sebaceous cysts, most of the available literature consists of isolated case reports and small case series. Reporting such cases contributes to a better understanding of their clinical presentation, diagnostic approach, and optimal management, and helps raise awareness among clinicians when evaluating scrotal masses [8].

This case highlights the importance of considering sebaceous cysts in the differential diagnosis of painful and functionally limiting scrotal nodules, even in young patients. Reporting such cases contributes to the existing literature and helps clinicians recognize the progressive and sometimes disabling nature of this benign condition, thereby facilitating timely diagnosis and appropriate management [8].

4. Conclusion

Sebaceous cyst of the scrotum is a rare but benign condition. Clinicians should consider it in the differential diagnosis of scrotal masses. Surgical excision provides excellent outcomes with minimal risk of recurrence.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of ethical approval

Ethical approval was not required for this case report in accordance with the institutional guidelines of Military Hospital / Agadir.

Statement of informed consent

Written informed consent was obtained from the patient for publication of this case report and accompanying images.

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