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1156 – Giant epidermoid cyst in the breast as a differential diagnosis of locally advanced neoplasia: are we aware of this entity?

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Introduction: Epidermal inclusion cysts are benign, subepidermal, encapsulated, keratinous nodules of the follicular infundibulum. They are the most prevalent cutaneous cysts and can develop in any region of the body. They can grow slowly, be asymptomatic, and persist for years. In the breast, they are extremely rare, infrequently reported, and prone to complications such as infection, rupture, and malignant changes.

Case report: A 69-year-old woman presented with a 40-year history of a lesion in her left breast, characterized by slow, progressive growth and a significant increase over the last year. On physical examination, a solid-cystic nodule was observed in the upper outer quadrant of the left breast, measuring 15×13 cm, with a point of fluctuation on palpation, superficial telangiectasias, cutaneous hyperemia, without local heat, thin overlying skin, and an area of rupture with citrine exudate; the right breast showed no palpable changes or lymphadenopathy. Breast ultrasound revealed a solid, hypoechoic nodule with irregular contours and calcifications, measuring 12×10.8 cm; axillary lymph nodes had a normal appearance (BI-RADS 4). Mammography was not performed due to the risk of lesion rupture. Core biopsy was performed, and histopathology revealed keratin laminae. Surgical excision was performed for diagnosis and treatment. A large amount of sebaceous material with a fetid odor, consistent with the contents of an epidermoid cyst, was removed. The cavity was irrigated, and complete capsulectomy was performed. The patient remains under outpatient follow-up, without signs of inflammation or recurrence.

Discussion: The diagnosis of epidermoid cyst is primarily clinical, and complementary examinations are generally unnecessary. In this report, a giant breast nodule with atypical clinical presentation suggestive of malignancy was observed. In addition, ultrasound revealed findings suggestive of a BI-RADS 4 lesion, raising diagnostic suspicion. Surgery was chosen for histopathological confirmation and definitive treatment. Therefore, epidermoid cysts are an important entity in the differential diagnosis and treatment of nodular breast diseases.

Ethics: Research Ethics Committee Approval (CAAE 83101524000005553).

Keywords: epidermoid cyst; differential diagnosis; locally advanced neoplasia.