



AdvaCare Clinics: Cyst Diagnoses & Removal

A cyst is a closed sac, having a distinct membrane and division compared to the nearby tissue. It may contain air, fluids, or semi-solid material. Signs and symptoms vary enormously, depending on what type of cyst it is. Treatment for a cyst will depend on various factors, including the type of cyst, where it is, its size, and the degree of discomfort it is causing. Once formed, a cyst could go away on its own or may have to be removed through surgery.

The Most Common Types of Cysts

Epidermoid Cyst

Epidermoid cysts are small bumps that develop just beneath the skin on your face, neck, trunk and sometimes your genital area. They are slow-growing and often painless. Although many people refer to epidermoid cysts as sebaceous cysts, true sebaceous cysts are much less common than epidermoid cysts are.

Epidermoid cysts are almost always benign (not cancer), but in rare cases, they can give rise to skin cancers. Because this occurs so seldom, epidermoid cysts usually aren't biopsied unless they have unusual characteristics that suggest a more serious problem.

Bartholin's Cyst

A Bartholin's cyst may occur if the ducts of the Bartholin glands (situated inside the vagina) become blocked, causing a fluid-filled cyst to develop. A Bartholin's cyst is not an infection, although it can be caused by an infection, inflammation, or physical blockage.

If an infection does set in, the result is a Bartholin's abscess. If the infection is severe or repeated, a surgical procedure known as marsupialization may be required to stop further recurrences.

Chalazion Cyst

A chalazion is a cyst in the eyelid that is caused by inflammation of a blocked meibomian gland, usually on the upper eyelid. It can become infected and appear red, swollen, and tender.

Antibiotic eyedrops or ointment may be used for early, inflamed chalazion. If they continue to enlarge or fail to settle within a few months, then smaller lesions may be injected with a corticosteroid.

Chronic chalazia will need surgical treatment. Chalazion surgery is a safe procedure performed under local anesthesia in the doctor's office. The chalazion is opened with a tiny incision from either the inside or the outside of the eyelid, removing the contents of the chalazion. The walls are then scraped for it to be closed. After surgery, a pad and protective plastic shield are used to apply pressure on the eye in order to prevent leakage of blood after the operation.

Ganglion Cyst

Ganglion cysts are sacs that contain the synovial fluid found in joints and tendons. They are the most common forms of soft tissue growth on the hand and are distinguished by their sticky liquid contents. The cystic structures are attached to tendon sheaths via a long thin tube-like arm. About 65% of ganglion cysts occur on the upper surface of the wrist, with another 20%–25% on the volar (palm) surface of the hand. Most of the remaining 10%–15% of ganglion cysts occur on the sheath of the flexor tendon. In a few cases, the cysts emerge on the sole of the foot. They're usually painless but may cause localized discomfort. Ganglion cysts can emerge quite quickly, and can disappear just as fast.

The exact causes of ganglion cysts remain unknown. There are some indications, however, that ganglion cysts result from trauma to or deterioration of the tissue lining in the joints that secretes synovial fluid.

Many people do not seek medical attention for ganglion cysts unless they cause pain, affect the movement of the nearby tendons, or become particularly unsightly.

Patients are given a local or regional anesthetic in a doctor's office. Two methods are used to remove the cysts. Most physicians use the more conservative procedure, which is known as aspiration. But less than half of all cysts are resolved after aspiration.

If the cyst is painful or too big, you can surgically remove it. The procedure is performed as an outpatient under local anesthesia and involves removing the cyst sac with the content.

Pilonidal Cyst

A pilonidal cyst is a cyst that develops on your tailbone. If it becomes infected and filled with pus, it becomes a pilonidal abscess, which looks like a large pimple just above the crack of the buttocks. Ingrown hairs most likely cause pilonidal cysts since it is common to find hair follicles and skin debris inside the cyst. Pilonidal cysts are often very painful, and typically occur between the ages of 15 and 35. Symptoms include pain, redness, and pus leakage at the bottom of the spine, and fevers may result in serious cases of infection. In severe cases, a cyst may need to be lanced or surgically removed. It is performed under local anesthesia in the office.

The simple technique is incision and drainage of the cyst, removing the hair follicles, and packing the cavity with gauze. Post-surgical wound packing may be necessary and packing typically and must be replaced frequently until the cyst heals.

Marsupialization – This procedure involves incision and draining, removal of pus and hair, and sewing the edges of the fibrous tract to the wound edges to make a pouch.

This method minimizes the size and depth of the wound without using gauze packing. However, it requires about 6 weeks to heal.

Sebaceous Cyst

A sebaceous cyst is a benign (not cancer), slow-growing cystic lesion. It most often arises from swollen hair follicles. Skin trauma can also induce a cyst to form. They usually develop on acne-prone areas of the face, neck, and upper trunk. Cysts can also be found on the scrotum, behind the ears, and on the scalp. Rupture of the cyst can release a cheesy, yellow, foul-smelling material into the skin, resulting in a reaction that produces redness, tenderness and swelling.

The cyst can get infected. Ruptured cysts can cause skin scarring and discomfort, but they rarely develop into associated skin cancer.

Cyst Removal via Minimal Excision Technique

The minimal excision technique for epidermoid cyst removal is less invasive than complete surgical excision and does not require suture closure. It is a simple and effective method that entirely removes the cyst. A tiny cut is made in the skin, and the cyst contents are squeezed out. The cyst wall is pulled through the skin opening, which is so small that stitches aren't necessary sometimes. If the entire cyst wall is removed, the cyst usually won't come back.

To learn more about treatment options, contact AdvaCare Clinic today at 952-835-6653!

