

## **Case report**

### **Presentation and management outcome of anterior fontanelle Dermoid cyst: review of 6 cases**

Abstract

#### **Aim**

The aim of study **isto** highlight the presentation of anterior fontanelle Dermoid cyst which is relatively uncommon condition, and our ability to **excise** the cysts in our resource poor environment.

#### **Presentation of cases**

A retrospective study of all the consecutive patients managed by pediatric surgery unit over 6 years was done and the results **were** analysed and documented.

A total of 6 patients **were** managed over a period of 5 years including 4 boys and 2 girls. The age ranges between 6 month to 5 year.

#### **Discussion**

Dermoid cysts are inclusion cyst mostly seen in the midline.<sup>1,2</sup> They occur in head and neck or the trunk. It is a benign, slowly growing lesion, dermoid cysts are thought to arise during the third and fifth week of embryogenesis from displacement of germ cells during the formation of the neural tube.

All of the patients had excision under general anesthesia. The intra operative finding is a global, cystic swelling containing amber to yellow color jelly fluid.

All the patients were operated as day case surgery and were discharged home about 4 to 6 hours after recovery from anesthesia. All the patients did well postoperatively, only 1 patient had surgical site infection which was treated with antibiotics and wound dressing.

## Conclusion

Dermoid cyst is an uncommon congenital cyst mostly diagnosed during infancy, following excision recurrence is uncommon

UNDER PEER REVIEW

## INTRODUCTION

Dermoid cysts are inclusion cyst mostly seen in the midline.<sup>1,2</sup> They occur in head and neck or the trunk. It is a benign, slowly growing lesion, dermoid cysts are thought to arise during the third and fifth week of embryogenesis from displacement of germ cells during the formation of the neural tube, the cyst is thought to be formed from defects in the separation of neuroectoderm, resulting in sequestration of ectodermal remnants.<sup>3,4</sup>

The incidence rates of scalp dermoid cysts range from 15 to 22% c.<sup>5,6</sup> scalp dermoid involving the anterior fontanelle is rare.<sup>7</sup> It is a congenital lesion hence mostly present at birth or notice few month after birth, with a swelling that is slowly increasing in size.<sup>8,9</sup>

## CASES PRESENTATION

Between January 2017 to December 2021 six (6) schildren were managed by pediatric surgery unit, comprises 4boys and 2 girls (fig. 1). The age ranges between 6mont to 5years. The commonest complain at presentation is scalp swelling which is painless slowly increasing in size (FIG 2). Only one patient has fever at presentation which was treated with anti-malarial and paracetamol before the surgery, 2patients also had anemia with packed cell volume of less than 30% and were optimized with hematinic before the surgery.

All of the patients had excision under general anesthesia. The intra operative finding is a global, cystic swelling containing amber to yellow color jelly fluid (FIG 3B). All the patients were operated as day case surgery and were discharged home about 4 to 6hours after recovery from anesthesia. All the patients did well postoperatively, only 1patient had surgical site infection which was treated with antibiotics and wound dressing. None of the patients had recurrence throughout the follow up period, though the last patient was followed up for only 6month before the end of the study period.

## **Discussion**

Dermoid cyst are subcutaneous sacs lined with a stratified squamous epithelium consists of semi-solid inspissated yellow material. 4 The contents of the cyst are commonly hair and hair follicle, sebaceous glands, rarely presence of sweat gland is also reported in the literature. 5 This is confirmed histologically in most of our pathologic samples.

The common symptoms at presentation in our patients is painless scalp swelling around the anterior fontanelle which is slowly increasing in size, this is similar to most of documented findings in other studies worldwide. 7 usually there are no constitutional symptoms except infected or in the present of trauma which is consistent with the features we found among our patients only 1 patient had fever. 8,9 They are usually round cystic masses that are non-tender, the affected children are otherwise healthy.

The diagnosis is usually clinical from history and examination, however some investigations may be done to confirm the presence of a cystic mass at the anterior fontanelle or presence of intracranial extension of the cyst, these includes high resolution ultrasound, scalp computer tomography (CT) or scalp Magnetic resonance imaging ( MRI). 8,9,10

All of our patients had subcutaneous ultrasound studies which showed a cystic swelling around the anterior fontanelle.

The most widely used method of treatment is surgical excision, and recurrence after excision is said to be very low. All of the patients in our study had surgical excision under general anesthesia and none of them had recurrence due period of the follow up. 10, 11

## **Conclusion**

Dermoid cyst is a congenital cyst mostly diagnosed during infancy, following excision recurrence is uncommon

## **References**

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## FIGURES

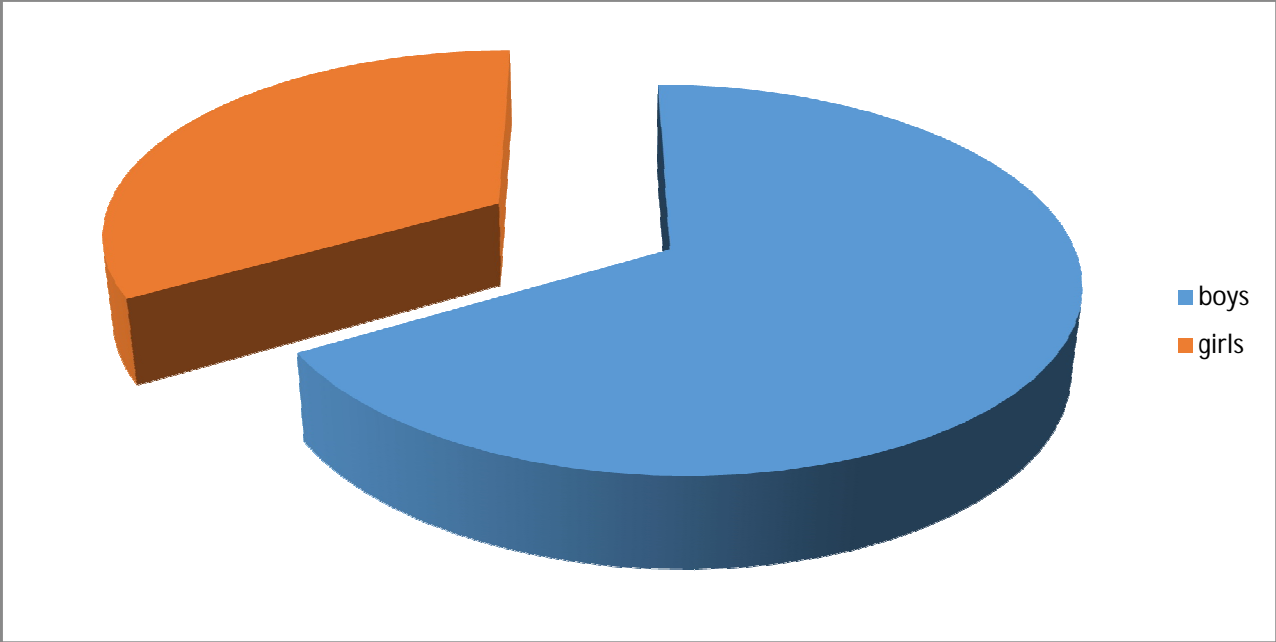


FIG. 1 pie chart showing sex distribution

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FIG. 2. Pre- operative picture



FIG. 3 A. intra – operative picture (before incision)



Fig.3B. intra – operative picture

UNDER PEER REVIEW