



**GENITAL LESIONS**  
**EPIDERMAL CYSTS (Epidermoid or Epidermal Inclusion Cysts)**

<b>DEFINITION</b>	Epidermal cysts are sac-like growths, which are formed by a mass of epidermal cells that implant in the dermis. These cysts may arise from the infundibular portion (passage) of the hair follicle. Epidermal cysts of the genitals are common in the general population and may appear as a mass in the vulva, the clitoris, the penis, the scrotum, or the perineum.
<b>SUBJECTIVE</b>	May include: <ol style="list-style-type: none"><li>1. No symptoms.</li><li>2. Small cysts on or near the genitals or inner aspects of the thigh.</li><li>3. Discharge of a foul-smelling cheese-like material.</li><li>4. Cysts may become inflamed or infected, resulting in pain and tenderness.</li><li>5. Cysts may be painful during intercourse or cause problems with urination.</li></ol>
<b>OBJECTIVE</b>	May include: <ol style="list-style-type: none"><li>1. Cyst-like lesions:<ol style="list-style-type: none"><li>a. Range from several millimeters to few centimeters, often dome-shaped.</li><li>b. Firm, round, and mobile to palpation with a smooth surface that can be flat or slightly raised.</li><li>c. Flesh-colored to yellow or white and in dark pigmented individuals may be pigmented.</li><li>d. A central pore or punctum is an inconsistent finding, but from which a thick cheesy foul-smell material may be expressed.</li></ol></li></ol>
<b>LABORATORY</b>	No specific testing needed, although if infection suspected, may obtain bacterial culture of contents.
<b>ASSESSMENT</b>	Epidermal cysts.
<b>PLAN</b>	<ol style="list-style-type: none"><li>1. Small asymptomatic cysts (less than 5 mm) do not need treatment. If a cyst ruptures into surrounding skin, they may become red, painful and purulent.</li><li>2. For cysts considered to be infected, incision and drainage followed by treatment with antistaphylococcal oral antibiotics is recommended,-OR<ol style="list-style-type: none"><li>a. Dicloxacillin (Dycill, Dynapen, Pathocil) 250 mg. PO q 6 hrs. x 10 days, OR</li><li>b. Erythromycin 250 mg PO q 6 hrs. x 10 days, OR</li><li>c. Ofloxacin 400 mg bid x 10 days, OR</li><li>d. Keflex 500 mg. PO bid x 7-14 days, OR</li><li>e. Doxycycline 100 mg. PO bid 7-14 days, OR</li><li>f. Clindamycin 150/450mg PO q 6hrs. x10 days, OR</li><li>g. Augmentin 500/125 PO q8 hrs. x 10days, OR 875/125 P) q12 hrs. x 10 days.</li></ol></li></ol>

	<ol style="list-style-type: none"> <li>3. If MRSA exposure, history of MRSA or suspicious lesion <ol style="list-style-type: none"> <li>a. Bactrim DS (sulfamethoxazole with trimethoprim) 160/800 BID for 10 days.</li> </ol> </li> <li>4. If infection does not respond to treatment, referral will be necessary</li> </ol>
<b>CLIENT EDUCATION</b>	<ol style="list-style-type: none"> <li>1. Reassurance of benign condition and only rarely become malignant.</li> <li>2. Reinforce monthly genital self- examination.</li> <li>3. Inform client that cyst may recur after removal.</li> </ol>
<b>CONSULT / REFER TO PHYSICIAN</b>	If cyst begins to grow rapidly, bleed, become extensively infected, irritated and/or extends into the pelvic region.

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References:

1. Lippincott Williams & Wilkins; Libby Edwards, Peter Lynch; Genital Dermatology Atlas, 2<sup>nd</sup> edition, New York, NY, , Epidermal Cysts, pp 117-118, 194, 206-207.