A renal transplant recipient with multiple facial nodules

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Keywords: ciclosporin A; epidermoid cyst; renal transplant

Case

A 42-year-old male renal transplant recipient on ciclosporin and steroid developed multiple enlarging nodulocystic lesions on face, neck and retroauricular regions. The lesions had never been present before renal transplant but occurred around 3 months after the operation and had increased in size in recent few months. Examination revealed multiple soft non-tender cystic lesions on both sides of neck, retroauricular areas and cheeks. The lesions ranged from 0.3 to 3 cm in diameter and some were pedunculated. Inflammation of the overlying skin and ulceration were noted in some lesions (Figure 1A and B). Surgical excision revealed encapsulated cysts containing pasty material. Histological examination confirmed epidermal cysts in the dermis, lined by stratified squamous epithelium containing laminated keratin. One excised cyst was ruptured and associated with acute on chronic inflammation and a foreign body giant cell reaction.

The eruption of the epidermoid cysts was temporally related to renal transplantation and was most likely associated with ciclosporin use, which was, therefore, substituted by rapamycin. As the patient had a large number of epidermoid cysts of various sizes, selective excision of the larger cysts was offered. The patient was followed-up regularly for the progression of the cystic lesions and for surveillance of malignant cutaneous tumors. Graft function had remained stable after switching of immunosuppressive medications and no new epidermoid cysts or further enlargement of the existing lesions were noted.

Discussion

Epidermoid cysts are keratin-filled cysts lined by epidermis that can present as solitary or multiple, smooth dome-shaped, intradermal or subcutaneous
lesions ranging from few millimeters to few centimeters in size. The lesions may mimic lipoma and pilomatrixoma. The exact cause of epidermoid cysts remains unknown. Multiple eruptions of cysts are uncommon, apart from patients with Gardner’s syndrome with a hereditary tendency to develop numerous small cysts in association with intestinal polyps. In the index patient, this extensive eruption is likely to be associated with ciclosporin use. Apart from hypertrichosis and gingival hyperplasia, multiple eruptions of epidermoid cysts on head, neck, upper back, buttocks and sites of healed herpes zoster are a less-known but significant side effect of long-term ciclosporin use [1–3]. These adverse cosmetic side effects of ciclosporin may be particularly significant in young or female patients in whom switching of immunosuppression may be needed.

Conflict of interest statement. None declared.

References


Received for publication: 24.5.06
Accepted in revised form: 13.6.06