



## Cock's Peculiar Tumour: A Case Report

Dr. S. T. Ved Bhushan MS. FAIS\*

**Corresponding Author: Dr. S. T. Ved Bhushan MS. FAIS**, Professor of Surgery –USM-KLE-IMP, Belagavi, and Consultant Surgeon – Klecch, Yallur Road, Belagavi, Karnataka, India 590010.

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### **Abstract**

*The sebaceous cyst is a common clinical condition normally seen over the hairy areas such as scalp, forearms, thighs and face etc. Sebaceous cyst occurs due to blockage of the sebaceous duct. Punctum is characteristically seen over the cyst. The sebaceous are characteristically asymptomatic, soft cystic and fluctuant in uninfected state. The cyst is usually lined by epithelium and filled with keratin and may contain dermal appendages from the cystic wall. Histologically these cysts are considered as epithelial cysts.*

**Key Word:** *Sebaceous Cyst, Cock's Peculiar Tumor. Sebaceous Horn*

## Introduction

Sebaceous glands are present over the body subcutaneously placed. The sebaceous cyst occurs due to blockage of sebaceous duct. Punctum is black colored (necrosed) part of the skin over the cyst which is attached with underlying cyst. Whenever the cyst gets infected, the cyst becomes painful, consistency becomes firm and sometimes it can rupture discharging its contents. Complications of sebaceous cyst can be infection, rupture, cock's peculiar tumor and sebaceous horn etc. (1)

We report a case of Cock's peculiar tumor over the right thigh in a 58 yrs. old man which was surgically excised after routine investigations.

## Case Report

A 58 years old man was admitted with the history of pain less swelling over the right mid-thigh since five years, which was insidious in onset and slowly increasing in size to the present size. There was no history of pain, difficulty in walking and there was only discharge of thin pus since 3 days which brought him to the hospital. The patient was a known hypertensive on regular medication. On examination: The patient was a middle aged man in good health with stable vital signs and afebrile. BP – 140/40 mmHg and pulse 78/minute.

## Local Examination:

There was a spherical swelling around 8-10 cm over the right lower thigh. Skin was normal with pus discharge from the punctum. The swelling was mobile and not fixed to the underlying thigh muscles.

A clinical diagnosis of INFECTED SEBACEOUS CYST was made and all routine was done.

## Investigations:

Hb - 14.5, RBC - 4.40, WBC - 6200, PLATELET - 137000, N - 45, L - 50, E - 2, M - 3.

Urine - NAD, micro crystals - Calcium Oxalate +.

HIV - Negative, HbSAG - Negative.

Sodium - 139, Potassium - 3.90, Chloride - 109, RBS - 84.7, Urea 29.9, Creatinine - 1.10.

ECG - within normal limits, Chest X-ray – NAD.

## Operation Notes

The patient was given pre-operative antibiotic of ceftriaxone 1 gm IV before surgery. The patient was given short general anesthesia without intubation. The part was painted / cleaned and draped.

Surgical incision made around the lower part of the cyst. Careful dissection was carried out and the cyst was excised completely. The surgical incision was closed in layers. No drain was kept. The post-operative period was uneventful patient was discharged on 6th post- operative day. Figure 1, 2 and 3 shows the stages of the operation.



**Fig1:** Showing Operative Procedure



**Fig 2:** Showing excised specimen



**Fig 3:** Showing size of the specimen



**Fig4:** Showing cut open with impacted Sebum)

## Discussion

Sebaceous cyst is a common clinical condition occurring over the hairy area predominantly seen on the scalp, face, thigh etc.

Histologically Sebaceous cyst is a type of epithelial cyst. Epithelial cysts are formed by the invagination and expansion of the epidermal skin or epithelium of the hair follicle.

Epithelial cysts are categorized based on the content of the cyst and epithelial lining.

a) Epidermoid Cyst.

b) Dermoid Cyst.

c) Pillar Cyst.

d) Steoto cystoma (2).

Steotocystoma are true sebaceous cyst which has epithelial lining of the ductal wall of the Sebaceous gland. Clinical features are slow growing swelling with punctum, asymptomatic, initially and symptomatic and symptoms such as painful when infected (3).

Cock's peculiar tumor was first described by Edward Cock in 1852.

It is an ulcero proliferative type of pillar epithelial cyst. Histopathological features are inflammatory cell infiltrate, pilo sebaceous proliferation, cellular atypia. Common creative feature are inflammation and trauma to the pillar cyst (4).

Management of sebaceous (epithelial cyst) is surgical excision. It is done by conventional elliptical excision under suitable anesthesia. As we have done in our case. Once the cyst is completely excised the cavity is thoroughly irrigated with normal saline and dilute betadine solution. Once the cyst is excised the incision was closed in layers (5).

Earliest case report of Cock's peculiar tumor was reported in 1989 by C B Bunker et al (6).

Sebaceous horn a variant of sebaceous cyst was reported by Sanjay Saraf et al in 2007 (7).

Cock's peculiar tumor of the scalp was reported by Sujit Kumar et al in 2013 (8).

In our case histopathological examination was reported as cystic lesion, 9 x 7 x 5 cm. Punctum was seen with sebum. Cut section showed pultaceous material thick and compact as shown in the figure 4. Section of the cyst wall showed features suggestive of EPIDERMAL CYST. Cyst was covered with epidermis flattened and fibro collagenous tissue with congested vessels in dermis.

### Summary

A large infected sebaceous cyst with the history of 15 years in a 57 years old man over the right thigh was managed with surgical excision under short general anesthesia after routine investigations. It is commonly called COCK'S PECULIAR TUMOUR hence it is presented for its rare entity.

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