

## Management of Cystic Lid Masses with Sodium Tetradecyl Sulfate (STS) Sclerosant Intra-Lesional Injections: Case Series of Three Patients

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**Introduction:** A dermoid cyst is a congenital choristoma of the orbit. It consists of keratinized epithelium and adnexal structures such as hair follicles, sweat glands, and sebaceous glands.<sup>1</sup> The mainstay of treatment is surgery but if the cyst ruptures during surgery, a lipogranulomatous inflammatory reaction may occur. This necessitates the use of sclerosants which are less invasive. Here in we report the use of sodium tetradecyl sulfate (STS) in the management of cyst of Moll and dermoid cyst.

### Case Series:

#### Case 1: T.W.

A 60 year old clergy man who presented with bilateral painless and slow growing multiple lid lesions of more than 5 years duration. A diagnosis of bilateral multiple cysts of Moll was made and he had injection of STS into the cysts. The patient was reviewed at 4 weeks and 3 months post injection. Most of the cysts had collapsed.

#### Case 2: O.S.

A 30 year old male presented with a recurrent swelling in the medial aspect of the right upper lid

of more than seven years duration. Examination and orbital ultra sound scan findings were consistent with a dermoid cyst.

The cyst was aspirated using a 25 gauge cannula and the sac irrigated with normal saline before injecting STS .

The patient was reviewed after 2 weeks and 3 months post injection. The cyst had regressed.

#### Case 3: A.A.

A 41 year old female presented with a right medial canthal cystic swelling of more than 2 years duration with features consistent with a cyst of Moll. The cyst was aspirated and STS injected to refill it. The patient was reviewed 2 weeks and 3 months post injection. The cyst had regressed.

**Discussion:** Indications for treatment of orbital cysts are cosmetic, recurrent inflammation or risk of amblyopia in case of large dermoid cyst. Majority of dermoid cysts are removed because of family's concern for growing lesions.<sup>2-3</sup> Also, episodes of recurrent inflammation after direct trauma necessitate excision of these cysts.<sup>4</sup> If the cyst leaks or ruptures with extrusion of oil and keratin into adjacent tissues, granulomatous inflammation may be present.<sup>5</sup>

The use of sclerosants is aimed at obviating the complications associated with surgery. In these reports, there was remarkable reduction in size of cyst in all patients three months post sclerotherapy. This was similar to the result obtained in another study<sup>6</sup>.

**Conclusion:** The use of sclerosant in general management of cysts is less technically demanding, cost effective and convenient to patient with good aesthetic outcome compared to surgery.

### References

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