Hair Shafts in Epidermoid Cysts

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Sir,

The recent article by Aloï and Tomasini [1] is an interesting paper documenting the presence of clusters of hair shafts in the lumen of epidermoid cysts. We would like to draw attention to some aspects of this paper.

Aloï and Tomasini [1] describe a group of 5 cases with multiple, closely set superficial small cysts, some of which were opening on the surface of the epidermis. In our opinion, these cysts are indistinguishable from comedones. Moreover, in 4 of the 5 cases they were located on the eyelids, and so this group of superficial comedo-like plaques might be examples of nodular elastosis with cysts and comedones of Favre-Racouchot [2] or comedones following radiotherapy [3]. It is difficult to make a histologic differential diagnosis between superficial and small epidermoid cysts (milia) and comedones, because both lesions show walls composed of stratified squamous epithelium with stratum granulosum simulating the epidermis. The existence of a pore-like connection with the surface of the epidermis is not a reliable differential criterion, because it is a well-known feature that serial sections in epidermoid cysts often disclose such a kind of connection between the cyst cavity and the overlying epidermis [4]. This feature is due to the origin in the follicular infundibulum of both comedones and epidermoid cysts, and so, the presence of hair shafts in the former is logical. Figure 3 of the paper by Aloï and Tomasini shows a group of comedo-like infundibular dilatations largely opening on the surface of the epidermis.

On the other hand, we are not in agreement with the statement of Aloï and Tomasini [1] that in steatocystoma 'the presence of sebaceous lobules in or near the cyst wall is a constant feature'.

As stated by Brownstein [5], 'it is possible to make the diagnosis of steatocystoma if a well-formed, acellular, hyaline lining is seen, even in the absence of sebaceous elements'. So, the presence of this hyaline and undulant cuticle in the luminal border of the cyst cavity of the steatocystoma is a histologic feature more useful for diagnosis than the sebaceous lobules within the cyst wall. In two personal cases of solitary steatocystoma [6], multiple serial sections failed to demonstrate sebaceous lobules in or near the cyst wall, and the diagnosis was established by the presence of the characteristic hyaline and corrugated cuticle. Sometimes, multiple serial sections are required to find a unique sebaceous lobule [5,7].

We are in agreement with Aloï and Tomasini [1] when they state that their solitary cases are similar to those seen in individual lesions of eruptive vellus hair cysts, and this event has been recently reported as 'solitary vellus cyst' [8]. Nevertheless, we believe that solitary vellus cyst and pigmented follicular cyst, reported by Mehregan and Medenica [9], are two different entities. Vellus cyst as well as the cases reported by Aloï and Tomasini [1] contain shafts of vellus hairs (thin shafts without medulla), whereas pigmented follicular cysts contain clusters of shafts of

terminal hairs (thick shafts with medulla). Furthermore, hair shafts of the pigmented follicular cysts contain abundant melanin pigment, which is usually absent in hair shafts of vellus cysts. In our opinion [10], pigmented follicular cyst is a distinctive entity because of its clinical appearance as a bluish-black papule or nodule and its histologic features of clusters of pigmented terminal hair shafts in the lumen of an infundibular cyst.

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