In Reply

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Sir,

We have read with great interest the letter by Requena et al. about our paper 'Hair Shafts in Epidermoid Cysts' [1] and agree with them that there are many difficulties in making a histologic differential diagnosis between milia and comedones. In all our cases, the histories were negative for previous radiotherapy. The histologic examination of the cystic lesions of the eyelids of our series did not show the basophilic degeneration of the connective tissue in the upper portion of the dermis observed in nodular elastoidosis with cysts and comedones of Favre-Racouchot [2] or in actinic comedonal plaque [3]. These lesions probably represent the consequence of an external injury. In our experience, similar cystic lesions with hair shafts in their lumen can also be observed in association with foreign body reaction to the keratin in some nevocytic nevi. Nevertheless, the purpose of our paper was simply to underline that the presence of hair shafts in epidermoid cystic lesions has not been emphasized in the literature. Certainly, as reported in our paper, the presence of a prominent hyaline and undulate cuticle in a cystic cavity represents an important marker for the diagnosis of steatocystoma. On the other hand, the presence of flattened sebaceous gland lobules, either within or close to the cyst wall, is another characteristic feature seen in most lesions of steatocystoma [4].

References

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