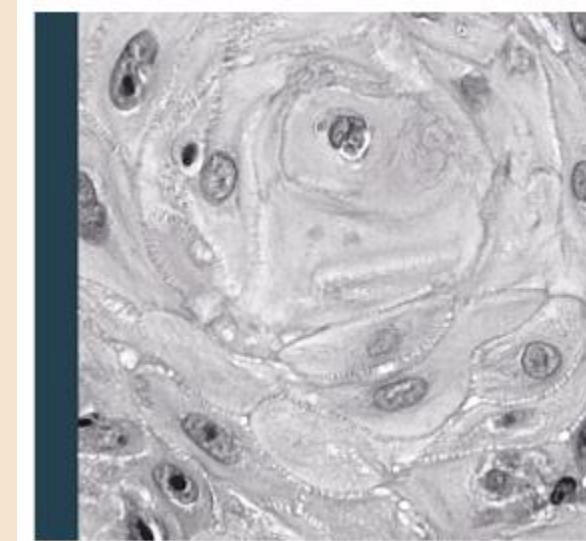


# Quistes de Los Anexos Cutáneos CUERDA PIEL

Dr. Enrique Loayza

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# Agradecimientos

Dra. Johana Pontón

Dra. Alexandra Reyes

Dra. Marñia Lourdes Tacuri

Dra. Belén Andino

Dr. Vladimir Preciado

Dr. Juan Carlos Garcés

Dr. Enrique Uraga

Dr. Pablo Landívar (Departamento de Imágenes)

Departamento de Dermatología  
Hospital Luis Vernaza



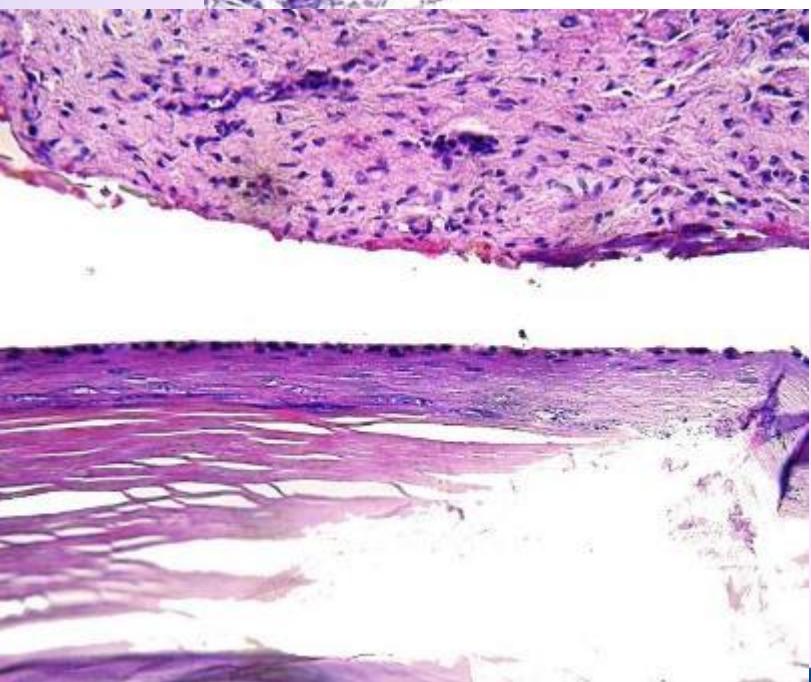
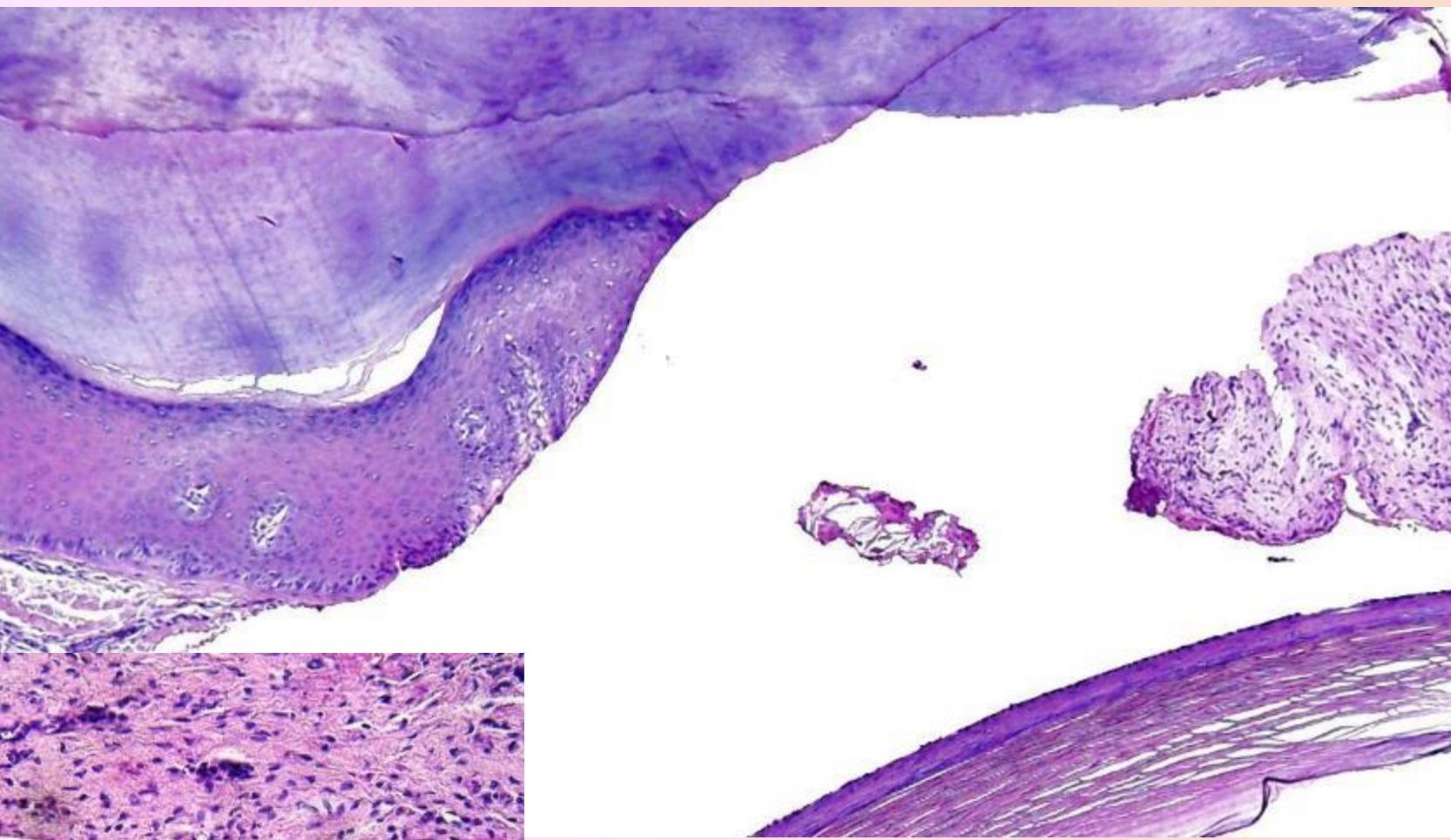
# CASO 1

Paciente de 26 años de edad, sexo femenino. Desde hace 1 año presenta posterior a trauma tumor en piel volar de articulación metatarso falángica de pie izquierdo



# ¿Diagnóstico?

- a. Callosidad
- b. Verruga
- c. Quiste de Inclusión





## Palmoplantar epidermoid cysts: two cases and brief review of the literature

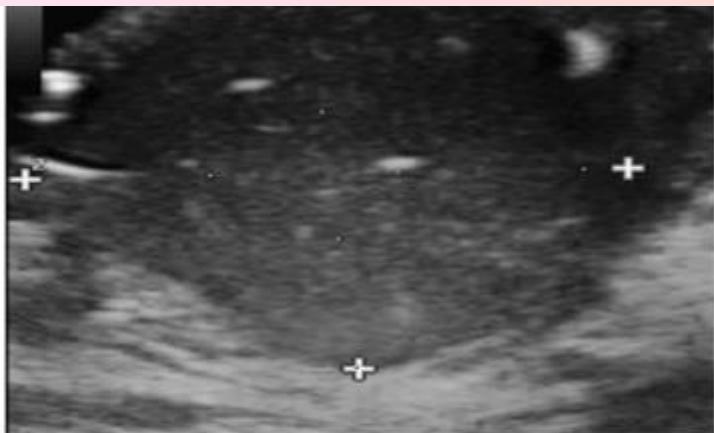
Jorge Arandes-Marcocci MD, Gemma Melé-Ninot MD, Mònica Quintana-Codina MD, Maribel Iglesias-Sancho MD, Montse Salleras Redonnet MD PhD.

Affiliations: Department of Dermatology, Hospital Universitari Sagrat Cor, Barcelona, Spain

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**Figure 2:** Histological examination shows a cystic wall filled with eosinophilic keratin, lined by a stratified squamous epithelium and granular layer. H&E, 10x.



**Figure 3:** Ultrasonography shows a 15x16mm well-circumscribed, heterogeneous, oval lesion located in the dermis and subcutaneous tissue.



**Figure 1. A)** Well-defined, skin-coloured and indurated 20x15mm nodule on her left sole. **B)** Solitary tender 30x30mm nodule, with inflammatory signs on the right thenar eminence.

# Quistes Epidermoides Palmo/Plantares

- Implantación de fragmentos epidérmicos secundario a trauma
- Conductos ecrinos
- HPV 60

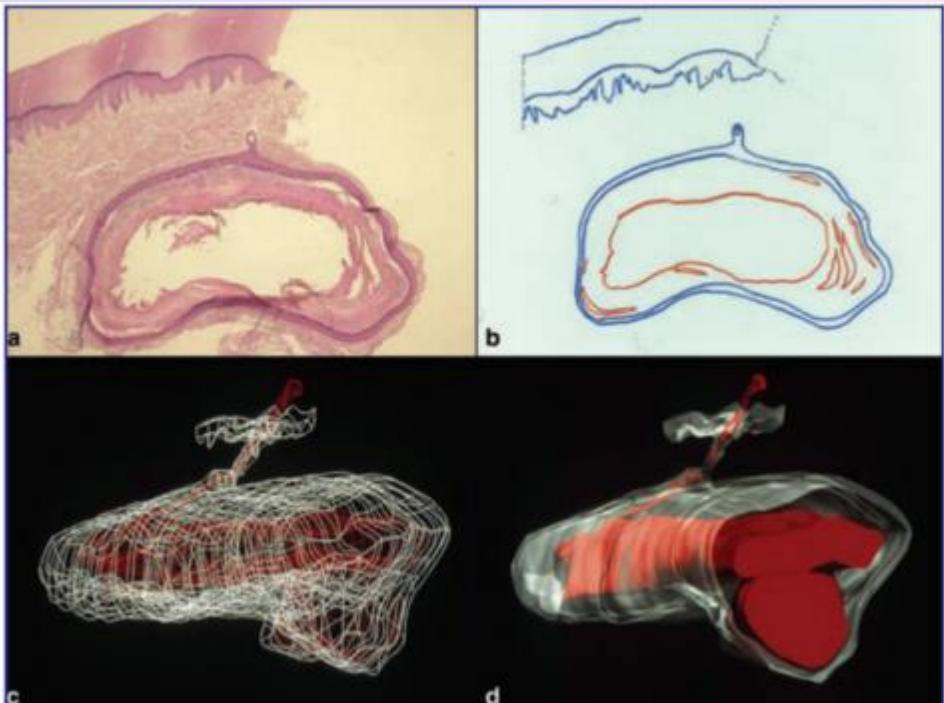
HPV-associated eccrine epidermoid cyst, K. Egawa et al. British Journal of Dermatology 2005

# Human papillomavirus-associated plantar epidermoid cyst related to epidermoid metaplasia of the eccrine duct epithelium: a combined histological, immunohistochemical, DNA–DNA *in situ* hybridization and three-dimensional reconstruction analysis

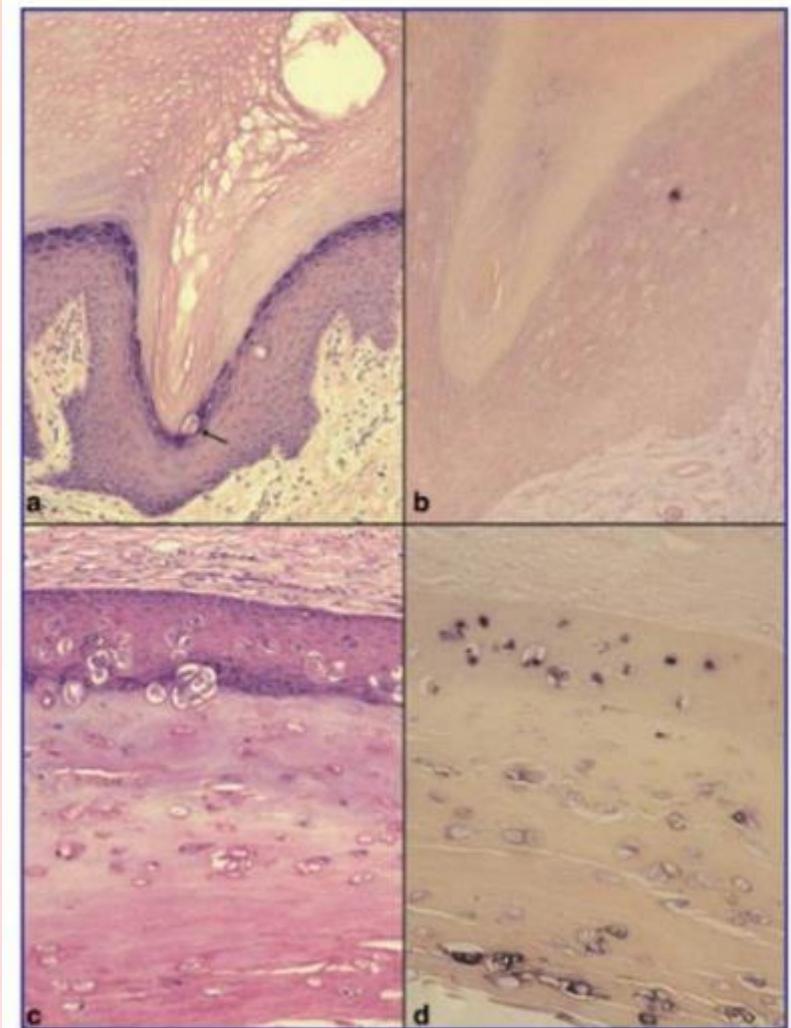
K. Egawa, N. Egawa\* and Y. Honda†

Departments of Dermatology and †Surgical Pathology, Kumamoto University School of Medicine, 1-1-1 Honjo, Kumamoto 860-0811, Japan

\*Division of Cancer Cell Research, Institute of Medical Science, University of Tokyo, Minato-ku, Tokyo 108-8639, Japan



**Fig 4.** Computer-based, three-dimensional reconstruction (3DR) analysis of a human papillomavirus 60-associated plantar epidermoid cyst. (a) Histological section (the same as Figure 3, no.190). (b) Tracing of the outline of the histological ductal structures expressing carcinoembryonic antigen (red) and of the cyst wall and overlying epidermis (blue). (c) A wire-frame of the epidermoid cyst generated by computer using a montage of tracings obtained from all the serial sections. (d) 3DR analysis visualizing the fine structure of the epidermoid cyst connecting with the eccrine dermal duct.



**Fig 5.** Histological localization of human papillomavirus (HPV) 60 DNA sequences. A high-power view of the same section (a,c; haematoxylin and eosin) and a serial section (b,d; DNA–DNA *in situ* hybridization) of Figure 3, no. 230. Homogeneous intracytoplasmic inclusion bodies (a,c) and HPV 60 DNA sequences (b,d) are seen in the acrosyringeal epithelium (a,b) as well as in the cyst wall (c,d).

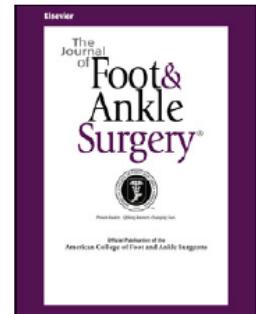


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Case Reports and Series

## A Rare Presentation of a Giant Epidermoid Inclusion Cyst Mimicking Malignancy

Tarin Paparella, DPM<sup>1</sup>, Lawrence Fallat, DPM, FACFAS<sup>2</sup>

<sup>1</sup>Postgraduate Year 3 Resident, Podiatric Surgery Residency Program, Beaumont Hospital Wayne, Wayne, MI

<sup>2</sup>Director, Podiatric Surgery Residency Program, Beaumont Hospital Wayne, Wayne, MI



Fig. 1. Clinical appearance of ulcerated soft tissue mass on the plantar-medial left hallux.



Fig. 2. Close-up view of the ulcerated soft tissue mass on the plantar-medial left hallux.



Fig. 6. View of the soft tissue defect after mass excision down to the level of bone.

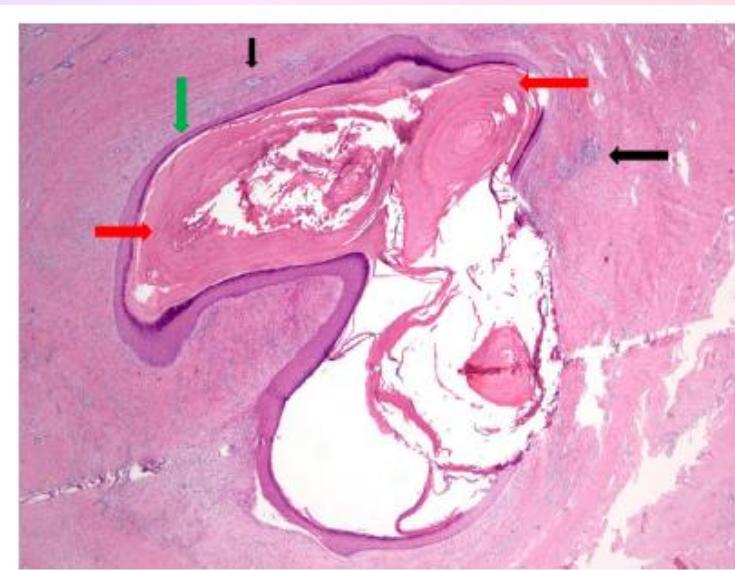


Fig. 11. Pathologic image of the epidermal inclusion cyst with hematoxylin and eosin stain high power (magnification  $\times 400$ ). Red arrow indicates keratin collections; green arrow, squamous epithelium lining; and black arrows, foreign body giant cells.



Fig. 7. Gross appearance of the soft tissue mass measuring 4.6 cm  $\times$  4.8 cm  $\times$  1.3 cm.

## CLINICALLY SPEAKING

# Giant Plantar Epidermoid Cyst with Invasion of the Interosseous Muscles

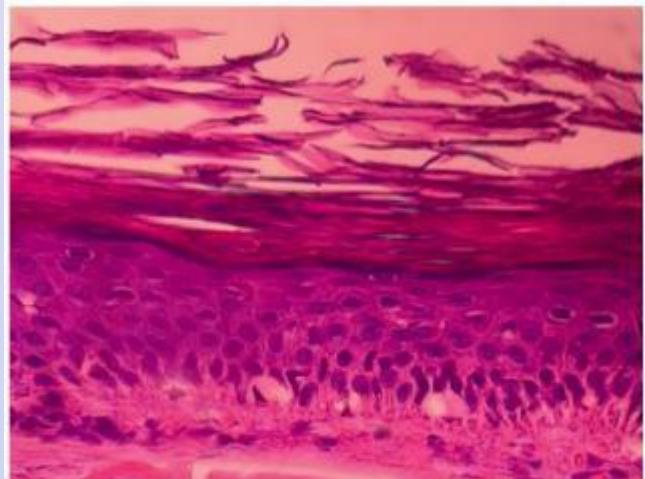
Antonio Córdoba-Fernandez, DPM, PhD\*

Adrián Lobo-Martín, DP\*

Carlos Escudero-Severín, MD†

Victoria Eugenia Córdoba-Jiménez, BS‡

Epidermoid cysts of the sole of the foot are rare lesions that must be differentiated from other, more common subcutaneous pathologic abnormalities located on the sole. Cases of epidermoid cysts that extend to the interosseous musculature are rarer still. We report the case of a giant epidermal cyst in a 64-year-old individual that extended to the intrinsic musculature of the third space of the right foot and that was diagnosed after fine-needle aspiration biopsy and subsequent cytologic study. Differential diagnosis of these lesions should be made with the support of additional imaging tests, and diagnostic confirmation should always be obtained after surgical removal and subsequent histopathologic study.  
(J Am Podiatr Med Assoc 107(4): 329-332, 2017)



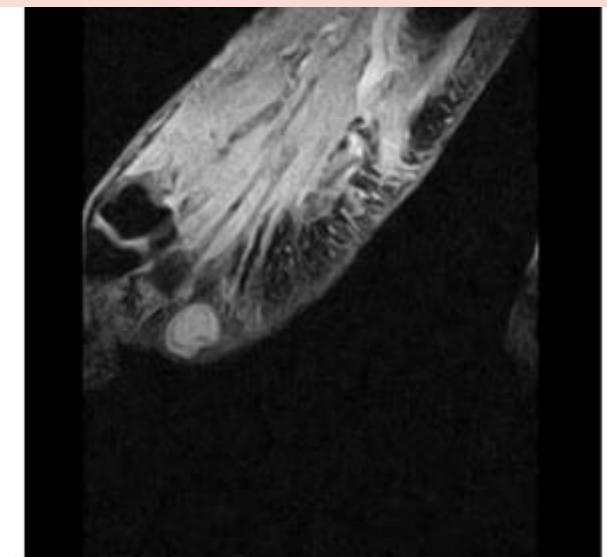
**Figure 9.** The cyst has well-differentiated squamous epithelium forming the wall and is filled with abundant laminated keratin (H&E, x200).



**Figure 1.** Clinical appearance of the lesion.



**Figure 2.** Axial T1-weighted magnetic resonance image shows a cystic lesion extending from the sole to the dorsum of the foot by displacing the interosseous muscles.



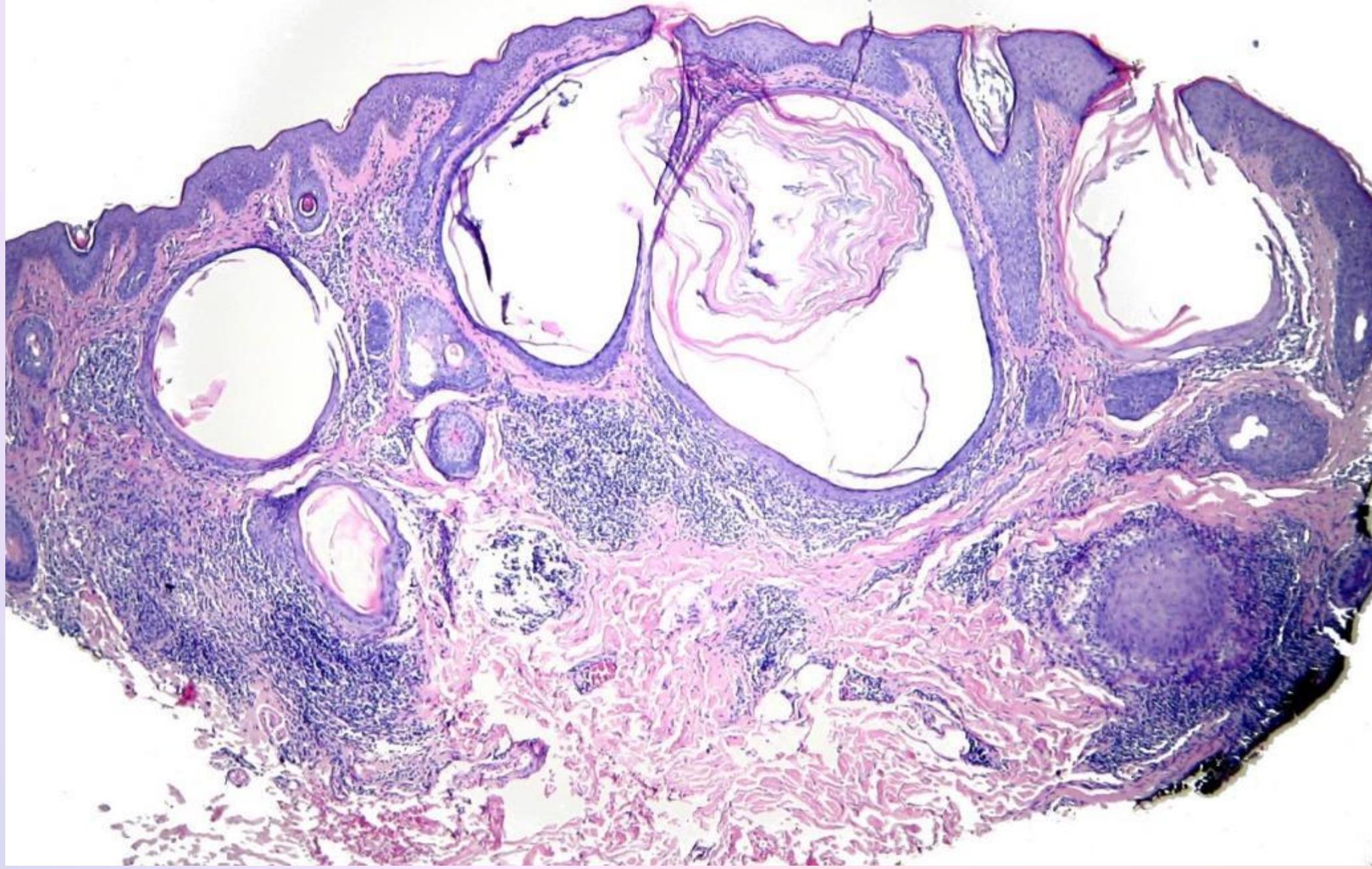
**Figure 4.** Coronal T2-weighted magnetic resonance image.

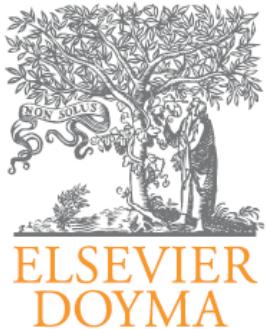


# CASO 2

- Paciente femenino, 30 años, sin antecedentes de importancia, quien presenta desde hace 6 meses, placas bilaterales retroauriculares. No existen antecedentes de trauma ni de roce mecánico. No existen antecedentes de otra localización ni antecedentes familiares de importancia.







# PIEL

## FORMACION CONTINUADA EN DERMATOLOGIA

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### Caso clínico

## Milio en placa retroauricular

## Retroauricular milia en plaque

Enrique Uraga <sup>a,\*</sup>, M.<sup>a</sup> Cecilia Briones <sup>b</sup>, Annette Morán <sup>b</sup>, M.<sup>a</sup> Verónica Uraga <sup>b</sup>,  
Andrea Lubkov <sup>b</sup> y Enrique Loayza <sup>a</sup>

<sup>a</sup> Departamento de Dermatología y Dermatopatología, Hospital Luis Vernaza, Guayaquil, Ecuador

<sup>b</sup> Centro Privado de Piel Dr. Enrique Uraga Peñá, Guayaquil, Ecuador

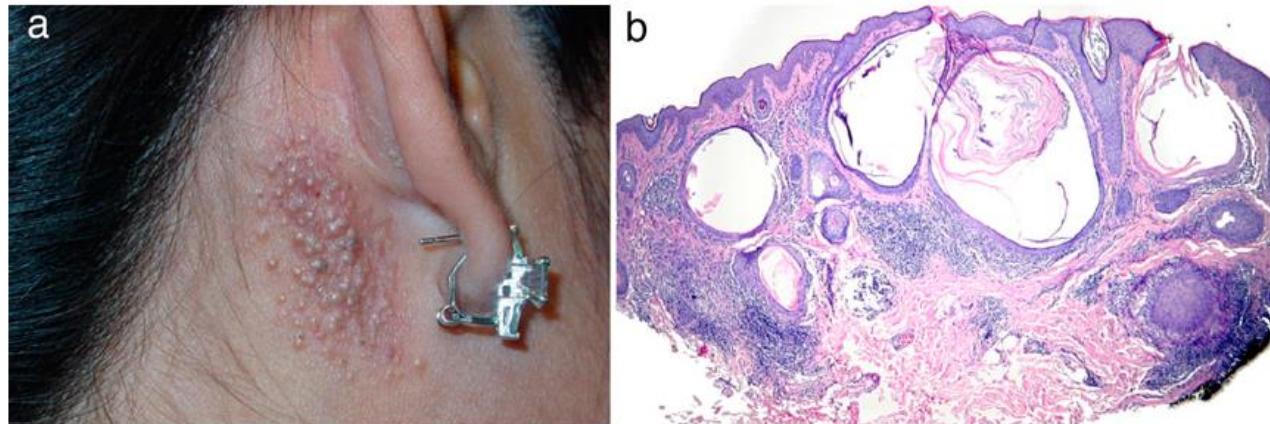


Figura 1 – (a) Placas retroauriculares izquierda y derecha (b) Histopatología que muestra múltiples cavidades quísticas con queratina laminillar, algunas comunicándose con la superficie.

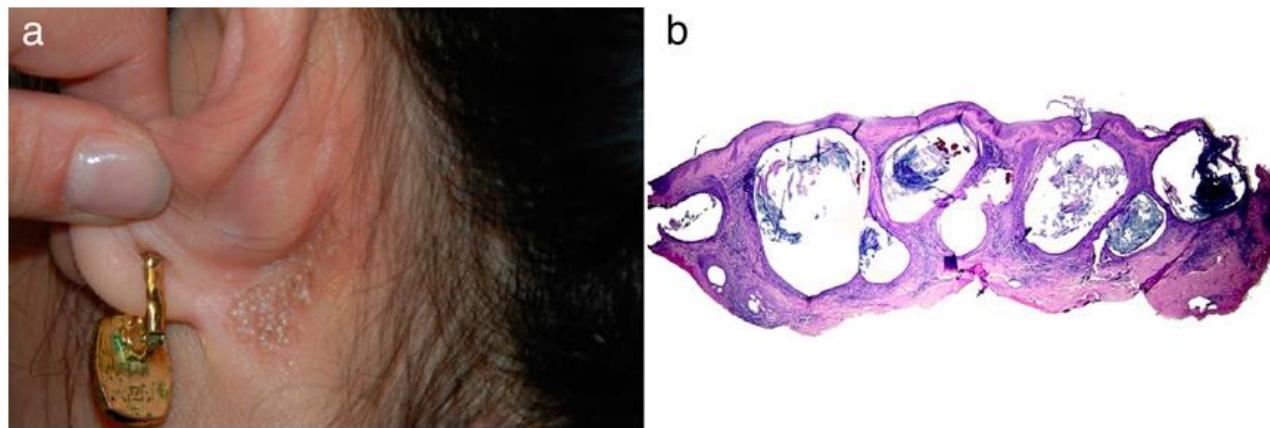


Figura 2 – (a) Placa retroauricular izquierda compuesta por quistes de milia y comedones sobre una base discretamente eritematosa. (b) Histopatología de la lesión demuestra la presencia de múltiples quistes en el espesor de la dermis.

**Tabla 2 – Casos reportados en revistas ibero-latinoamericanas. Un total de 19 casos a los que añadimos dos nuevos pacientes**

Autor	País	Edad	Sexo	Localización
Agner et al. <sup>3</sup>	Brasil	32	M	Retroauricular
Consigli et al. <sup>29</sup>	Argentina	65	F	Bilateral Retroauricular
		67	F	Palpebral
García et al. <sup>30</sup>	Argentina	57	F	Retroauricular
Carbia et al. <sup>31</sup>	Argentina	67	F	Bilateral retroauricular, palpebral
Griffa et al. <sup>32</sup>	Argentina	63	F	Bilateral retroauricular, frente, nuca, cuello
		38	F	Mejilla
De Anda et al. <sup>33</sup>	Uruguay	47	M	Bilateral retroauricular
		45	M	Bilateral retroauricular
Alonso et al. <sup>13</sup>	España	63	F	Bilateral palpebral
Martínez-Moran et al. <sup>12</sup>	España	75	F	Preauricular
Pereiro et al. <sup>21</sup>	España	9	F	Mano
Monteagudo et al. <sup>11</sup>	España	50	F	Bilateral preauricular
Mayo et al. <sup>34</sup>	España	60	F	Retroauricular
Galan et al. <sup>26</sup>	España	54	F	Bilateral retroauricular
		36	M	Bilateral retroauricular
Baniandres et al. <sup>7</sup>	España	72	F	Bilateral retroauricular, palpebral
González-Lopez <sup>9</sup>	España	54	F	Bilateral retroauricular
Martín-Ezquerra <sup>35</sup>	España	58	F	Extremidades
Uraga et al. (Reporte actual)	Ecuador	30	F	Bilateral retroauricular
		51	F	Retroauricular

# **Utilidad de la dermatoscopia en el diagnóstico de milia desarrollada sobre tatuaje previo.**

Dr. Enrique Uraga\*, Dr. Enrique Loayza\*\* Dra. María Cecilia Briones\*\*\*, Dra. Verónica Uraga \*\*\*, Dra. Annette Morán\*\*\*\*

\*Director del Departamento de Dermatología Hospital Luis Vernaza. Guayaquil. Ecuador.

\*\* Dermatopatólogo del Departamento de Dermatología Hospital Luis Vernaza. Guayaquil. Ecuador.

\*\*\* Médicos del Centro Privado de Piel "Dr. Enrique Uraga Peña"

\*\*\*\* Residente 2 del posgrado de Dermatología UCSG.



Figura 1.- Tatuaje en forma de ángel



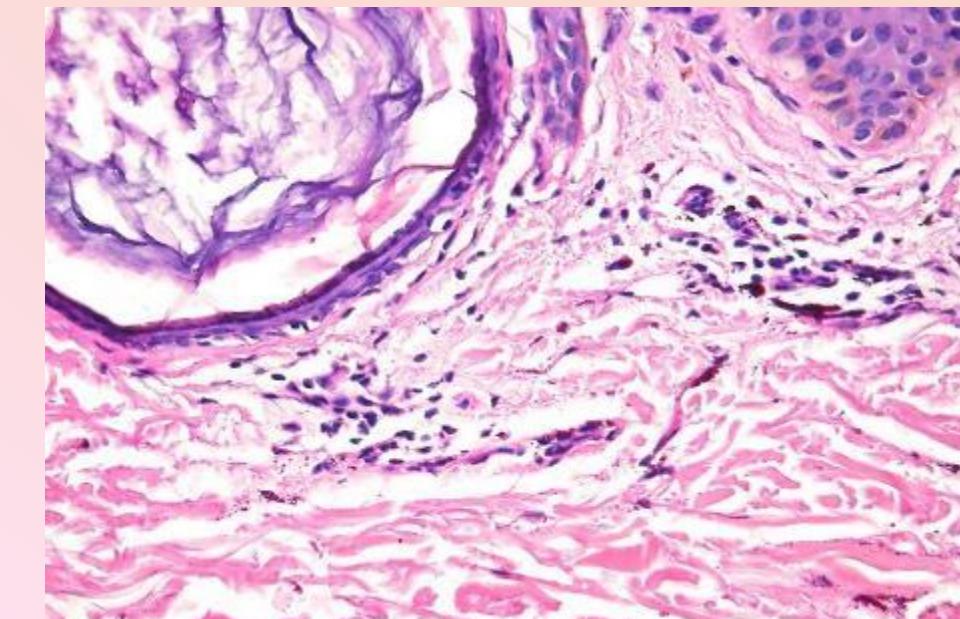
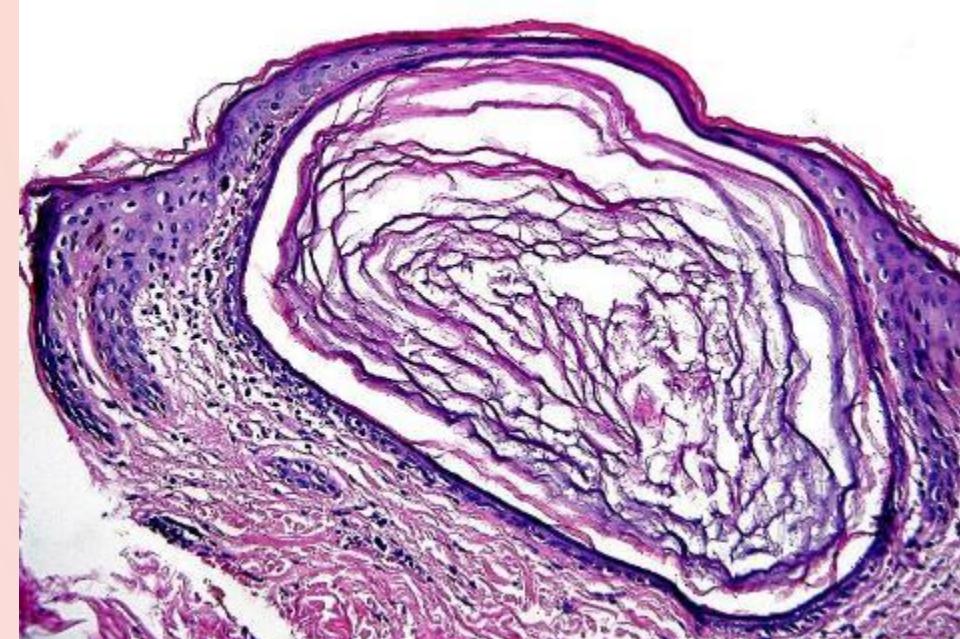
Figura 2.- Imagen anterior con mayor aumento, mostrando numerosos puntos blanquecinos sobre el tatuaje .



Figura 3.- Formaciones blancas redondeadas u ovales sobre el área de pigmento rojo del tatuaje.



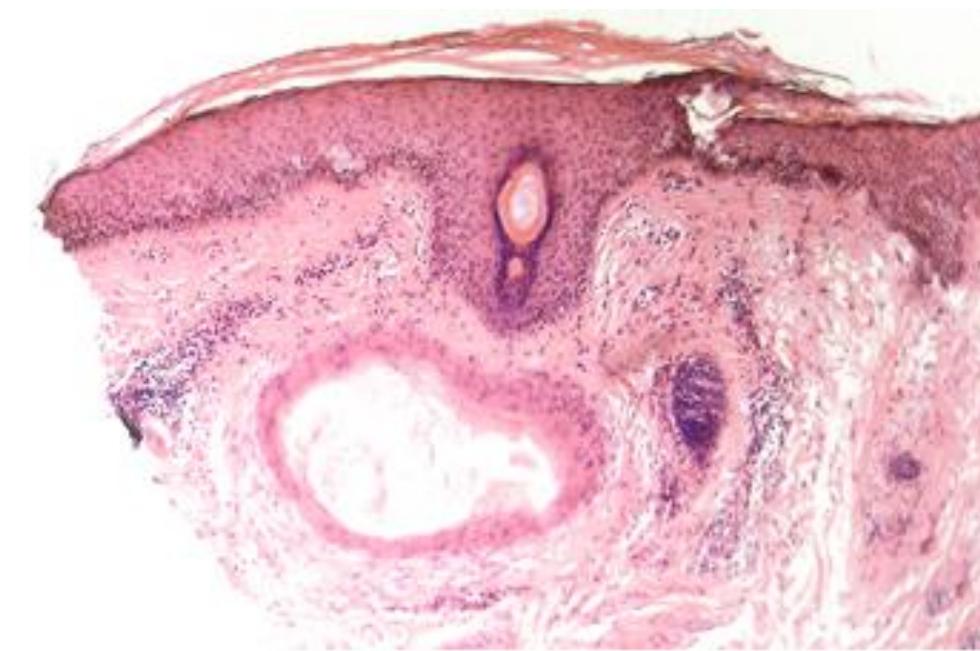
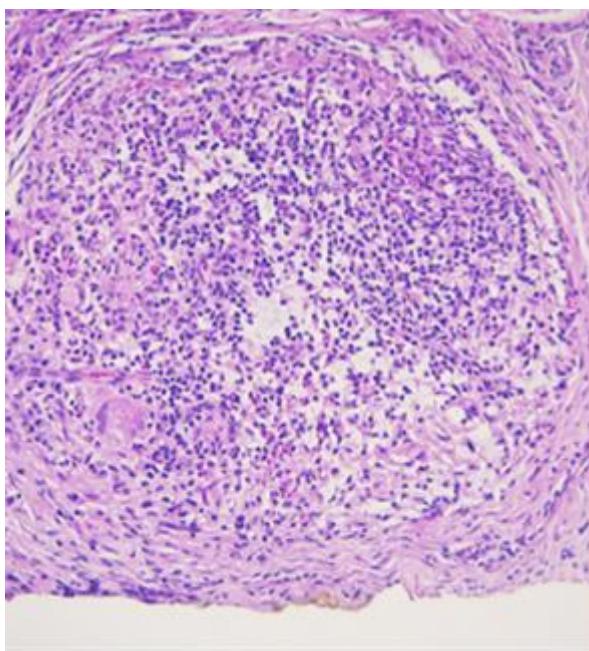
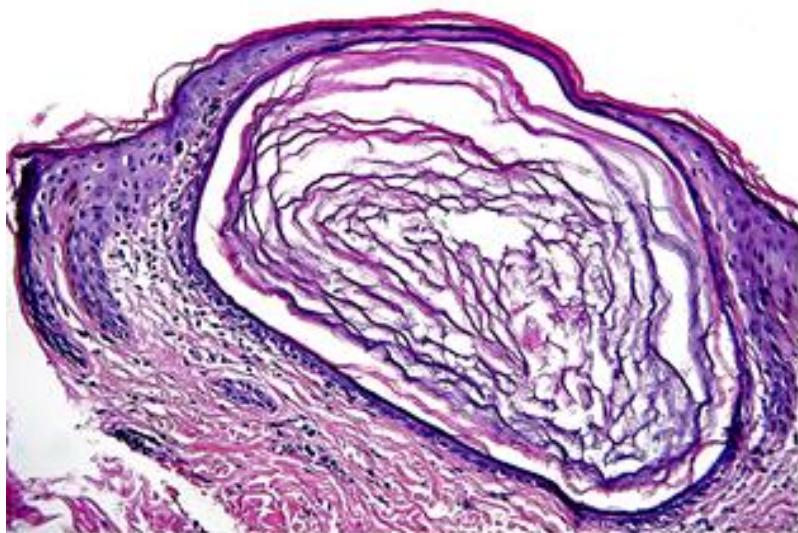
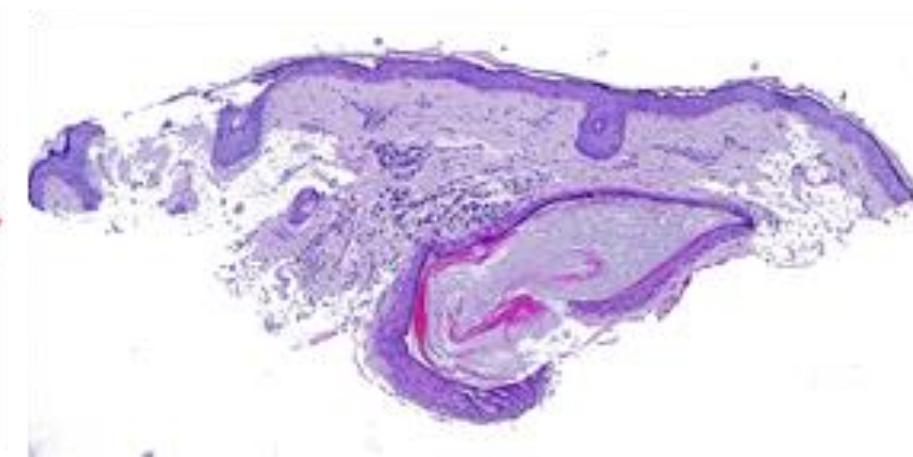
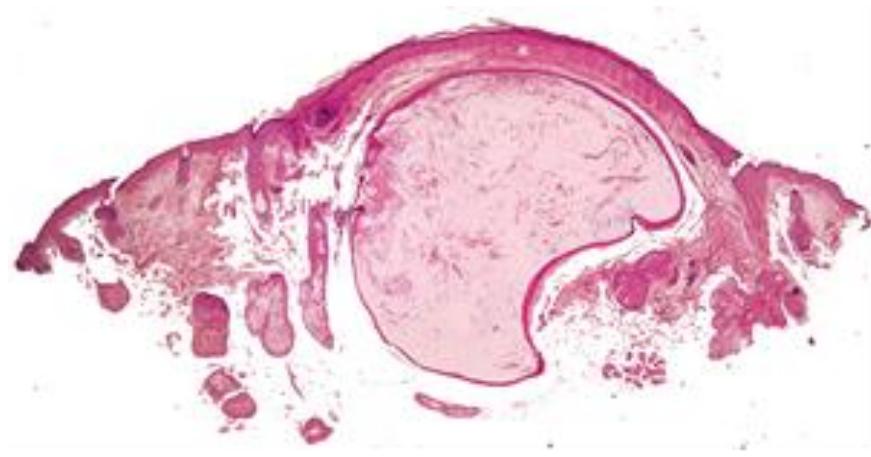
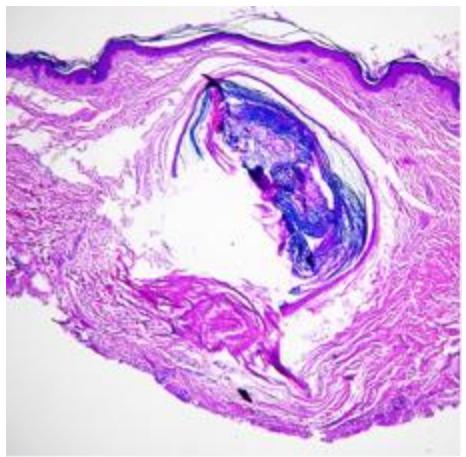
Figura 4.- Lesiones similares sobre pigmento azul, tomado en esta ubicación un tono celeste.



Milia Primaria	Milia Secundaria
Congénita	Enfermedades asociadas
Milia benigna primaria de niños y adultos	Medicación asociada
Milia en placa	Trauma asociado
Milia agrupada nodular	
Milia eruptiva múltiple	
Nevo despigmentoso con milia	
Genodermatosis asociadas	

Tabla 1.- Milia : Clasificación según Berck y Bayliss.

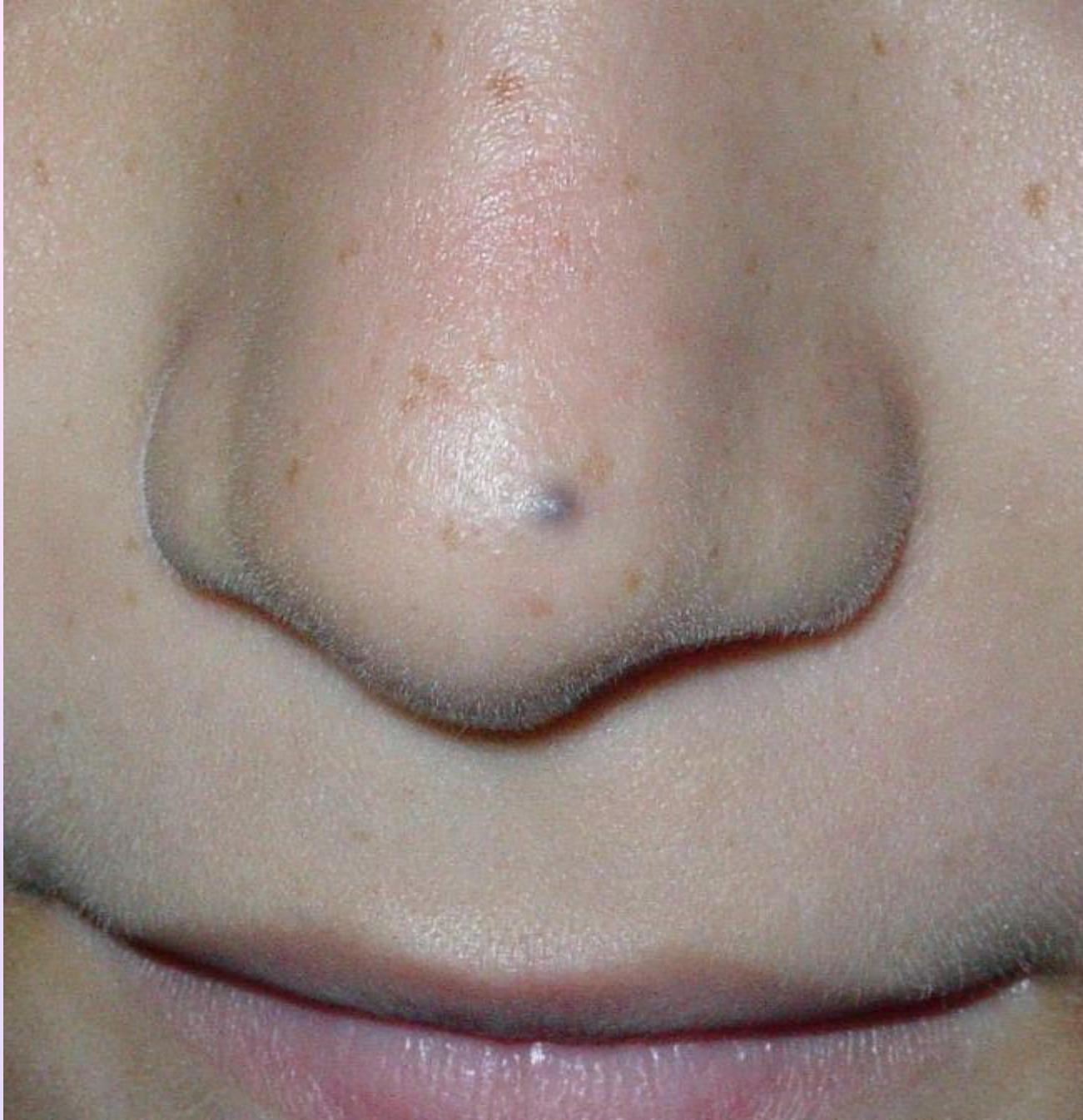


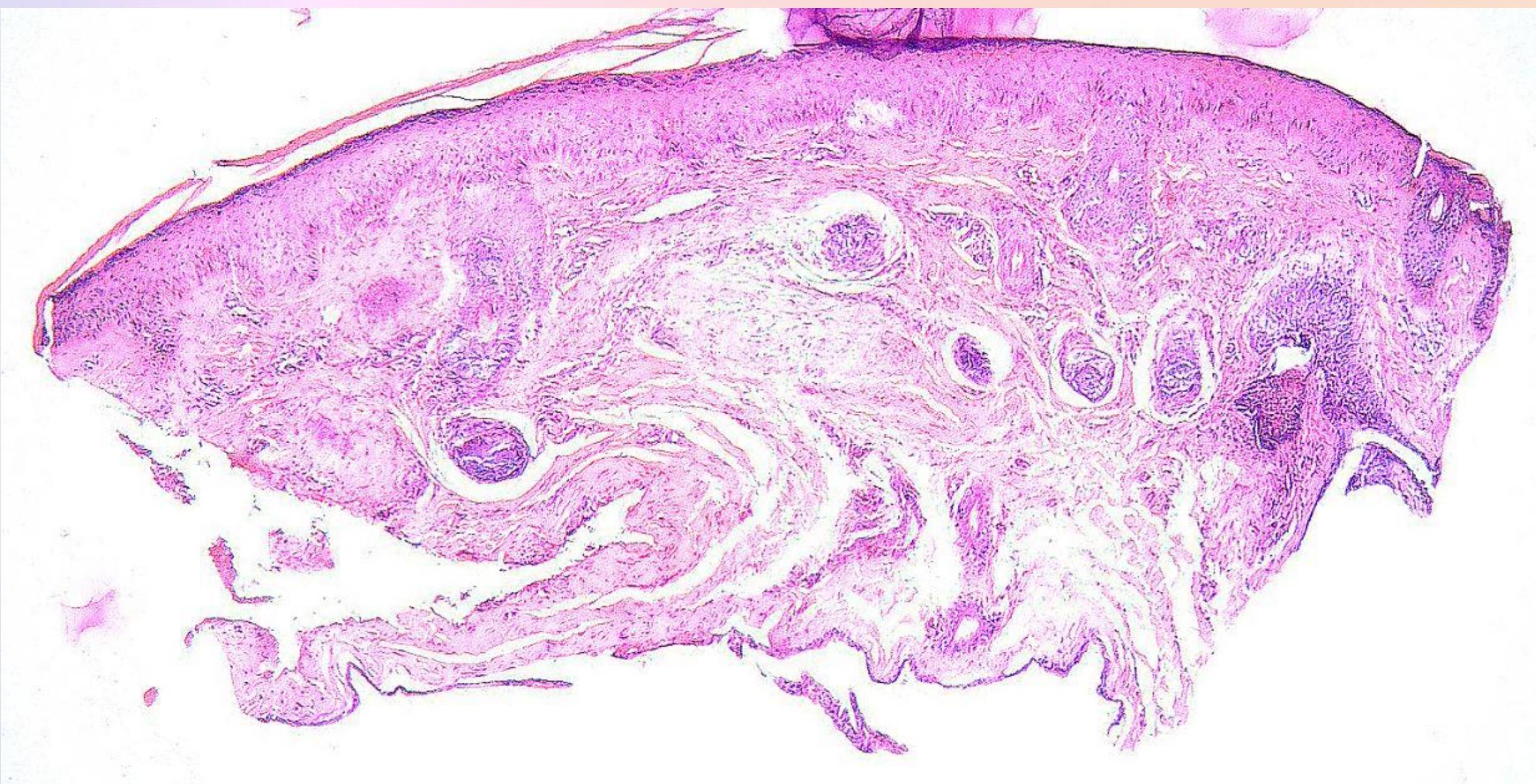


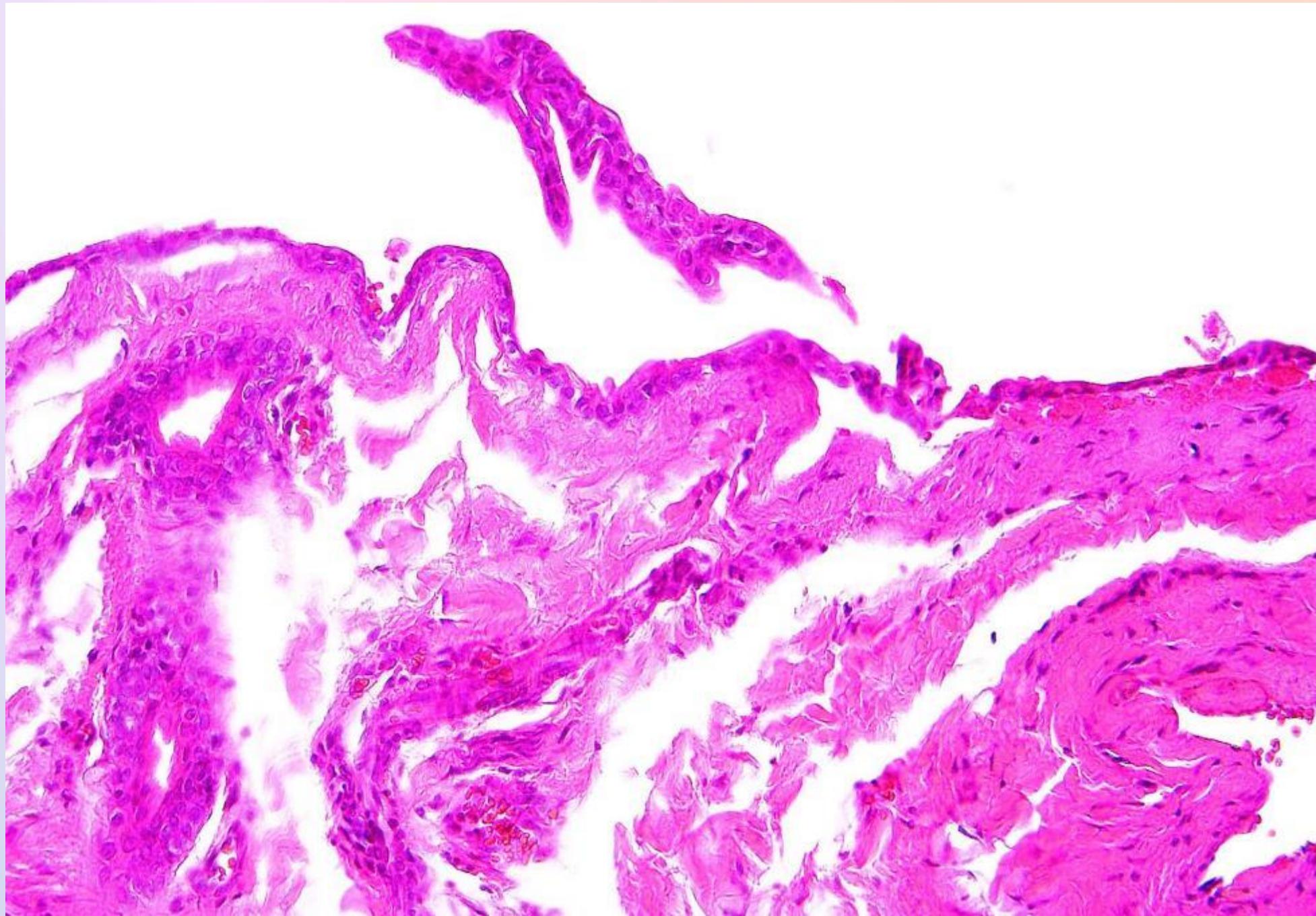
# CASO 3

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- Paciente 7 años femenino
- Pápula violácea de 3 meses de evolución localizada en nariz









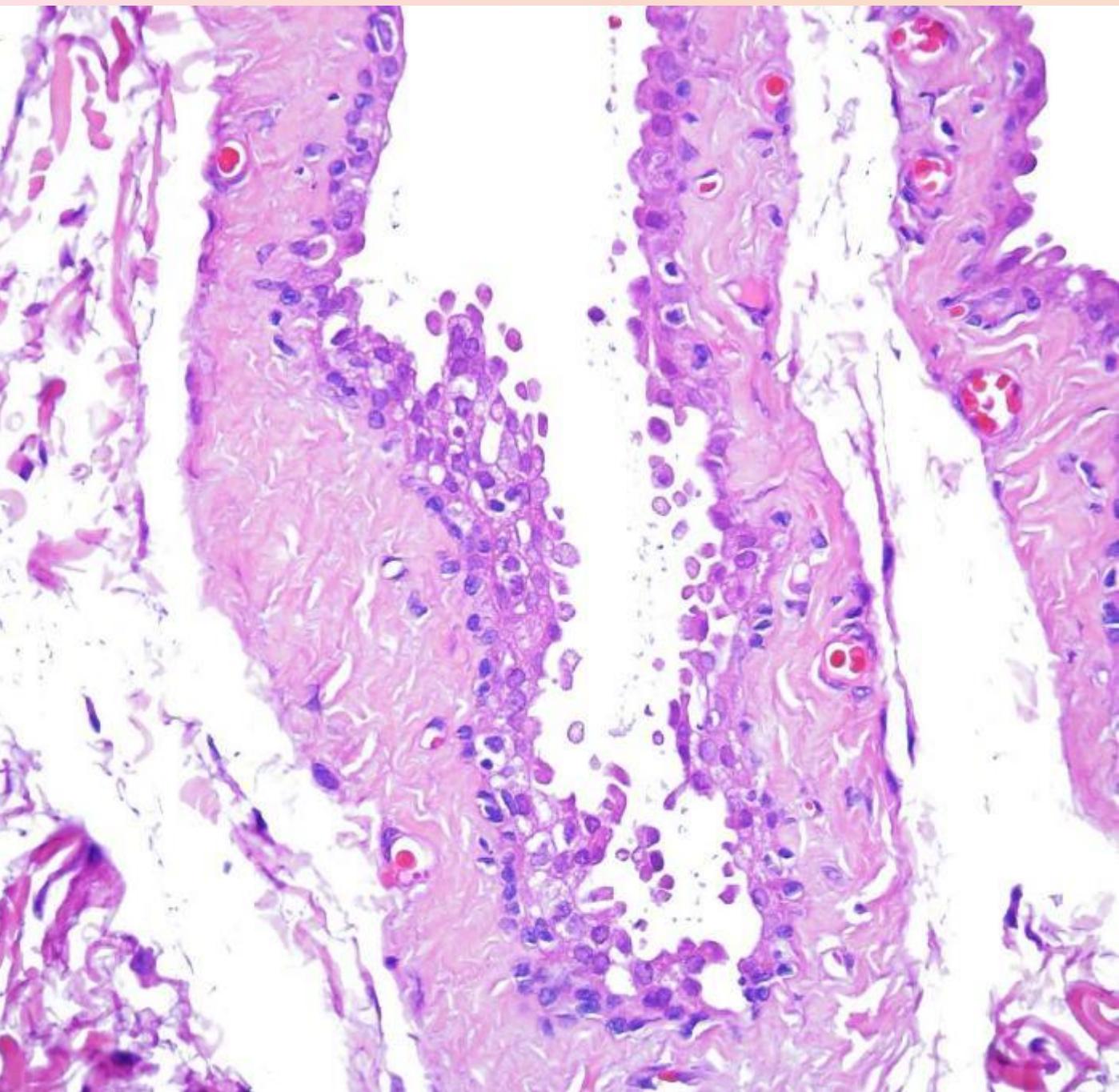
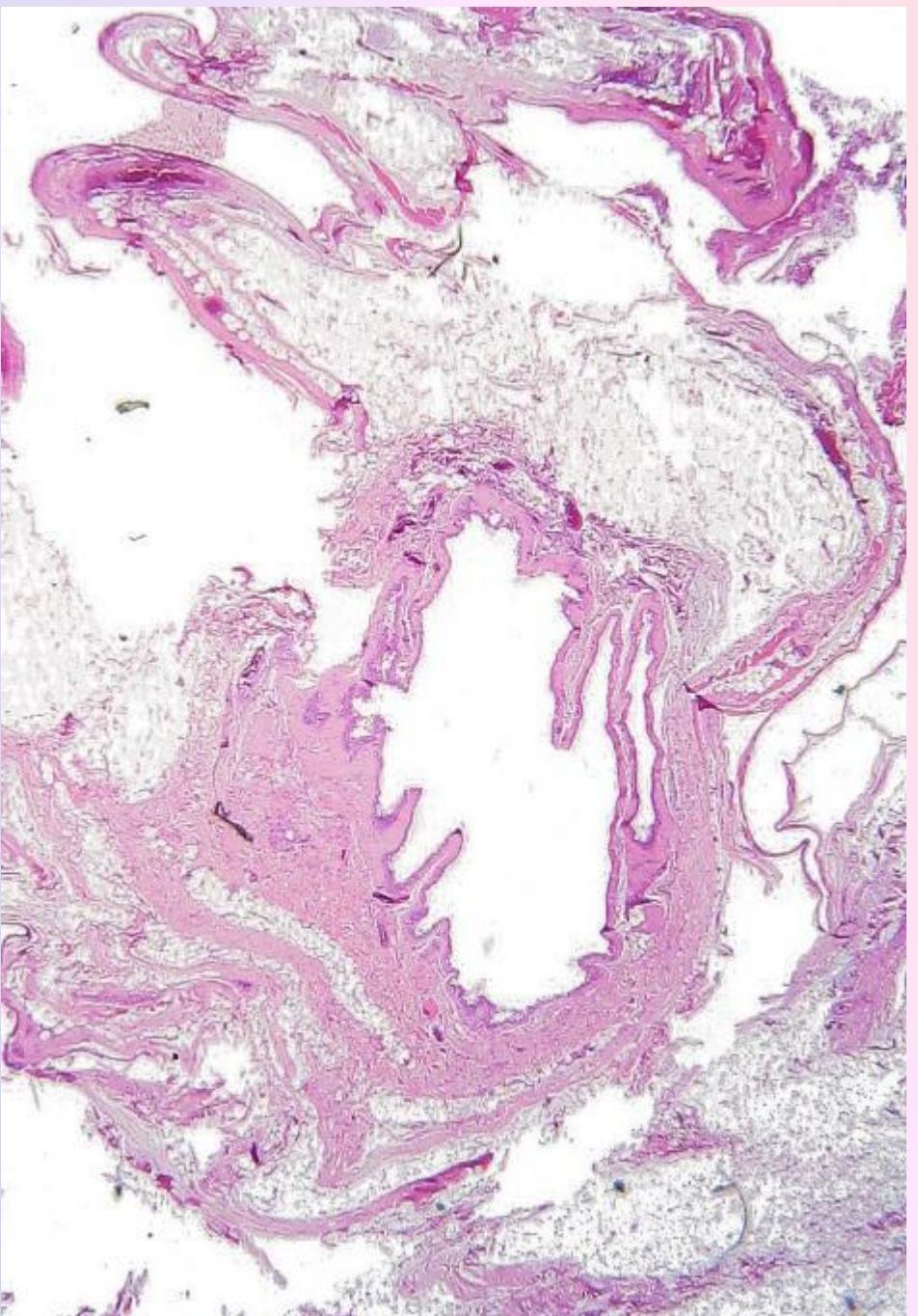


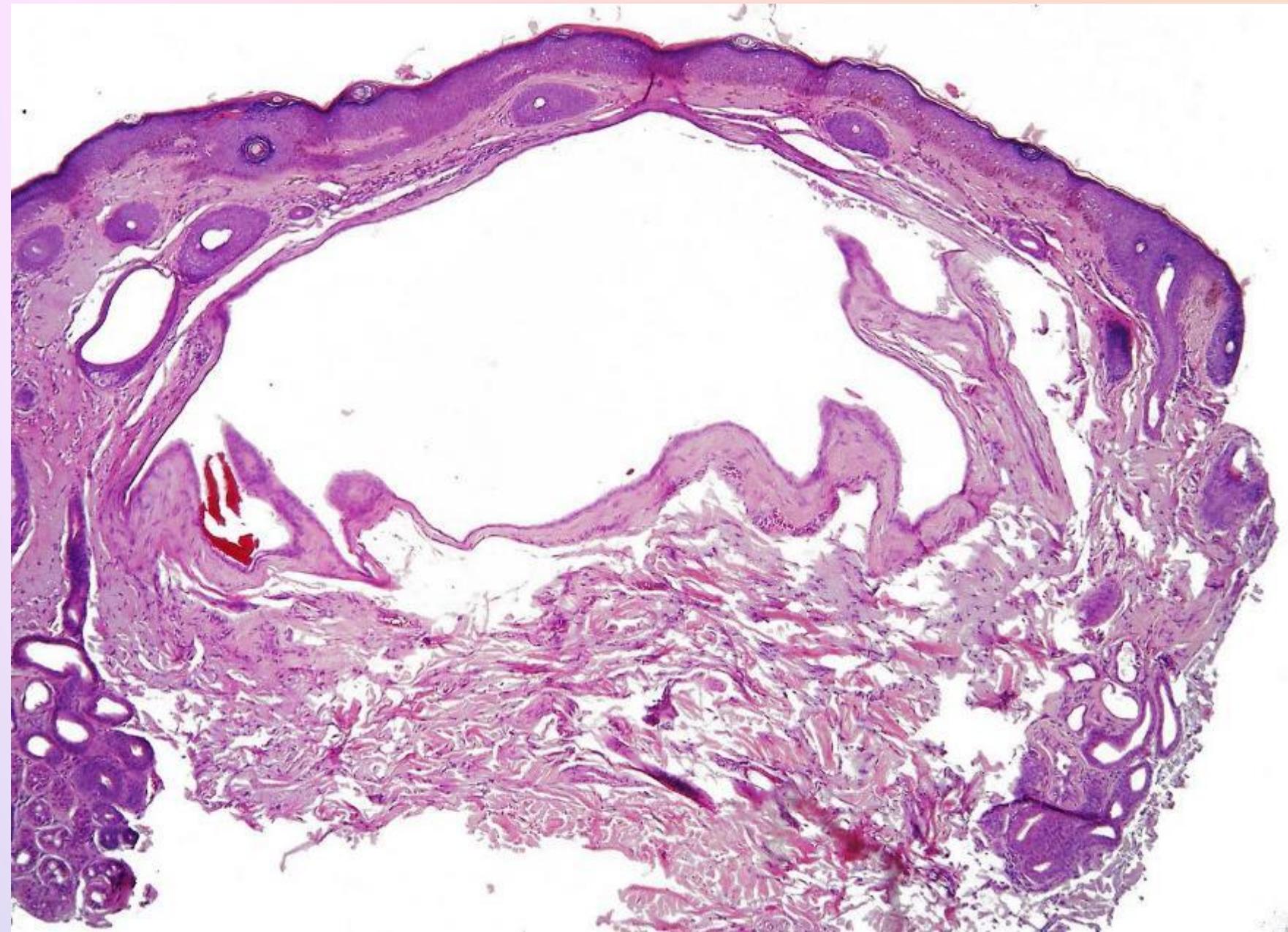








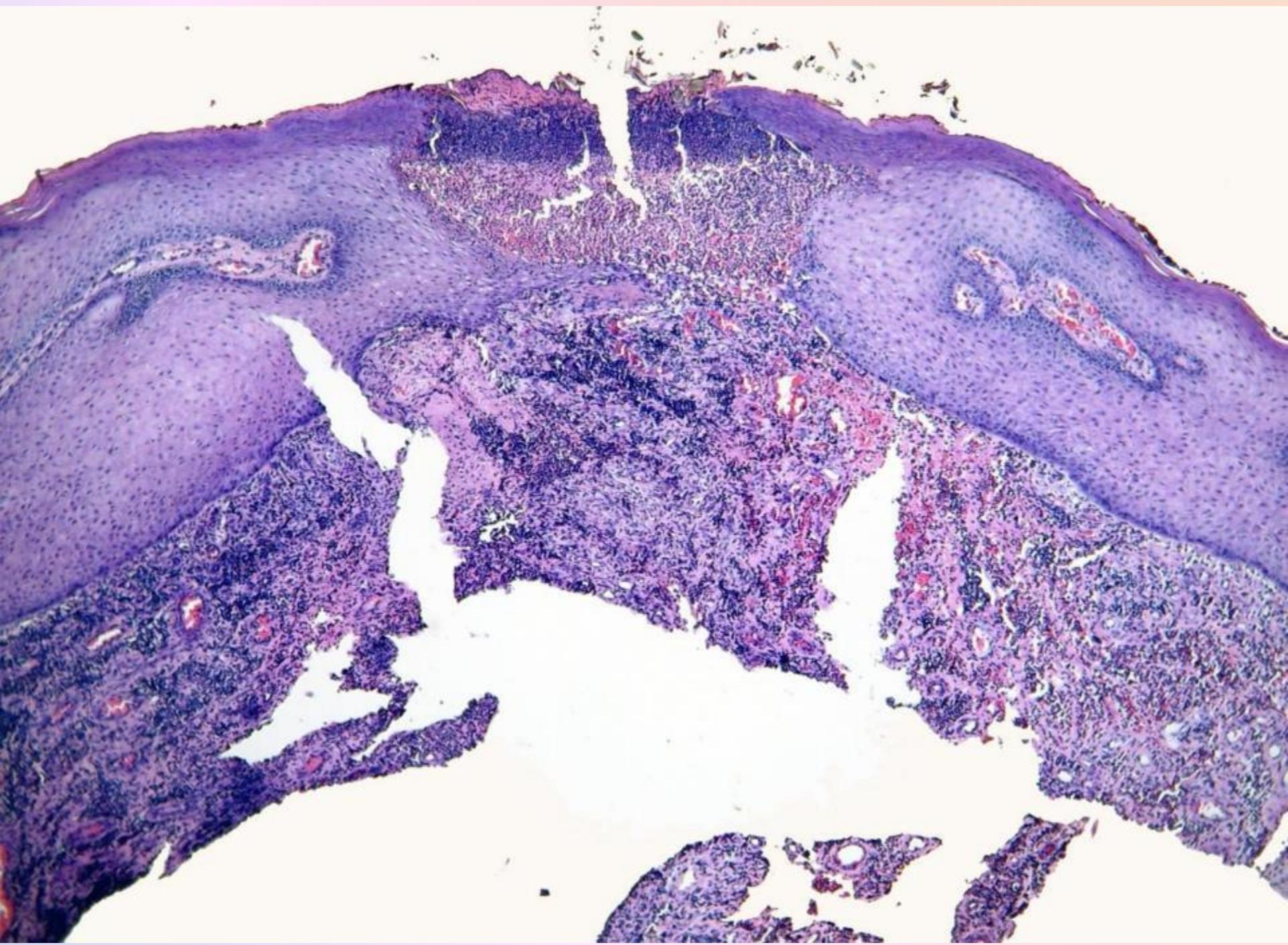




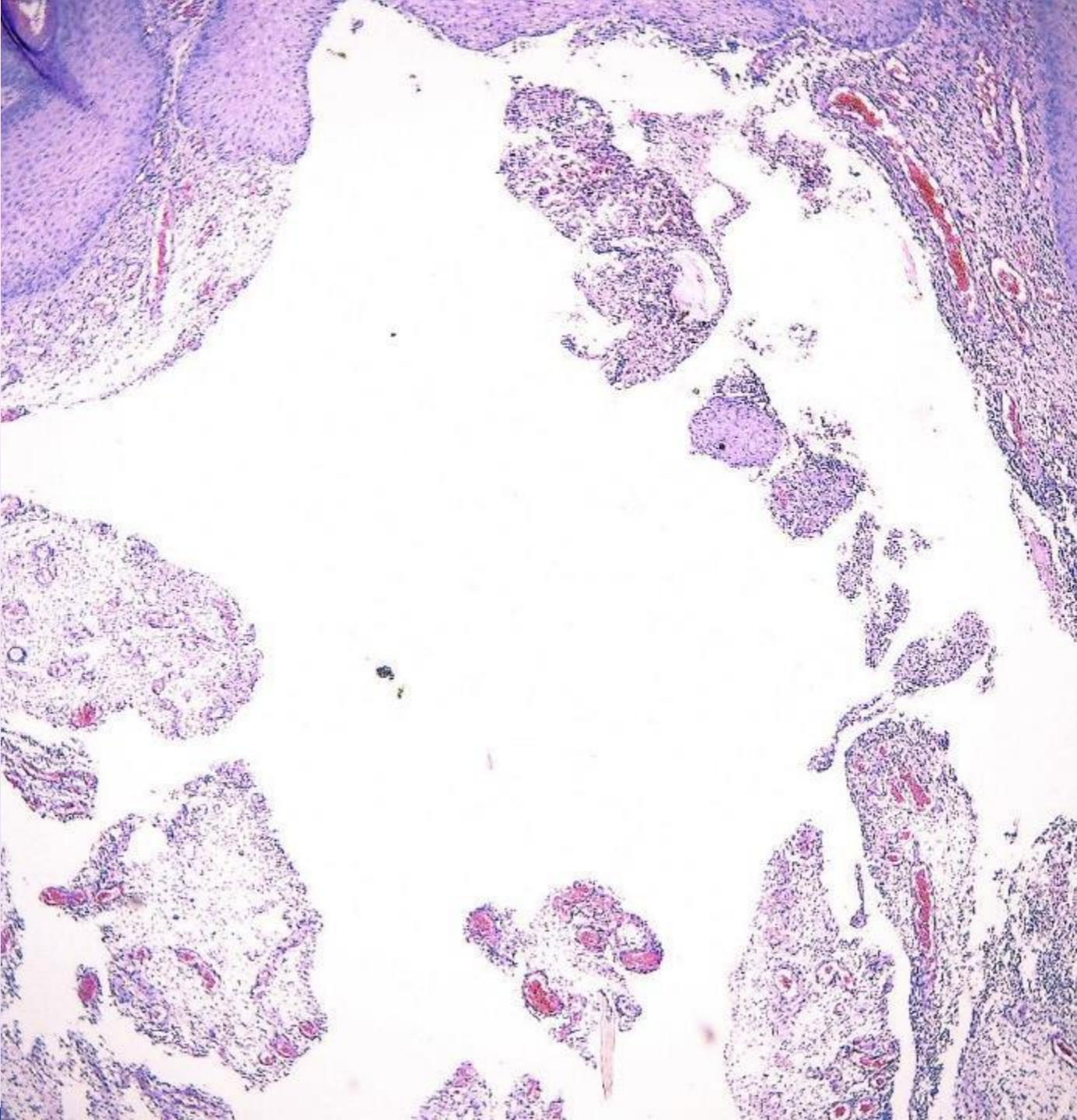
# CASO 4

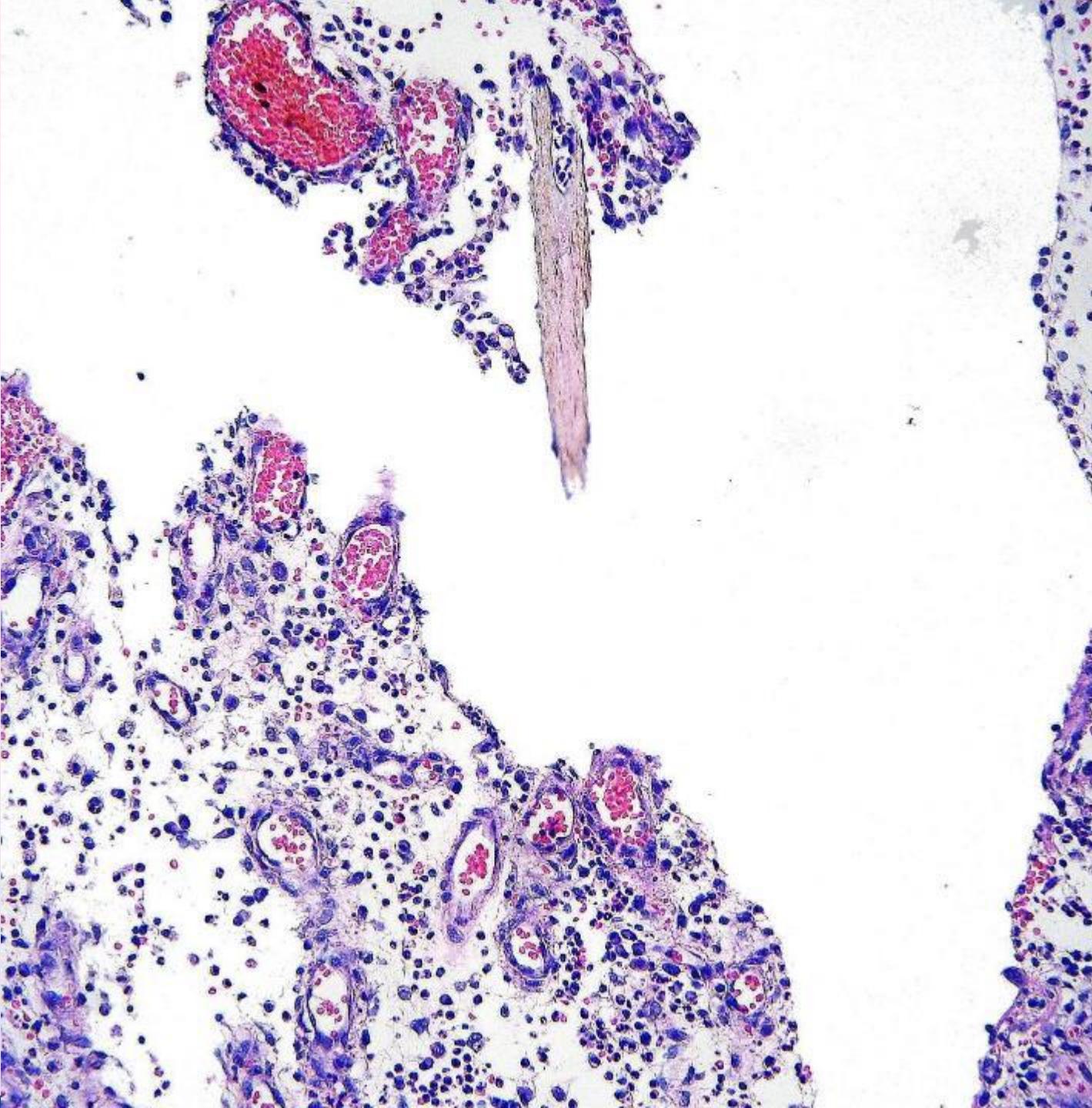
Paciente de 23 años de sexo masculino, presenta  
pápula-nódulo en glúteo no doloroso de un año de  
evolución





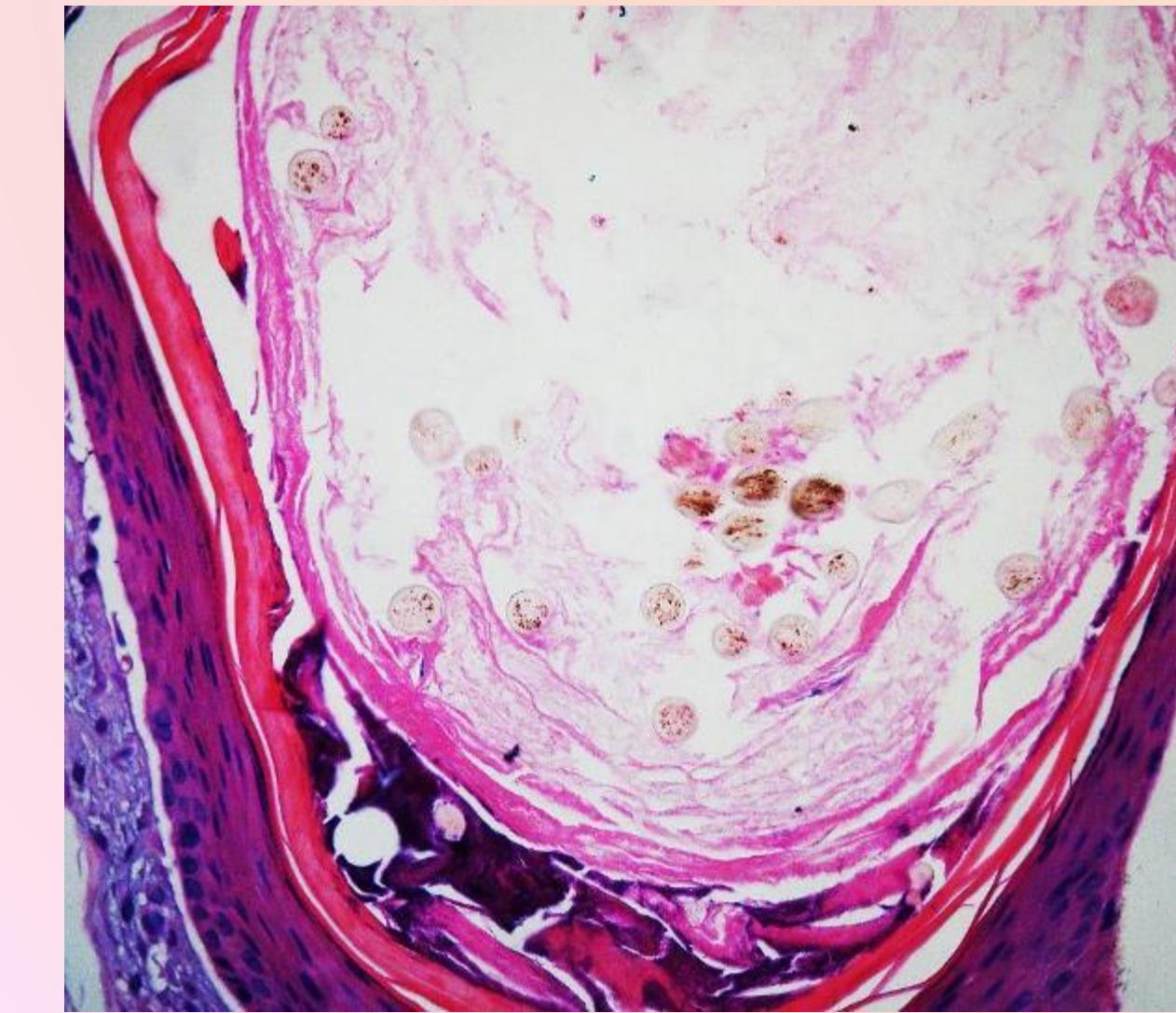
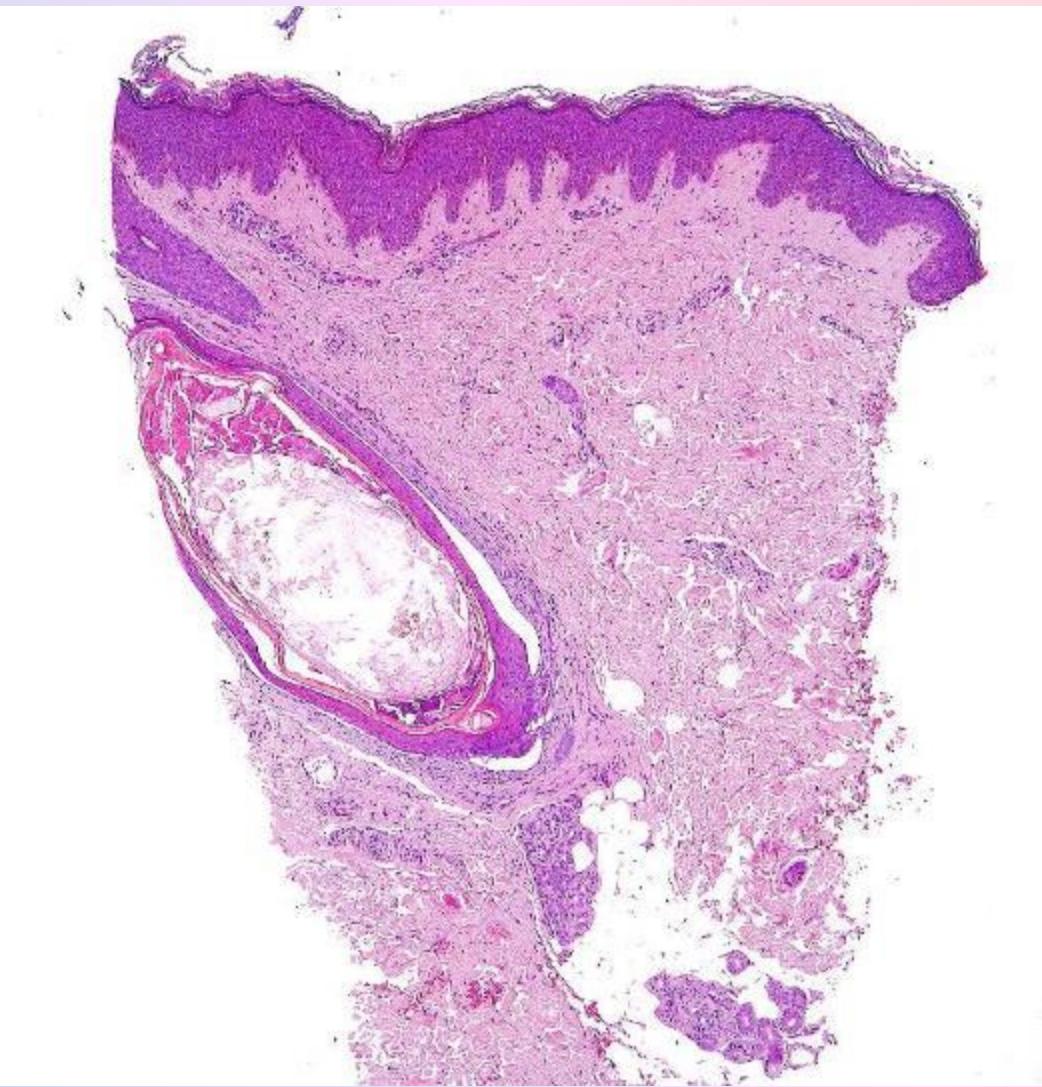




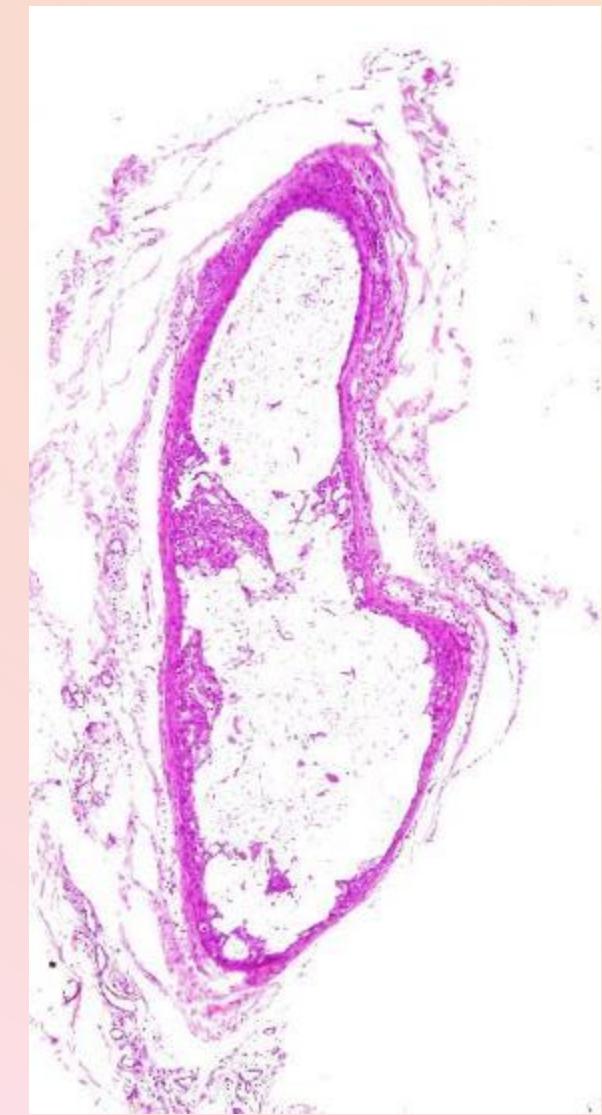
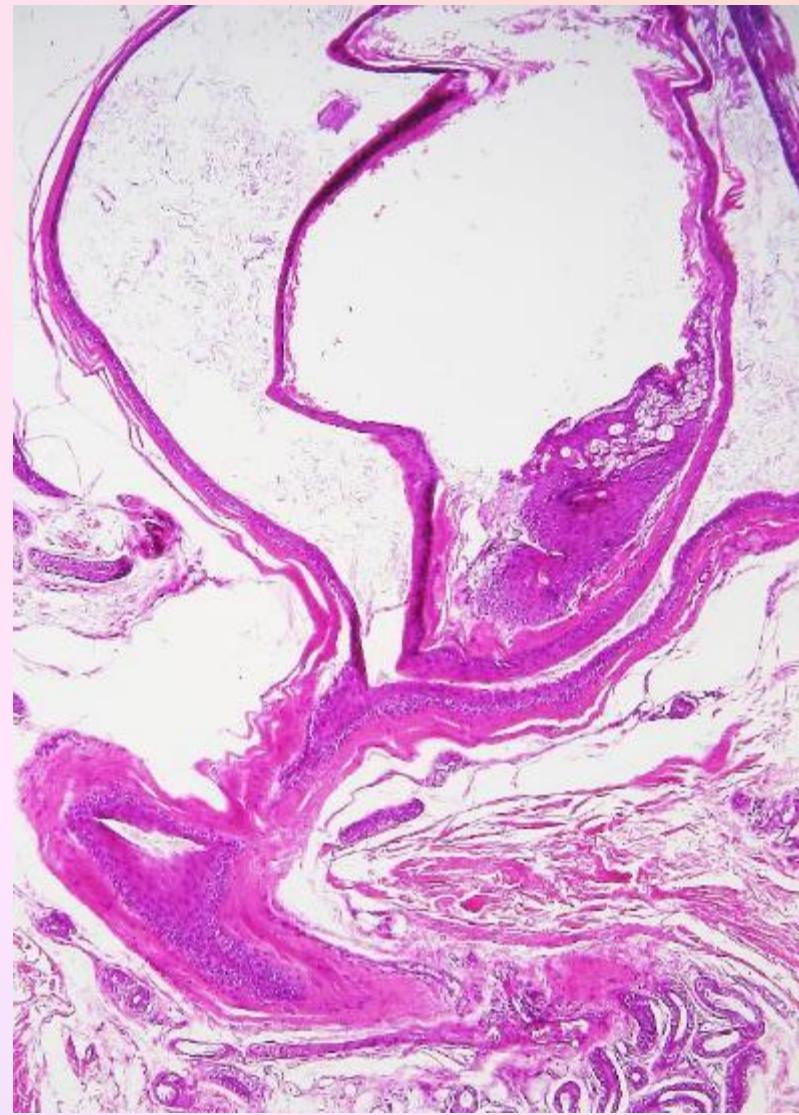
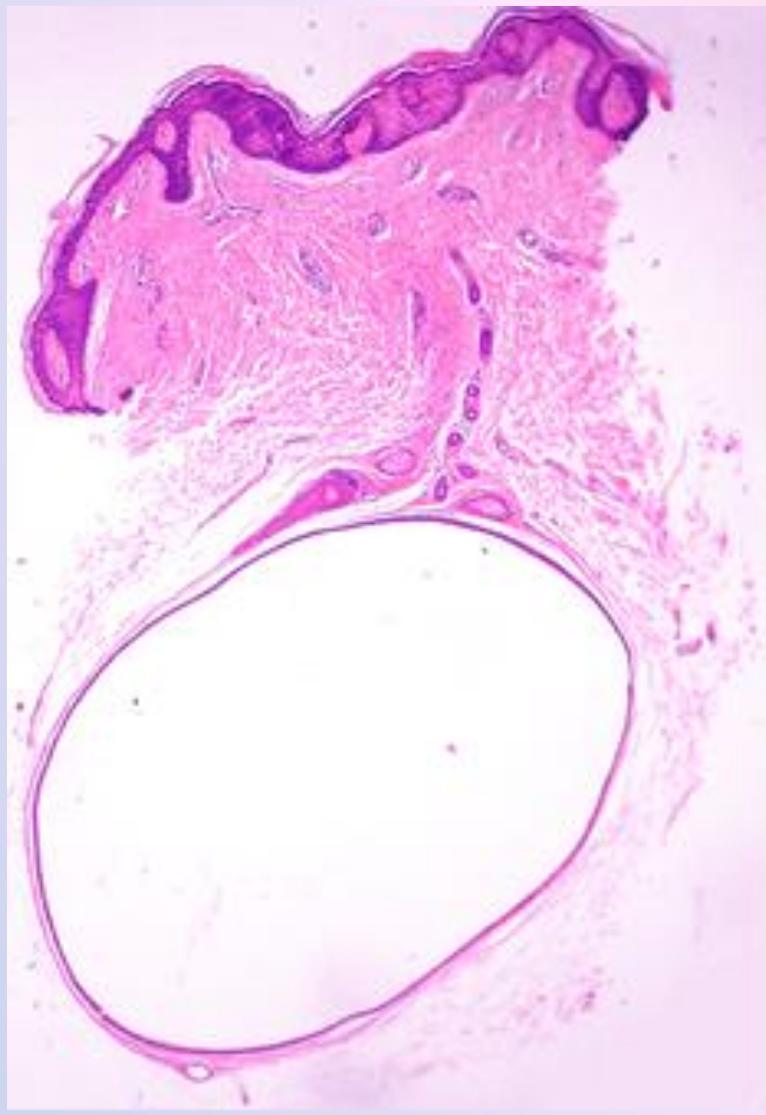


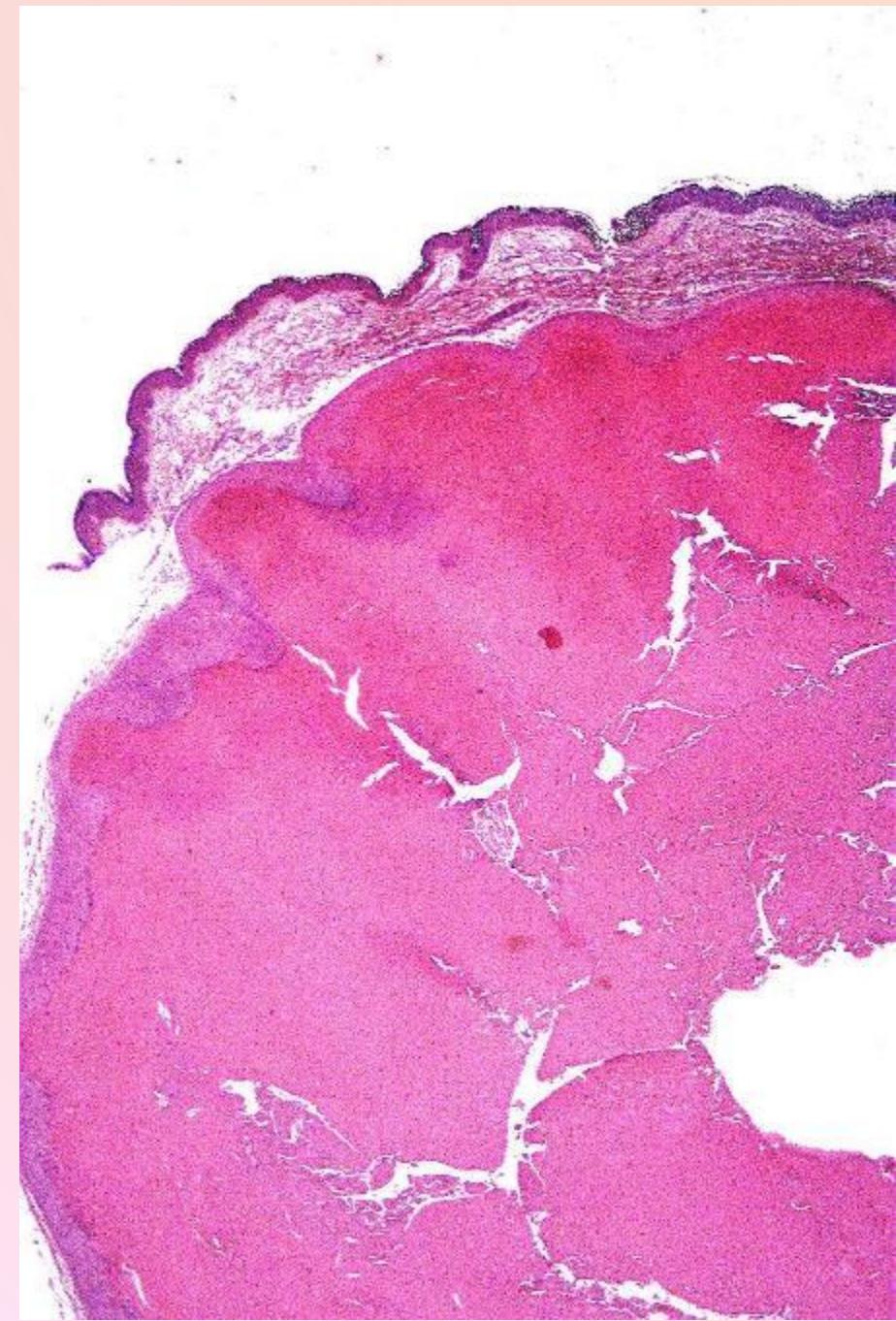
# 5 Varios













# Para llevar



