

EP-181

등 상부의 방치된
표피낭종에서 기인한 광범위
피부 결손 및 괴사성 근막염의
치료 증례



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Purpose: While epidermal cysts are typically easily treatable, complications may occur when these cysts are overlooked, potentially resulting in severe outcomes. This case report presents a 37-year-old male with an extensive skin and soft tissue defect with necrotizing fasciitis resulting from the neglected epidermal cyst on the upper back.

Methods: A 37-year-old male presented to our clinic with a 12 x 10 cm epidermal cyst on his back. Seven days before, the patient had been diagnosed with two 2 x 3 cm epidermal cysts at a local clinic but did not seek treatment. Upon admission, the cyst had ruptured, necessitating incision and drainage (I & D) (Fig. 1). Magnetic Resonance Imaging (MRI) revealed a wide soft tissue defect with necrotizing fasciitis in the back muscles (Fig. 2). Further debridement was performed and intraoperative findings showed extensive necrotic tissue and involvement of muscles (Fig. 3). After debridement, a soft tissue defect measuring 35 x 30 cm was identified. The defect was covered with negative pressure wound therapy (NPWT) followed by split-thickness skin grafting (STSG).

Results: Surgical debridement eliminated inflammatory tissue, and the resulting soft tissue defect was managed with NPWT. Following the alignment of wound margins, STSG was performed. At 6 weeks postoperatively, the patient fully recovered without complications (Fig. 4).

Conclusion: This case report emphasizes the potential consequences of neglecting an epidermal cyst, leading to life-threatening conditions such as necrotizing fasciitis. It also presents a significant skin defect that requires surgical coverage when an epidermal cyst is left untreated.



Fig 1. Preoperative gross photograph after incision and drainage (I & D)

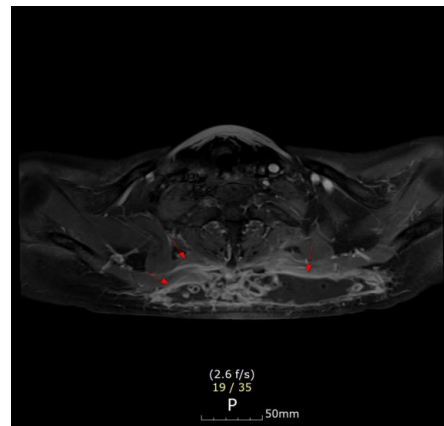


Fig 2. Preoperative Magnetic Resonance Imaging (MRI)

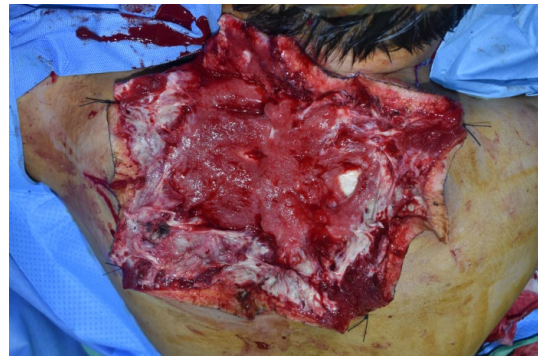


Fig 3. Intraoperative gross photograph



Fig 4. Postoperative gross photograph (after 6 weeks)