

## SMP Dermatology and Clinical Research

# Infundibular Cyst with Parietal Changes Indicating Concomitant Molluscum contagiosum Infection

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**Keywords:** Infundibular Cyst; Molluscum; Contagiosum

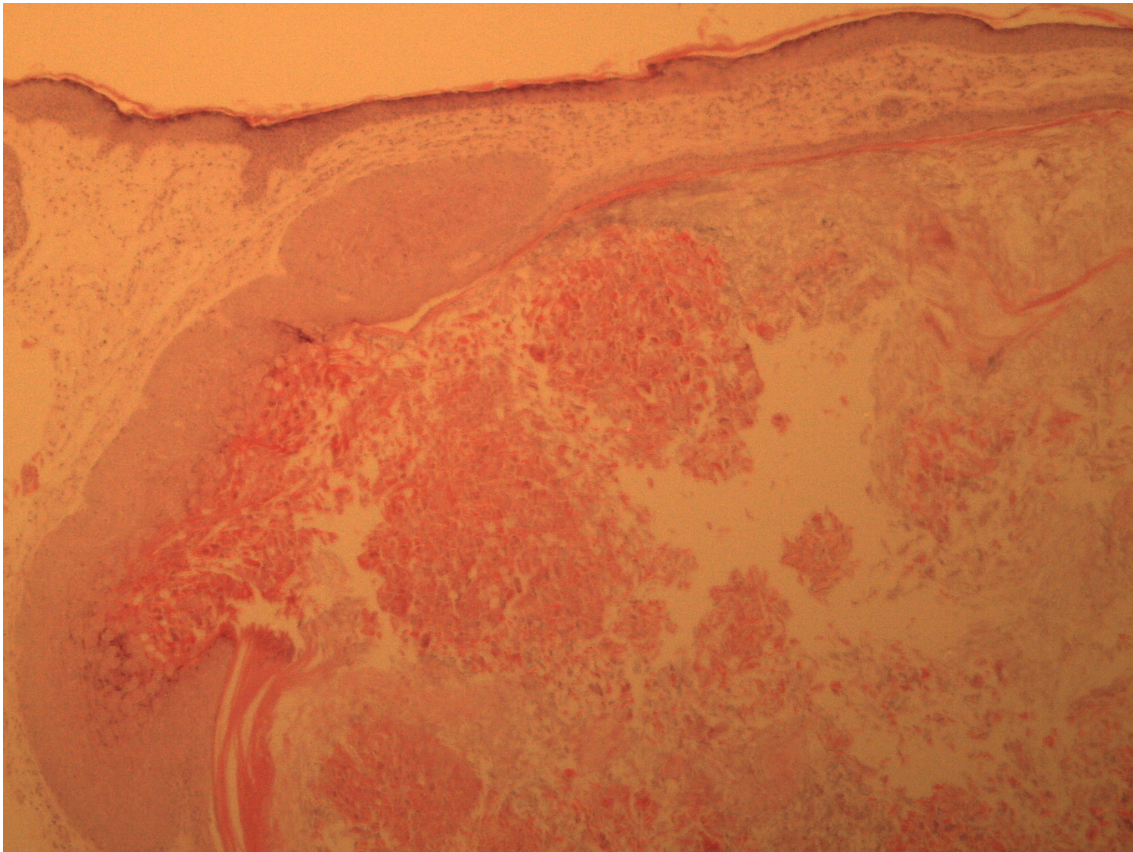
## Introduction

The key is in the details. It is the details you will find the solution. And the solution is not always obvious. Pathology is a unique medical specialty. Dermatopathology is a wonderful discipline. Incidental histological and cytological findings can put into practice unforeseen therapeutic attitudes. Sometimes you can avoid contagion with them. It is the least known aspect of the act of diagnosing through diagnosis. We present a case of an infundibular cyst colonized by molluscum contagiosum, a tremendously contagious infection, generally associated with quite recognizable characteristics that allow its treatment. In our case, the picture is very different. The presence of molluscum contagiosum in the wall of an infundibular cyst is infrequent, but its diagnosis gives rise to the search for lesions with an adjacent clinical pattern and the implementation of measures to prevent contagion.

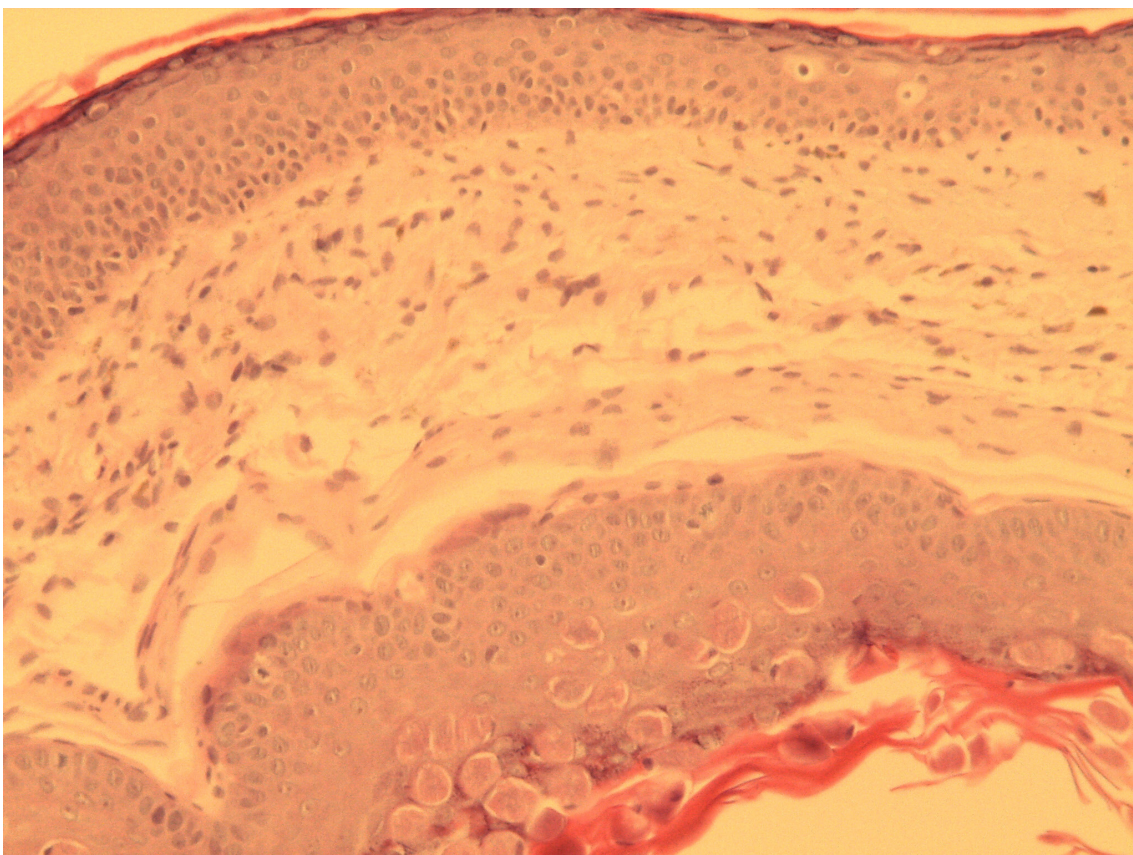
## Clinical Case

Patient, a 68-year-old woman, who came to the dermatology unit for the removal of a nodular lesion, presumably cystic, of slow evolution and soft consistency located in the upper right eyelid, which measured 0.5 cm in maximum dimension. With the clinical judgment of epidermoid cyst and the differential diagnosis of chalazion, surgical removal was performed. No epidermal depression or signs of opening of the lesion to the surface were observed. The histological study showed the presence, at the level of the superficial-reticular dermis, of a cystic lesion covered by flat stratified epithelium. At the luminal level, laminated keratin scales were appreciated. Epithelial prominences were observed on the wall, the detailed study of which allowed us to observe intraepithelial molluscum bodies, some of them spilled into the cystic lumen. With such findings it was possible to establish the diagnosis of Infundibular cyst with parietal changes indicating concomitant molluscum contagiosum infection.

Once the simple exeresis of the lesion was carried out, lesions typical of molluscum contagiosum were searched for in the periphery and in the facial region, although none were found. The patient was advised to maintain interpersonal distance as a precaution for one week. In the interrogation carried out after the intervention, the patient denied having had close contact with people who could have infected her.

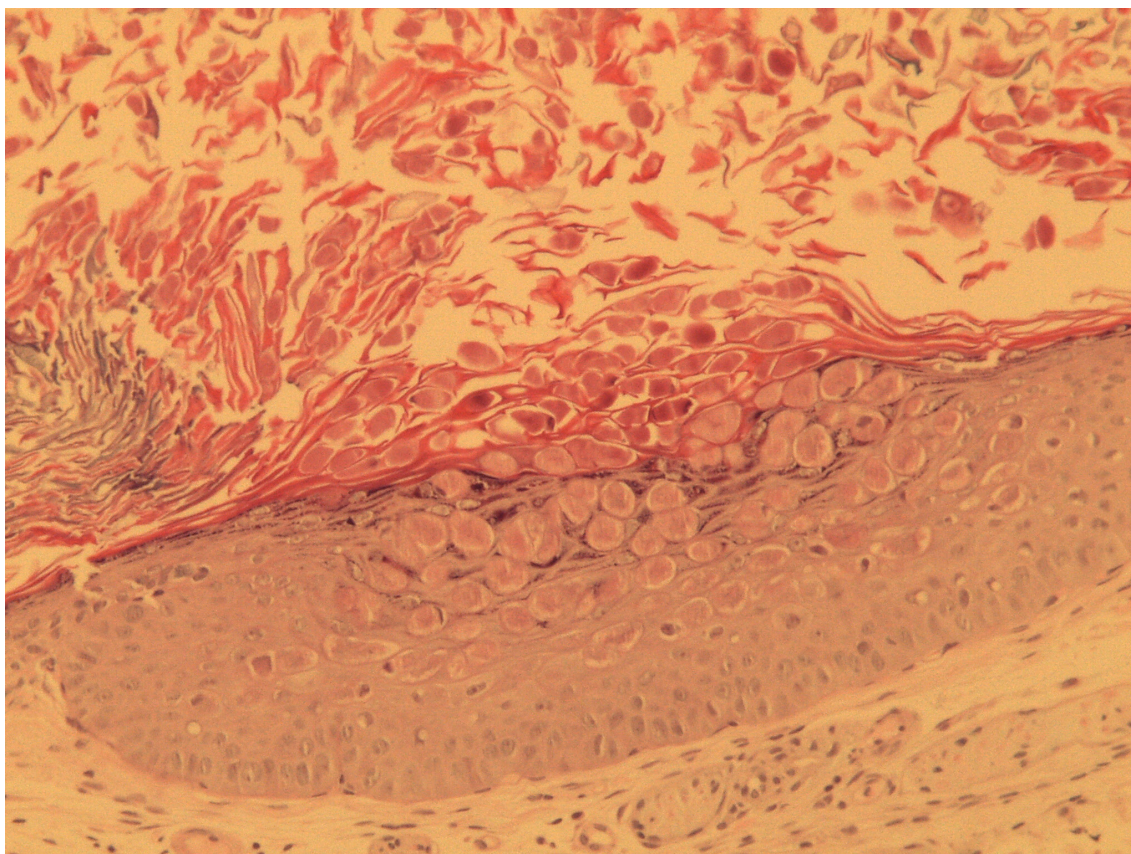


**Figure 1:** Infundibular cyst with parietal changes indicating concomitant molluscum contagiosum infection. The image shows the silhouette of the infundibular cyst and only eosinophilic inclusions can be seen in the parietal nodules. HE 40x

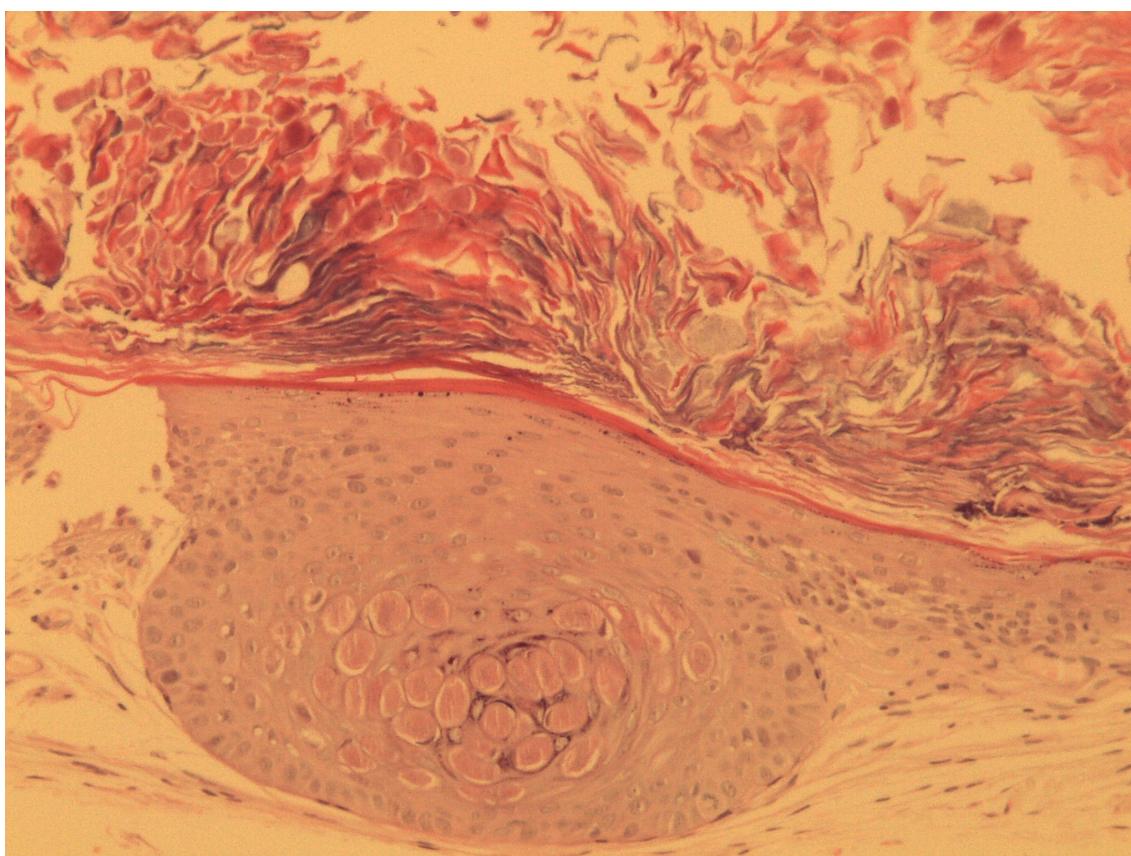


**Figure 2:** Infundibular cyst with parietal changes indicating concomitant molluscum contagiosum infection. Epidermis without histological alterations. Presence of molluscum bodies at the parietal level. HE 200x





**Figure 3:** Infundibular cyst with parietal changes indicating concomitant molluscum contagiosum infection. Molluscum bodies are located in protrusions of the cystic wall. Some of them merge with intraluminal scales. Detail. HE 400x



**Figure 4:** Infundibular cyst with parietal changes indicating concomitant molluscum contagiosum infection. Molluscum bodies are located in protrusions of the cystic wall. Detail. HE 400x

## Discussion

The present case is an example of what is popularly known as a “microscopic finding”, without clinical and therapeutic significance beyond the adoption of the necessary precautionary measures to avoid self-infection and that of others. This is a rare finding. However, a library review has allowed us to discover similar cases such as the one described by Park et al. in frontal region [1], the one described by Hu et al. [2], very similar to ours, the one described by Kanitakis et al [3] or the one described by the Uzuncakmak team [4] in which, more than concurrent findings, it was a curious differential diagnosis. The case of Kim et al [5] serves to highlight the importance of a careful histological study of lesions that at all times may seem routine to us. Singh et al. [4] described the development of keratoconjunctivitis associated with molluscum contagiosum infection. In our case, there was no development of it despite the proximity of the lesion to the eyeball. The key is in the details, and even in routine, we must be careful, pay attention to the details, and these may become diagnostic keys, always at the service of patients.

We provide images that we believe are both attractive and highly representative of the lesion described.

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