

# THE EVIL IN THE PANDORA BOX- NECROTISING FASCIITIS OF FINGER SECONDARY TO INFECTED EPIDERMAL CYST

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**Introduction:** Epidermal inclusion cysts of finger are common benign tumour in the hands. It is usually painless and slow growing over months to years. A case report of a patient with swollen and painful finger presented to us with signs of infection. Multiple differential diagnosis made. Intraoperative findings reveal the diagnosis of necrotising fasciitis with the true underlying cause - infected epidermal inclusion cyst.

**Discussion:** 31-year-old fisherman is having painless swelling of the finger for 6 months, presented to us with pain and increase swelling for the past 2 weeks. He denied history of trauma. Clinically multilobulated fluctuate areas, very tender and warm, painful in forced extension. Differential diagnosis including tenosynovitis, foreign body granuloma, pyogenic granuloma. Patient was scheduled for debridement. Intraoperative a ruptured epidermal cyst was pulled out easily, with moderate pus discharge. Tendon sheaths spared. Surrounding necrotic soft tissue was debrided, moist dressing applied. Daily dressing of wound and intravenous antibiotic was given and patient is recovering well. Epidermal inclusion cyst is a common, painless, benign tumor occurs in the hand. It is usually caused by penetrating trauma event. The nodules directly underneath the patient's skin, and become fluctuant and painful during inflammation or infection. In this case, the fluctuation masks the cystic consistency of the swelling, and diagnosis only revealed upon operation. The definitive treatment is the complete surgical excision of the cyst with its walls. Incomplete removal can lead to complications such as infection, localized pain, and recurrence.

**Conclusion:** Infected epidermal inclusion cyst of the finger is warm and painful. It ruptured under the skin causing necrotising fasciitis. Multiple differential diagnosis made, final diagnosis made upon operation. Adequate debridement and complete removal of cyst wall as definitive treatment.