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Case Report

Kaphaja

A Case Report of Kaphaja Granthi w.s.r. to Trichilemmal Cyst

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Trichilemmal cysts are firm, slow-growing lumps that develop when a hair follicle becomes blocked by keratin and dead skin cells. They are typically asymptomatic unless they calcify or rupture. The cysts have smooth, spherical nodules with a solid feel and good movement. The other less common areas include the face, trunk and extremities. Lesions are uncommon in the palms, genitalia, axilla and groin. It affects less than 10% of the population. Trichilemmal cyst are also called as Pilar cyst which may be inherited as an autosomal dominant trait.

Keywords: Trichilemmal Cyst, Kaphaja Granthi, Pilar Cyst, Chedana Karma

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Introduction

Trichilemmal (pilar/pilosebaceous) cysts are lined by stratified squamous epithelium and consist of a well keratinized epidermal wall surrounding semisolid hair keratin.[1,2] They are most common in women, 90% are found in the scalp. They are solitary in 30% and 70% are multiple.[3] As the cysts are attached to skin clinically, they pose a difficulty in differentiating from sebaceous cysts. Accurate diagnosis is made on histopathology by pathologists. Unlike sebaceous cyst, pilar cyst have no central punctum, an absent granular layer on histology.[4] In *Ayurveda*, it can be correlated with *Kaphaja Granthi*[5] by its *Lakshanas* and *Chedana Karma* told for its management by *Sushruta*. In view of this, we have classically embraced *Chedana Karma* as taught by *Sushruta* and we have got promising results in this single case study.

Case Report

A 53-year-old female patient visited Shalya Tantra OPD of SDM Ayurveda Hospital, Udupi with compl-aints of painless swelling over scalp in last 1 year. Onset of swelling was gradual and no associated symptoms were preset like pain, discharge or itching. Swelling gradually increased in size in about a year to cause cosmetic disfigurement. Her past history is significant for a similar lesion on scalp and was operated 4 years back. Family history revealed surgery for similar lesion in her mother. Her general and systemic examination was unremarkable with pulse rate 74/min, Blood pressure 130/80mmhg. Routine laboratory investigations were within normal limits. The systemic examination revealed no evident abnormalities.

Local examination

On examination, the swelling was located in the parietal region of the scalp. It was solitary, well defined, smooth and tense, measuring 3*2 cm.

On palpation swelling was fixed to the skin and free from deep fascia. Swelling proved positive for transillumination test (fig. 1).

No tenderness or rise in temperature noted and cough impulse was negative. Based on these finding a clinical diagnosis of Pilar cyst was made after considering differential swellings on the scalp like: Pilar cyst, Lipoma, Sabaceous cyst, Dermoid cyst, Meningeocele and Vascular malformations.

Treatment Planned

Excision planned under local anesthesia. An elliptical incision placed over lump, sac identified, adhesions were cleared & entire cyst excised. Another tiny cyst was identified in vicinity & was excised. Curettage of excised area done to remove any remnant cysts to prevent recurrence & wound closure done with Ethylon 2-0. Excised cyst was sent for Histopathological study. Post operatively she was prescribed with Tab. *Kaishora Guggulu DS 1-1-1,* Tab. *Gandhaka Rasayana 1-1-1* & *Panchatiktak Kashaya* 20ml BD for 15 days.

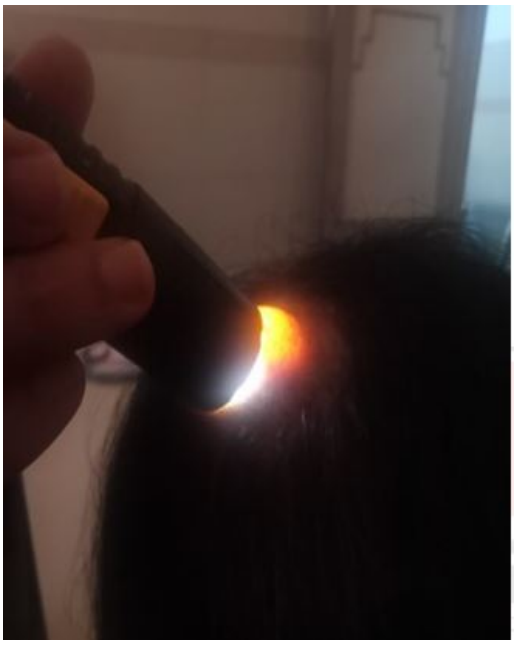


Figure 1: Transillumination test

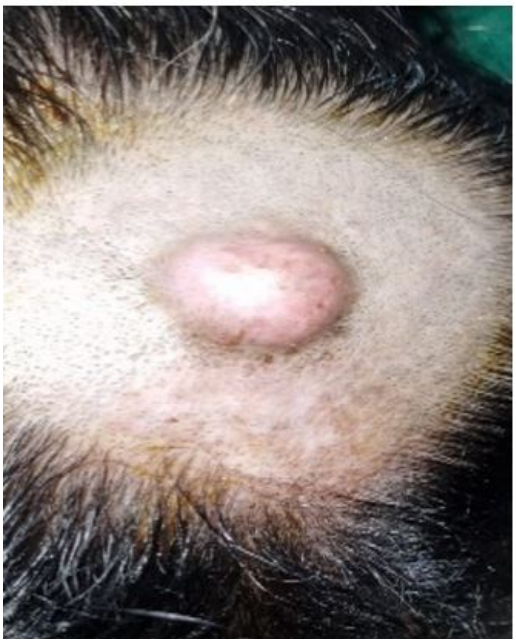


Figure 2: After part preparation for excision

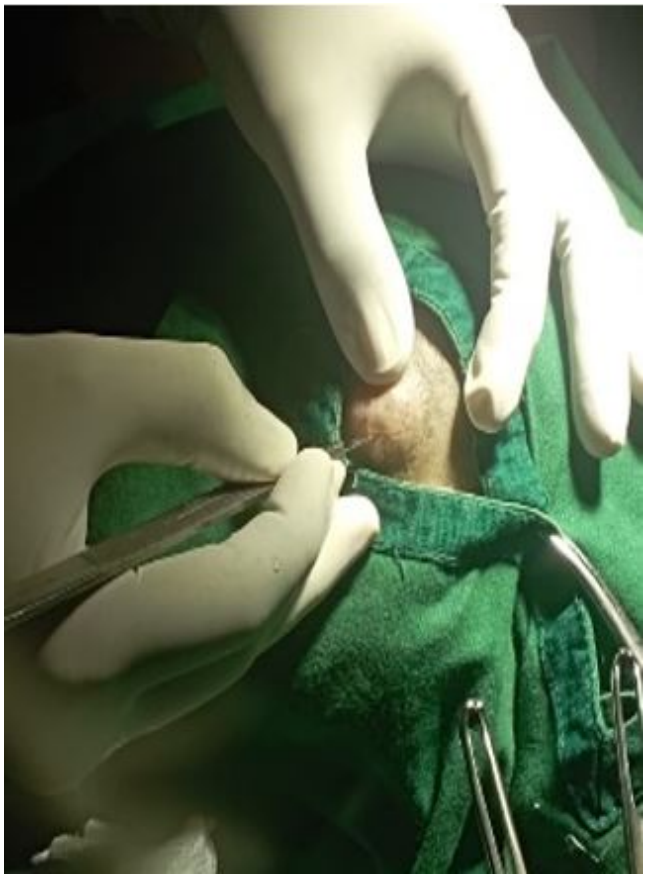


Figure 3: Incision of site

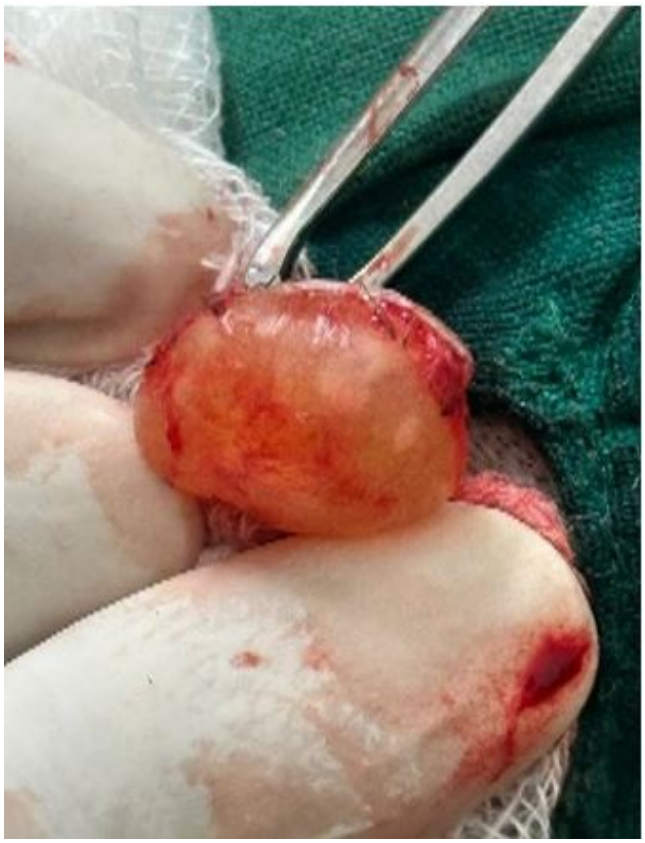
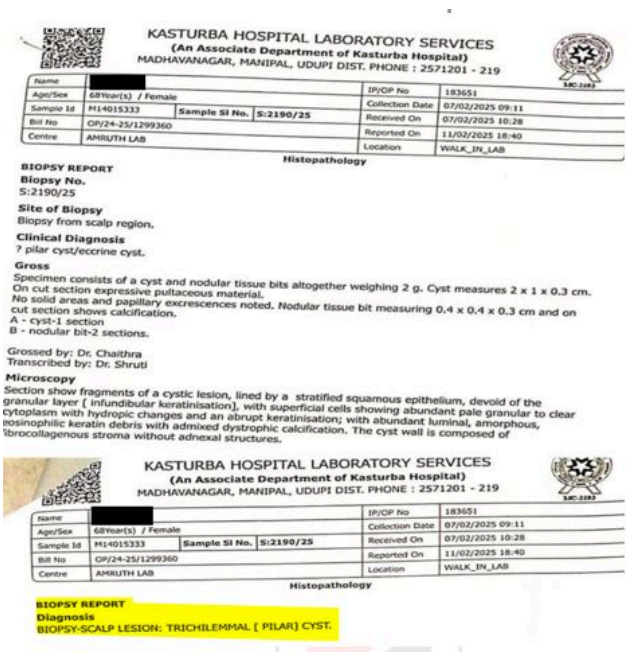


Figure 4: Excision of cyst

Figure 5: 2 Pilar cyst

Figure 6: Wound closure by suturing

After the treatment, the patient achieved complete recovery with no relapse during the 3 months of clinical follow-up.



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Name	[redacted]	IP/OP No	183651
Age/Sex	68Year(s) / Female	Collection Date	07/02/2025 09:11
Sample Id	M14015333 Sample Sl No. S:2190/25	Received On	07/02/2025 10:28
Bill No	OP/24-25/1299360	Reported On	11/02/2025 18:40
Centre	AMRUTH LAB	Location	WALK_IN_LAB

Histopathology

BIOPSY REPORT
Biopsy No.
S:2190/25
Site of Biopsy
Biopsy from scalp region.
Clinical Diagnosis
? pilar cyst/eccrine cyst.
Gross
Specimen consists of a cyst and nodular tissue bits altogether weighing 2 g. Cyst measures 2 x 1 x 0.3 cm. On cut section expressive pultaceous material. No solid areas and papillary excrescences noted. Nodular tissue bit measuring 0.4 x 0.4 x 0.3 cm and on cut section shows calcification.
A - cyst-1 section
B - nodular bit-2 sections.
Grossed by: Dr. Chaithra
Transcribed by: Dr. Shruti
Microscopy
Section show fragments of a cystic lesion, lined by a stratified squamous epithelium, devoid of the granular layer (infundibular keratinisation), with superficial cells showing abundant pale granular to clear cytoplasm with hydropic changes and an abrupt keratinisation; with abundant luminal, amorphous, eosinophilic keratin debris with admixed dystrophic calcification. The cyst wall is composed of fibrocollagenous stroma without adnexal structures.

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Histopathology

BIOPSY REPORT
Diagnosis
BIOPSY-SCALP LESION: TRICHILEMMAL (PILAR) CYST.

Discussion

Pilar cyst is derived from external root sheath of the follicular isthmus, which is also referred to as isthmus-catagen cyst. Pilar cyst accounts for 20% of epithelial cysts and the rest are epidermal.**[6]** Histologically, pilar cysts are characterized by the absence of intercellular bridges between the epithelial cells lining the cyst wall. The peripheral epithelial layers display a palisading arrangement, while the cells closer to the cyst cavity are larger and contain abundant pale cytoplasm.**[7]** In *Ayurveda, Granthi***[8]** is characterized by *Vrutta, Unnata, Gratitha Shopha.* Pilar cyst can be considered under *Kaphaja Granthi* having *Lakshanas* like *Alpa Vedana*, *Chirabhivruddhi*, *Pashanavat Samhanana* and *Shukla Ghana Srava*. The classical treatment explained for *Kaphaja Granthi* is *Shodhana, Vimlapana, Lepa* and *Chedana. Chedana Karma*,**[9]** one among *Ashtavidha Shastra Karma* is indicated for its complete resolution. *Kaishora Guggulu* is a formulation indicated in *Vrana* and found to have anti-inflammatory property and promote wound healing.**[10]** *Gandhaka Rasayana* has proved antimicrobial properties promotes fibroblast activation and by modulation of proteins helps in tissue remodelling.**[11]** *Panchatiktaka Kashaya* accelerates tissue repair, encourages healthy granulation tissue and reduce inflammation.**[12]**

Conclusion

Surgical approach aligns with the *Ayurvedic* principle of *Shastra Karma*, recommended in cases where *Granthi* becomes well formed, non-resolving or causes cosmetic or functional concerns. Post operative care with *Kapha-Medahara Chikitsa*, including *Panchatiktak Kashaya* and *Ropana Dravya's*, supported faster wound healing and complete resolution. Pilar cyst has a good prognosis and we need to educate the patient to come forward if they find any little swelling and not to procrastinate without proper treatment.

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