International Journal of Research and Review
[Indexed, Peer-Reviewed Journal]
Volume 13; Issue: 8; August 2026
Website: www.ijrrjournal.com
Case Report *E-ISSN: 2349-9788; P-ISSN: 2454-2237*

A Pedunculated Monster Mimicking Malignancy in an Immunocompromised Individual: A Case Report and Review of Literature

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DOI: https://doi.org/10.52403/ijrr.20260847

ABSTRACT

Sebaceous cysts are common, benign, encapsulated subepidermal nodules that rarely undergo malignant transformation. Cysts larger than5 cm are termed giant sebaceous cysts, and when complicated by infection, ulceration, or a foul-smelling discharging mass, the eponym 'Cock's peculiar tumor' is applied. We report the case of a 75-year-old, hepatitis C virus (HCV)-positive gentleman who presented with a progressively enlarging, painless, pedunculated swelling over the left occipito-parietal scalp of five years' duration, associated with foul-smelling, blood-tinged discharge for one week. On examination, a 10 × 8 × 4 cm firm, non-tender, pedunculated swelling with multiple ulcerated areas was noted. Contrast-enhanced computed tomography of the brain showed a large lobulated, heterogeneous soft-tissue-density scalp lesion without intracranial extension. The clinical appearance raised strong suspicion of cutaneous malignancy. The swelling was completely excised under local anaesthesia along with its capsule, and the postoperative course was uneventful. Histopathological examination revealed features suggestive of a sebaceous cyst with no evidence of malignancy. This case highlights that giant, ulcerated, and discharging scalp swellings, though alarming in appearance, may still represent benign pathology, and underscores the importance of preoperative imaging and mandatory postoperative histopathological confirmation in every giant cutaneous cyst before malignancy can be excluded

Keywords: Sebaceous cyst; Giant cyst; Cock's peculiar tumor; Scalp swelling; Immunocompromised; Case report.

INTRODUCTION

Sebaceous cysts are encapsulated subepidermal nodules filled with keratin [1]. They commonly occur over the face, neck, and trunk [2] and are widely recognized as benign lesions [2]. Although uncommon, malignant transformation can rarely arise within a long-standing sebaceous cyst, occurring in fewer than 1% of cases [3]. Sebaceous cysts typically occur in the third and fourth decades of life [4], with a male-to-female ratio of approximately 2:1 [4]. Approximately 1% of cases are reported to undergo malignant transformation into squamous cell carcinoma (SCC) or basal cell carcinoma (BCC) [3]. We report a rare presentation of a giant, ulcerated, pedunculated sebaceous cyst of the scalp in

an elderly immunocompromised patient that clinically mimicked a malignant tumor.

CASE REPORT

History

A 75-year-old gentleman presented with a progressively increasing, painless swelling of insidious onset over the scalp, which was first noted five years earlier. He gave a history of foul-smelling, blood-tinged discharge from the swelling for one week prior to presentation.

Figure1: Posterior view of the scalp swelling at presentation.

Examination Findings

On local examination, a10×8×4cmnon-tender, firm, pedunculated swelling was noted over the left occipito-parietal region. Multiple ulcers were present over the swelling, associated with blood-tinged, foul-smelling discharge (Figure 2).

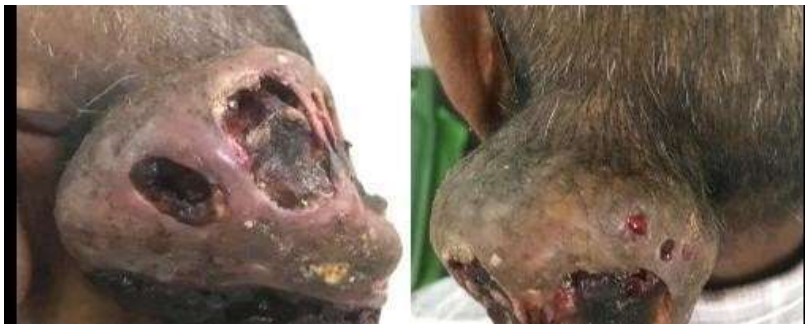

Figure 2: Close-up views of the pedunculated scalp swelling showing multiple ulcerated areas with discharge.

Investigations

Blood investigations were positive for hepatitis C virus (HCV). Contrast-enhanced CT of the brain revealed a large, lobulated, heterogeneous soft-tissue-density scalp lesion in the left occipital region, with no intracranial extension (Figure 3). Fine-needle aspiration cytology (FNAC) yielded neutrophilic infiltrates.

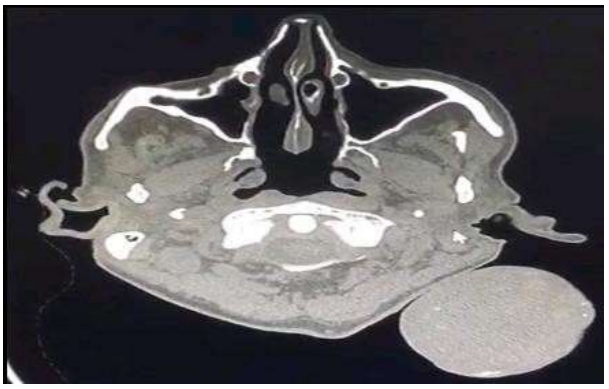

Figure 3: Axial CT image demonstrating the lobulated scalp lesion without intracranial extension.

Treatment and Follow-up

Complete excision of the swelling was performed under local anaesthesia. The postoperative period was uneventful, with satisfactory wound healing noted at the Day 7 and Day 10 follow-up visits (Figure 4).

Figure 4: Intraoperative view following excision (top left), gross specimen with a ruler for scale (top right), and the postoperative wound on Day 7 (bottom left) and Day 10 (bottom right).

Histopathological Examination

Microscopic examination of the excised specimen revealed features suggestive of a sebaceous cyst, with no evidence of malignancy (Figure 5).

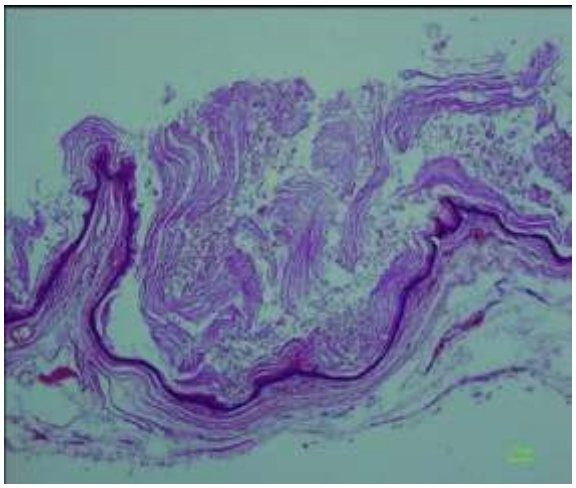

Figure 5: Photomicrograph showing a cyst wall lined by keratinizing squamous epithelium with lamellated keratin, consistent with a sebaceous (epidermoid) cyst.

DISCUSSION

Sebaceous cysts larger than 5 cm are referred to as giant sebaceous cysts. Presentation with complications such as infection, ulceration, and a discharging mass gives rise to the eponym ‘Cock’s peculiar tumor’, so named for its clinical resemblance to a malignant, fungating growth despite an entirely benign underlying pathology. In the present case, the size, pedunculated morphology, ulceration, and foul-smelling discharge closely mimicked a cutaneous malignancy, and the patient’s underlying HCV-positive

immunocompromised status further heightened this suspicion. A preoperative CT scan is recommended in such giant scalp lesions to assess for any intracranial extension before planning surgery, as was performed in this case. Definitive treatment consists of total excision of the swelling along with its capsule, which prevents recurrence and allows histopathological confirmation of the diagnosis.

CONCLUSION

Giant sebaceous cysts should not be neglected by patients, as malignant transformation may rarely develop over time (<1%) [3]. Postoperative histological examination is mandatory to rule out malignancy in every giant cyst, even when the clinical appearance is alarming, as timely and complete surgical excision offers a curative outcome in benign disease.

Declaration by Authors

Acknowledgement: The authors acknowledge the Department of Pathology, Sapthagiri Institute of Medical Sciences and Research Center, for the histopathological reporting of this case.

Source of Funding: None.

Conflict of Interest: No conflicts of interest declared.

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How to cite this article: Kevin Neeraj Karodi, Ananda B.B, Zaiba, Nitin, Santosh. A pedunculated monster mimicking malignancy in an immunocompromised individual: a case report and review of literature. *International Journal of Research and Review*. 2026; 13(8): 458-461. DOI: *10.52403/ijrr.20260847*

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