Nasal dermoid cysts

This leaflet explains about nasal dermoid cysts, how they can be treated and what to expect when your child comes to Great Ormond Street Hospital.

What is a nasal dermoid cyst?
A nasal dermoid cyst is a saclike growth that is present at birth and usually sits over the bridge of the nose. They may be completely unconnected with the nasal structures, within the nose or both. Sometimes, they have an associated passage that leads to the skin of the nose and this may discharge from time to time. Dermoid cysts grow slowly and are not tender unless ruptured or infected. Occasionally, the cysts have an internal tract that leads up to the coverings of the brain and in this case, repeated infections may lead to meningitis. Dermoid cysts can contain structures such as hair, fluid, teeth or skin glands. Children of any race or gender can develop a nasal dermoid cyst.

How do nasal dermoid cysts develop?
They develop early in pregnancy, when skin and skin structures become trapped while the baby is developing in the womb. Nasal dermoid cysts can not be prevented. Nothing you did or did not do during pregnancy could have caused them.

How are they diagnosed?
Most nasal dermoid cysts are diagnosed in the first three years of life. CT and MRI scanning are helpful in making the correct diagnosis and planning appropriate treatment.

How can nasal dermoid cysts be treated?
Surgical removal remains the treatment of choice. Without treatment, the cyst will typically continue to grow and may cause problems with repeated infection.
What happens before the operation?
You will receive information about how to prepare your child for the operation in your admission letter. The doctors will explain the operation in more detail, discuss any worries you may have and ask you to give permission for the surgery by signing a consent form. Another doctor will also visit you to explain about the anaesthetic. If your child has any medical problems, particularly allergies, please tell the doctors about these. Please also bring in any medicines your child is currently taking.

What does the operation involve?
The nasal dermoid cyst is removed in an operation carried out under general anaesthetic. The surgeon makes an incision (cut) in the skin of the nose, either around any skin tract or in some cases underneath the nose. The cyst then removed carefully so that none of the cyst behind. The incision is closed using stitches.

Are there any risks?
Every operation carries some risk of infection and bleeding. After removal of the cyst, sometimes a small depression is left in the skin. In our experience this fills out over the course of a few months and is not usually a problem. Every anaesthetic carries a risk, but this is very small. Modern anaesthetics are very safe and your child's anaesthetist is a very experienced doctor who is trained to deal with any complications.

What happens afterwards?
After the operation, your child will return to the ward to wake up fully from the anaesthetic. Once he or she feels comfortable and has had a drink, you will be able to take your child home. Your surgeon may recommend a short course of antibiotics.

Going home
You should give him or her pain relief medicines such as paracetamol or ibuprofen according to the instructions on the bottle. If the surgeon has prescribed a course of antibiotics, please ensure that your child finishes the entire course. The stitches closing the incision may be removed after a week. This will involve a return visit to GOSH to have them removed under sedation, or general anaesthetic if necessary.
Your child will need to come back to GOSH for a check up appointment six weeks after the operation. We will send you details of this appointment in the post. We suggest that your child avoids rough and tumble play, sport and swimming until after this appointment.

What is the outlook for children with nasal dermoid cyst?
If the dermoid cyst is diagnosed early and removed completely, the prognosis is good. If the nasal dermoid cyst is not completely removed, it is very likely that it will come back and may become infected. Repeated infections, particularly if there is a passage leading to the brain coverings, could increase the risk of meningitis.

Notes

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