Facial cysts – Minimizing the scars

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Facial cysts are a common complaint. They often appear in the central cheek and eyelid areas where there are few facial expression lines, leading to a somewhat unfavourable scar if they get infected and drain, or require surgical intervention.

Minimizing the incision line to deal with them is always a challenge.

Under local anaesthesia, it may be possible to simply tease out the capsule through a small stab incision. This allows a primary closure, with a short incision directed as chosen by the surgeon.

Unfortunately, in many cases the capsule is ill-defined. There may have been previous infections, such that only the contents can be expressed adequately and curetted out. In that circumstance, painting the lining with silver nitrate is a time-honoured technique. In many of these situations the capsule will spontaneously extrude over the next five to seven days, leaving a cavity that contracts and closes. A secondary procedure may then be required to revise the scar, and hopefully pull adjacent soft tissues centrally to eliminate the contour deformity.

The author has been pleased with the use of a new dynamic tape to deal with the circumstance of the open cavity after the

capsule of the cyst has sloughed following silver nitrate application (Figure 1).

The tape is simply placed across the wound and gradually pulls the margins together (Figures 2 and 3). In essence, the wound is still open and free to drain, alleviating the concern of infection that could occur if a delayed suture repair were done. Slowly, over several days, the skin margins are opposed. By this time the drainage has spontaneously ceased. The resulting scar is unquestionably superior to those that occur with traditional secondary healing (Figure 4). Completely closing the cavity off by steri-stripping the wound edges is tempting, but there is always the concern of sepsis with the ongoing drainage.

In most situations this simple taping device will also reduce or even eliminate the necessity of performing a second-stage excision and repair.

The author feels that these small DynaClose tapes (Canica Design Inc, Canada) have a useful role in the treatment of facial cysts.

NOTE: The author has a conflict of interest in that he is a co-inventor of this device.

Figure 1) Defect left eyebrow after the cyst lining spontaneously sloughed

Figure 2) Application of dynamic tape

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Figure 3) *Initial contraction of wound margins after 5 min*

Figure 4) *Satisfactory scar after six weeks with early hair regrowth beginning*