WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
Coden USA: WJPRAP Impact Factor 8.63
Volume 15, Issue 17, 1187-1193. Case Study ISSN 2277–7105

MULTIPLE SCROTAL SEBACEOUS CYSTS SUCCESSFULLY MANAGED BY WIDE LOCAL EXCISION: A CASE REPORT FROM THE PERSPECTIVE OF SHALYA TANTRA

Dr. Vaibhav H. Pagore*[1], Dr. Shivpal G. Khandizod[2]

[1]Postgraduate Scholar, Department of Shalya Tantra, Ashvin Rural Ayurved College and Hospital, Manchi Hill, Maharashtra, India.

[2]Professor and Head, Department of Shalya Tantra, and Guide, Ashvin Rural Ayurved College and Hospital, Manchi Hill, Maharashtra, India.

Article Received on 02 August 2026,
Article Revised on 23 August 2026,
Article Published on 01 Sept. 2026,

https://doi.org/10.5281/zenodo.22160951

***Corresponding Author**

Dr. Vaibhav H. Pagore

Postgraduate Scholar, Department of Shalya Tantra, Ashvin Rural Ayurved College and Hospital, Manchi Hill, Maharashtra, India.

How to cite this Article: Dr. Vaibhav H. Pagore*[1], Dr. Shivpal G. Khandizod[2] (2026). Multiple Scrotal Sebaceous Cysts Successfully Managed By Wide Local Excision: A Case Report From The Perspective Of Shalya Tantra. World Journal of Pharmaceutical Research, 15(17), 1187-1193

ABSTRACT

Sebaceous cysts are benign cystic lesions that may occur at various sites of the body. Multiple sebaceous cysts involving the scrotal region are relatively uncommon and may cause local discomfort, cosmetic concerns and difficulty in maintaining local hygiene. Surgical excision is an effective treatment for persistent and multiple lesions. The present case describes a 47-year-old male who presented with multiple scrotal swellings for approximately 3 years. More than 10 cystic lesions were present, with individual lesions measuring approximately 0.5–1 cm and the overall involved area measuring approximately 7 × 10 cm. The patient had no history of diabetes mellitus, hypertension or any other significant systemic illness. There was no history of drug allergy or erectile dysfunction. Based on the clinical presentation, a diagnosis of multiple scrotal sebaceous cysts was made. Wide local excision of the involved lesions was performed. The postoperative period was satisfactory, and the patient was followed for 3 months. No recurrence was reported during the follow-up period. The case demonstrates successful surgical management of multiple scrotal sebaceous cysts by wide local excision.

KEYWORDS: Scrotal sebaceous cyst, multiple cysts, wide local excision, Shalya Tantra,

Granthi, case report.

INTRODUCTION

Sebaceous cysts are benign cystic lesions commonly encountered in surgical practice. They may occur at different anatomical sites and can occasionally present as multiple lesions in a localized region. Scrotal sebaceous cysts are usually benign but may become clinically significant because of their number, persistence, local irritation and cosmetic concerns.

Small asymptomatic lesions may be observed; however, persistent, multiple or symptomatic lesions may require surgical excision. Complete removal of the cystic lesion and its wall is important to minimize the possibility of recurrence.

In Ayurveda, various nodular and localized swellings are described under the broad concept of Granthi. Sushruta described different types of Granthi, including Medaja Granthi, which is characterized by a localized swelling associated with features related to Meda.[1] Although a direct one-to-one correlation between Medaja Granthi and a modern sebaceous cyst cannot be established, the description provides a relevant Ayurvedic perspective regarding localized nodular swellings.[1]

The principles of Shalya Tantra emphasize appropriate identification of the lesion, removal of pathological tissue and subsequent wound care. The present case reports the successful surgical management of multiple scrotal sebaceous cysts by wide local excision.

CASE REPORT

A 47-year-old male presented with multiple swellings over the scrotal region. The lesions had been present for approximately 3 years.

History of Present Illness

The patient noticed multiple swellings over the scrotal region approximately 3 years prior to presentation. The number of lesions gradually increased, and at the time of presentation, more than 10 cystic lesions were present over the scrotal skin.

The individual lesions were approximately 0.5–1 cm in size, while the overall area occupied by the multiple lesions was approximately 7 × 10 cm.

Based on the clinical presentation, the condition was clinically diagnosed as multiple scrotal

sebaceous cysts.

Past History

There was no history of diabetes mellitus. There was no history of hypertension.

There was no history of any significant chronic systemic illness.

There was no history of previous major illness or relevant surgical disease reported by the patient.

There was no history of known drug allergy.

There was no history of erectile dysfunction or other reported sexual dysfunction. There was no other significant relevant past medical history reported.

Personal History

The relevant personal history was assessed as part of the preoperative evaluation. No significant associated illness or contraindication to the planned surgical procedure was reported.

CLINICAL EXAMINATION

On local examination, multiple cystic swellings were present over the scrotal skin. More than 10 lesions were identified. The approximate size of each lesion was 0.5–1 cm, with an overall involved area of approximately 7 × 10 cm.

Considering the clinical appearance, chronicity and distribution of the lesions, a clinical diagnosis of multiple scrotal sebaceous cysts was made.

SURGICAL MANAGEMENT

After appropriate preoperative assessment and preparation, wide local excision of the involved scrotal lesions was performed.

The multiple cystic lesions along with the involved tissue were excised. Adequate care was taken to achieve complete removal of the clinically identified pathological tissue while preserving the surrounding healthy structures.

Postoperatively, appropriate surgical wound care was provided and the patient was monitored for wound healing and postoperative complications.

FOLLOW-UP

The patient was followed regularly after surgery. Follow-up was continued for 3 months.

The postoperative course was satisfactory, with successful wound healing. No recurrence was reported during the 3-month follow-up period.

DISCUSSION

Sebaceous cysts are common benign lesions of the skin and subcutaneous tissue. Multiple lesions involving the scrotal region are relatively uncommon and may present a particular surgical challenge because of the sensitive anatomical location and the presence of multiple closely situated lesions.

In the present case, a 47-year-old male presented with multiple scrotal swellings of approximately 3 years' duration. More than 10 lesions were present, with individual lesions measuring approximately 0.5–1 cm and the overall involved area measuring approximately 7 × 10 cm.

The patient's history was not suggestive of diabetes mellitus, hypertension or any significant systemic disease. There was also no reported history of drug allergy or erectile dysfunction.

The diagnosis was made clinically based on the characteristic presentation and examination findings. Wide local excision was performed as definitive surgical management. The postoperative course was satisfactory, and the patient remained free from reported recurrence during the 3-month follow-up.

From an Ayurvedic perspective, localized nodular swellings may be considered under the broader concept of Granthi. Sushruta Samhita describes Granthi and its different varieties, including Medaja Granthi.[1] This should be regarded as a conceptual Ayurvedic correlation rather than an exact equivalence with the modern clinical diagnosis of a sebaceous cyst.

The principles of Shalya Tantra emphasize appropriate assessment and removal of pathological tissue when surgical intervention is indicated, followed by proper wound management. In the present case, wide local excision followed by postoperative care resulted in satisfactory healing.

The present case therefore demonstrates that wide local excision can be an effective approach for multiple, persistent scrotal sebaceous cysts, with satisfactory clinical outcome during follow-up.

CONCLUSION

Multiple scrotal sebaceous cysts are benign lesions but may require surgical treatment when persistent and multiple. In the present case, wide local excision resulted in successful management with satisfactory postoperative healing and no reported recurrence during 3 months of follow-up. The case highlights the role of appropriate surgical excision and postoperative wound care in the management of multiple scrotal sebaceous cysts.

ACKNOWLEDGEMENT

The authors are thankful to the Department of Shalya Tantra and the hospital staff for their support in the management and follow-up of the patient.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

PATIENT CONSENT

Written informed consent for publication of the clinical details and relevant clinical photographs was obtained from the patient before submission of the manuscript.

FIGURE LEGENDS

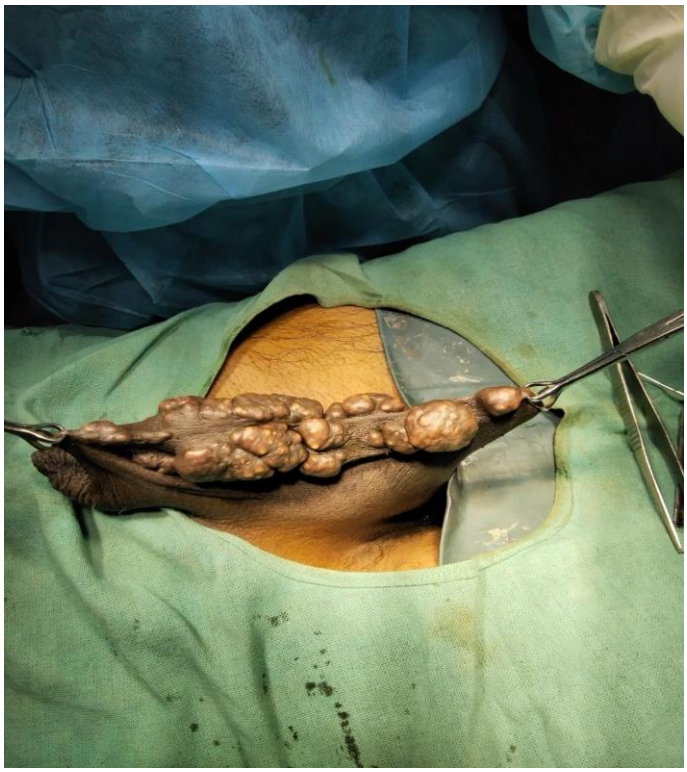

Figure 1: Preoperative clinical photograph showing multiple sebaceous cysts over the scrotal region.

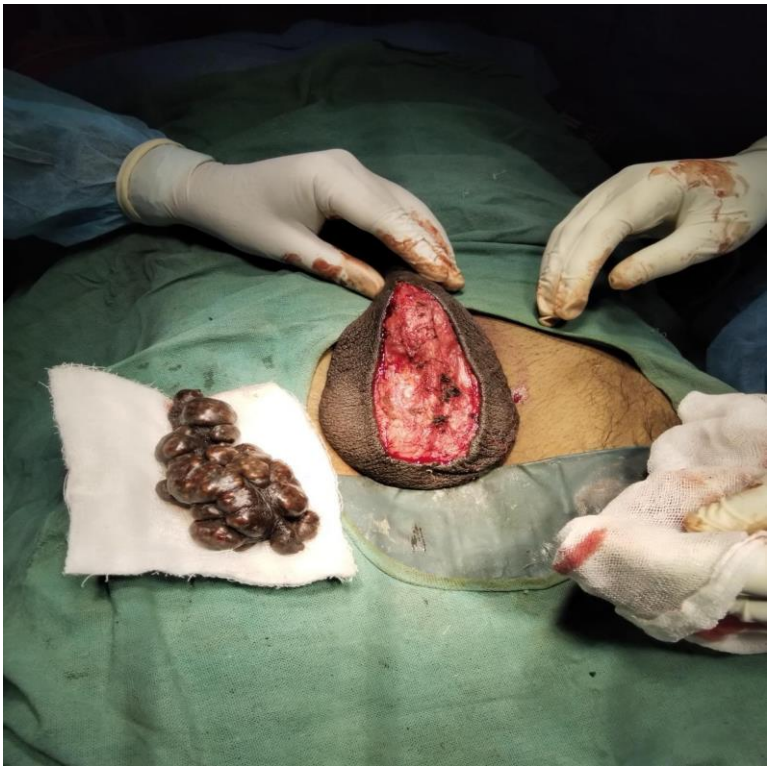

Figure 2: Intraoperative clinical photograph showing the extent and distribution of multiple scrotal sebaceous cysts.

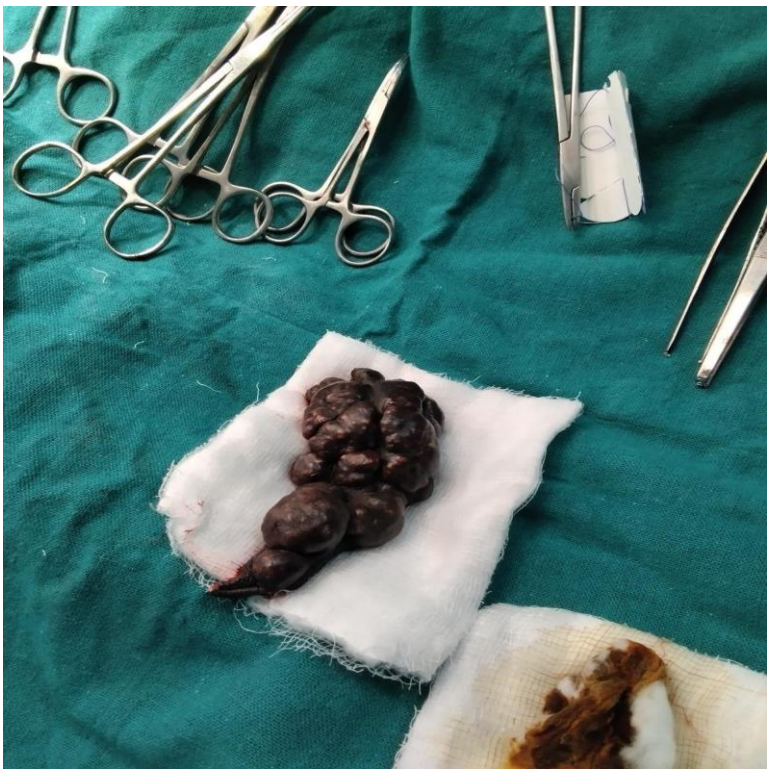

Figure 3: Clinical photograph showing the excised multiple scrotal sebaceous cysts following wide local excision.

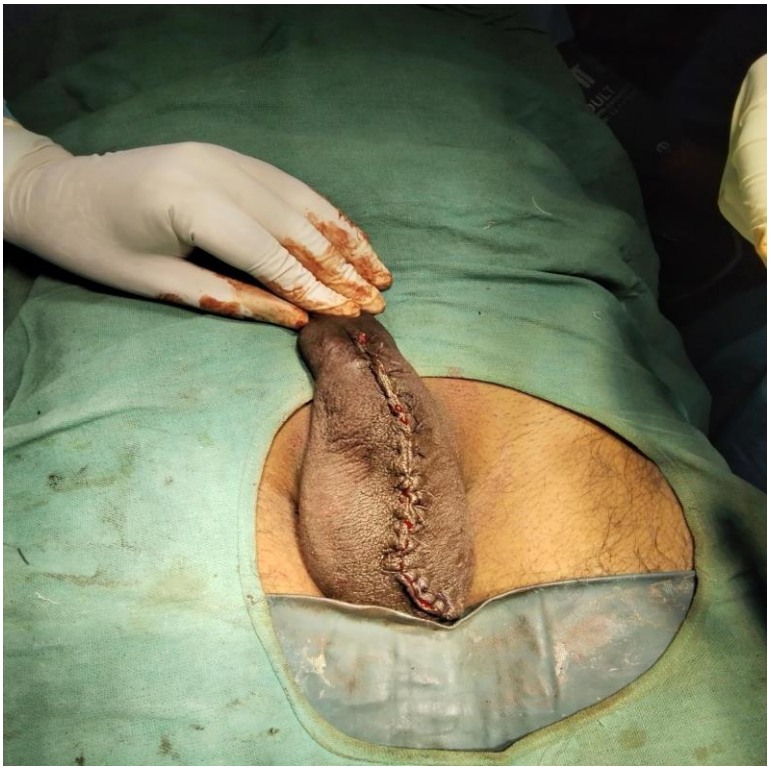

Figure 4: Postoperative clinical photograph showing the surgical site following wide local excision.

REFERENCES

1. Sushruta. Sushruta Samhita, Nidana Sthana, Chapter 11, Granthi-Apachi-Arbuda-Galaganda Nidana. In: Kaviraj Ambikadatta Shastri, editor. Sushruta Samhita with Ayurvedatatva Sandipika Hindi Commentary. Varanasi: Chaukhambha Sanskrit Sansthan.
2. Agnivesha. Charaka Samhita, Sutra Sthana, Chapter 28, Vividhashitapitiya Adhyaya. Revised by Charaka and Dridhabala, with Ayurvedadipika commentary. Varanasi: Chaukhambha Prakashan.
3. Somen Das. A Manual on Clinical Surgery. Recent edition. Kolkata: Dr. S. Das.
4. Bailey H, Love M. Bailey & Love's Short Practice of Surgery. Recent edition. Boca Raton: CRC Press.
5. Das S. A Concise Textbook of Surgery. Recent edition. Kolkata: S. Das.