INTRODUCTION

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Epidermoids are inclusion tumours of the central nervous system . Epidermiod cysts make up 0.5 to 1.5 percent of all intracranial tumours in most series , and in one series they constituted 2.2 percent of the intracranial tumours that came to autopsy, so in the future , these tumours should be diagnosed more frequently . These masses had also been termed cholesteatomas . This is a poor name because it refers to a chemical byproduct not only of the cyst but also other types of the tumours(Cushing , 1922).

The cholesteatoma found in the middle ear resembles the intracranial epidermoid cyst, and the two may have a common origin, although most otologists believe middle ear cholesteatoma usually arises as a result of chronic otitis media . In order to avoid confusing these possibly different entities, usage has termed the ear mass cholestealoma and the central nervous mass epidermoid cyst .

Epidermoid cysts are among the first neoplasms identified and classified, perhaps because their macroscopic appearance is so distinctive . Critchley and Ferguson (1928) credit a 1745 report by Verattus with being the first description of a dermoid tumour . A description of epidermoid in 1807 has attributed to Pinson and these tumours were reportedly noted to resemble mother-of- pearl by Le Prestre in 1828 and by Cruveilheir in 1892 (Baily , 1920) .

Muller is credited with describing the microscopic structure of epidermoid cyst in 1838 , and in 1854 Von Remak is reported to have suggested they might arise from misplaced epithelial cells (Bailey , 1920). Bosrtroem coined the terms "pial dermoid" and "pial epidermoid" and suggested an origin from embryonic inclusion of epithelial tissue at an early (dermoid) or a late (epidermoid) stage of development.

Most intracranial cysts arise in the basal cisterns .The cyst can be divided into four categories describing their anatomical origin and primary location : suprasellar-chiasmatic, parasellar-sylvian fissure , retrosellar - cerebellopontine angle, and basilar-posterior fossa. The retro sellar-cerebellopontine angle is the most common site (Conley , 1985). Epidermoid cysts constitute the third common lesion in the cerebellopontine angle. The most common primary tumours of cerebellopontine angle are acoustic neurinomas (80 to 90 percent) ,meningiomas (5 to 10 percent) , and epidermoid tumours (5 percent) .

Epidermoid cyst produce symptoms by slow , progressive , expansive growth from their point of origin . Epidermoid tumours most often become symptomatic between the age of 20 and 40 and more often occur in a lateral location . It can produce clinical symptoms by deformation of , compression of and insinuation around adjacent and vascular structures , Although the clinical symptoms and signs produced by intracranial cysts do not necessarily reflect the full mass extent of the lesion.