The term 'sebaceous cyst' is misleading and is in fact, a misnomer. Most 'sebaceous cysts' are either epidermal cysts with an epidermal lining or are pilar/trichilemmal cysts with keratinization.[2] This misnomer is frequently used in place of more appropriate terminologies such as epidermoid cyst or epidermal inclusion cyst.[2,3] Histologically, these cysts are lined by squamous epithelium which produces and forms the cyst's lamellated keratin content. There is no component of a sebaceous gland in these cysts.

Although rare, there are several case reports of malignant transformation in an epidermoid cyst into squamous cell carcinoma.[3,4] However, these cysts cannot develop into sebaceous carcinomas because they lack sebaceous glands, as previously stated.

A truly sebaceous cyst would have a lining of sebaceous glands. One such example is the Steatocystoma simplex, which is a cyst derived from the pilosebaceous junction and contains lobules of sebaceous glands within the lining of the cyst, along with squamous epithelium.[6]

Sebaceous carcinomas, on the other hand arise from the epithelium of the sebaceous gland. Histologically, they display sebaceous differentiation coupled with basaloid cells and clear cells.[5] Given the components of a sebaceous carcinoma, it is clear that an epidermoid cyst cannot evolve into a sebaceous carcinoma.

We hypothesise that a malignant conversion of a long-standing sebaceous adenoma or a steatocystoma complex or disordered sebaceous hyperplasia into sebaceous carcinoma could be an alternate explanation for the case reported by Kumar *et al*.[1]

We note that there is no pathologist among the authors and that their diagnosis is not supported by any histology image. Epidermoid cyst and sebaceous carcinoma are both diagnosed on histopathology and have distinct morphological characteristics.[3–5] Had there been a pathologist as a co-author and if an image had been provided, we suggest that such an error might have been easily avoided.

We further observe that the authors have used the abbreviation 'SC' for sebaceous carcinoma and then proceed to use the same abbreviation for 'common, benign, intradermal or subcutaneous dermatological lesions', which we presume are epidermoid cysts or as they refer to it, 'sebaceous cysts'.

Conflicts of interest. None declared

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Author's response

We thank the letter writer[1] for a detailed analysis of our manuscript.[2] We also appreciate the truth behind the histogenetic background regarding sebaceous cyst. However, the terminology sebaceous cysts still has a mention in surgical texts books.[3] It is noteworthy to quote a line from the said textbook: 'Epidermal cysts, derived from hair follicle infundibuli or traumatic inclusion are commonly known as sebaceous cysts. They are usually distinguished from epidermal cysts by pathologists, rather than clinically.'[3] Therefore, surgeons should consider this when diagnosing a sebaceous cyst.

As for the abbreviation 'SC' we do apologize for the typographical error, which occurred inadvertently. The first 'SC' abbreviation is for sebaceous carcinoma but the second 'SC' should be read as sebaceous cyst which should have been either written or abbreviated differently.

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