Reference Determination Content

Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.

Left Eyebrow - Epidermal Cyst

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 4 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 4 June 2025;
- A treatment record by the medic, Iraq, dated 14 August 2006;
- An outpatient health record by the medical officer, Afghanistan, dated 22 March 2009;
- An outpatient health record by the medical officer, Afghanistan, dated 9 July 2009;
- A specialist consultation by the dermatologist, dated 11 January 2010;
- A periodic health examination by the medical officer, Garrison health centre, dated 18 February 2010;
- An outpatient health record by the medical officer, Regimental aid post, dated 26 July 2010;
- An ultrasound left eyebrow report by the radiologist, dated 5 August 2010;
- An outpatient health record and microbiology report by the medical officer, Afghanistan, dated 2 February 2012;
- An ultrasound left eyebrow report by the radiologist, dated 10 August 2012;
- An operation and histopathology reports by the plastic surgeon and anatomical pathologist, dated 18 September 2012.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

19 January 2004 and 3 February 2017

Left Eyebrow - Epidermal Cyst

You have stated that your condition was caused by:

- *having a laceration, cut or puncture wound that penetrates the dermis at the affected site before the clinical onset of epidermal cyst*
- *having suturing or another surgical procedure that breaches the epidermis at the affected site before the clinical onset of epidermal cyst*
- *having blunt trauma to the affected site, causing an abrasion, haematoma or swelling, within the 5 years before the clinical onset of epidermal cyst*
- *having a foreign body, such as sand, grit, glass or metal, embedded in the skin at the affected site before the clinical onset of epidermal cyst*
- *having repeated friction, pressure or occlusion of the skin at the affected site from equipment worn against the face, for at least 20 hours per week for at least the 6 months before the clinical onset of epidermal cyst*
- *having occlusion of the pilosebaceous follicles of the affected region by greasy or occlusive preparations applied to the skin, for at least 20 hours per week for at least the 6 months before the clinical onset of epidermal cyst*
- *having acne vulgaris, acne mechanica or another disorder causing follicular occlusion in the affected region at the time of the clinical onset of epidermal cyst*
- *having cumulative exposure of the affected region to solar ultraviolet radiation of at least 1,000 hours before the clinical onset of epidermal cyst*
- *being treated with topical imiquimod applied to the affected region within the 1 year before the clinical onset of epidermal cyst*

Diagnosis: Epidermal Cyst

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 4 June 2025, and is supported by an outpatient health record by the medical officer, Regimental aid post, dated 26 July 2010.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Balance of Probabilities (reasonable satisfaction) - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *having a laceration, cut or puncture wound that penetrates the dermis at the affected site before the clinical onset of epidermal cyst*

- *having suturing or another surgical procedure that breaches the epidermis at the affected site before the clinical onset of epidermal cyst*
- *having blunt trauma to the affected site, causing an abrasion, haematoma or swelling, within the 5 years before the clinical onset of epidermal cyst*
- *having a foreign body, such as sand, grit, glass or metal, embedded in the skin at the affected site before the clinical onset of epidermal cyst*
- *having repeated friction, pressure or occlusion of the skin at the affected site from equipment worn against the face, for at least 20 hours per week for at least the 6 months before the clinical onset of epidermal cyst*
- *having occlusion of the pilosebaceous follicles of the affected region by greasy or occlusive preparations applied to the skin, for at least 20 hours per week for at least the 6 months before the clinical onset of epidermal cyst*
- *having acne vulgaris, acne mechanica or another disorder causing follicular occlusion in the affected region at the time of the clinical onset of epidermal cyst*
- *having cumulative exposure of the affected region to solar ultraviolet radiation of at least 1,000 hours before the clinical onset of epidermal cyst*
- *being treated with topical imiquimod applied to the affected region within the 1 year before the clinical onset of epidermal cyst*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with a painless, slowly enlarging lump within the scar of the left eyebrow with a central punctum, which occasionally discharged cheesy material and was irritated by your helmet and goggles on 26 July 2010.

The diagnosis was made clinically on 26 July 2010 on the finding of a firm, mobile dermal nodule with a central punctum arising in the left eyebrow scar, and confirmed on ultrasound on 5 August 2010, which showed a well-circumscribed lesion with posterior acoustic enhancement and laminated internal echoes typical of an epidermal cyst.

This has then led to further investigations and the diagnosis of your condition of *Epidermal Cyst*. I have accepted your condition of *Epidermal Cyst*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes that this condition is related to your peacetime service.

I have therefore accepted that this condition is related to your service with effect from 15 July 2010.

Left Eyebrow - Epidermal Cyst (Worsening)

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 4 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 4 June 2025;
- A treatment record by the medic, Iraq, dated 14 August 2006;
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- An ultrasound left eyebrow report by the radiologist, dated 5 August 2010;
- An outpatient health record and microbiology report by the medical officer, Afghanistan, dated 2 February 2012;
- An ultrasound left eyebrow report by the radiologist, dated 10 August 2012;
- An operation and histopathology reports by the plastic surgeon and anatomical pathologist, dated 18 September 2012.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

19 January 2004 and 3 February 2017

Left Eyebrow - Epidermal Cyst (Worsening)

You have stated that the worsening of your condition was caused by:

- *having trauma to the epidermal cyst causing rupture of the cyst wall before the clinical worsening of epidermal cyst*
- *having secondary bacterial infection of the epidermal cyst before the clinical worsening of epidermal cyst*

- *having repeated friction, pressure or occlusion of the epidermal cyst from equipment worn against the face for at least 20 hours per week for at least the 3 months before the clinical worsening of epidermal cyst*
- *inability to obtain appropriate clinical management for epidermal cyst*

Diagnosis: Epidermal Cyst (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 4 June 2025, and is supported by an outpatient health record by the medical officer, Regimental aid post, dated 26 July 2010.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Reasonable Hypothesis - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *having trauma to the epidermal cyst causing rupture of the cyst wall before the clinical worsening of epidermal cyst*
- *having secondary bacterial infection of the epidermal cyst before the clinical worsening of epidermal cyst*
- *having repeated friction, pressure or occlusion of the epidermal cyst from equipment worn against the face for at least 20 hours per week for at least the 3 months before the clinical worsening of epidermal cyst*
- *inability to obtain appropriate clinical management for epidermal cyst*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with a painless, slowly enlarging lump within the scar of the left eyebrow with a central punctum, which occasionally discharged cheesy material and was irritated by your helmet and goggles on 26 July 2010.

The diagnosis was made clinically on 26 July 2010 on the finding of a firm, mobile dermal nodule with a central punctum arising in the left eyebrow scar, and confirmed on ultrasound on 5 August 2010, which showed a well-circumscribed lesion with posterior acoustic enhancement and laminated internal echoes typical of an epidermal cyst.

After the condition arose, it was worsened during your service. On 2 February 2012, on warlike service in Afghanistan, the cyst was struck by a weapon sight during a contact and burst, releasing keratin into the surrounding tissue. The ruptured cyst became a 20 mm abscess with cellulitis of the upper eyelid, incised and drained on deployment, and cultures grew

Staphylococcus aureus. On warlike service in Afghanistan from 10 October 2011 you wore your helmet and goggles on patrol for 10 to 16 hours a day, and the brim and strap rubbed and pressed on the cyst throughout the 3 months before the worsening, from 2 November 2011 to 2 February 2012, causing recurrent irritation recorded at sick parade. Elective excision of the cyst, advised in July 2010, was deferred by pre-deployment training, and on deployment in 2012 only incision and drainage was available, leaving the cyst wall in place to become reinfected.

This has then led to further investigations and the diagnosis of your condition of *Epidermal Cyst (Worsening)*. I have accepted your condition of *Epidermal Cyst (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes that the worsening of this condition is related to your wartime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 2 February 2012.

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