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.

Skin - Sebaceous 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 9 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 July 2025;
- A treatment record by the medic, Iraq, dated 9 April 2008;
- A field exercise treatment record by the medical officer, dated 3 March 2010;
- An outpatient health record by the medical officer, RAAF base health centre, dated 20 October 2010;
- A pre-deployment medical examination by the medical officer, dated 18 January 2011;
- A treatment record by the medic, Afghanistan, dated 18 August 2011;
- An outpatient health record and ultrasound report by the medical officer and radiologist, dated 22 February 2012;
- A deployed health record and ultrasound report by the medical officer, Middle East, dated 5 May 2016;
- A deployed health record by the medical officer, Middle East, dated 12 June 2016;
- An operation report and histopathology report by the general surgeon and pathologist, dated 14 October 2016;
- A clinical assessment by the general practitioner, dated 9 July 2025.

Your service

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

17 January 2005 and 30 April 2020

Skin - Sebaceous 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 sebaceous cyst*
- *having suturing or another surgical procedure that breaches the epidermis at the affected site before the clinical onset of sebaceous cyst*
- *having blunt trauma to the affected site, causing an abrasion, haematoma or swelling, within the 5 years before the clinical onset of sebaceous 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 sebaceous cyst*
- *having repeated friction, pressure or occlusion of the skin at the affected site from equipment worn against the body, for at least 20 hours per week for at least the 6 months before the clinical onset of sebaceous cyst*
- *having heavy sweating with occlusion of the skin of the affected region in a hot environment, for at least 20 hours per week for at least the 6 months before the clinical onset of sebaceous cyst*
- *having acne vulgaris, acne mechanica or another disorder causing follicular occlusion in the affected region at the time of the clinical onset of sebaceous cyst*
- *taking systemic glucocorticoids or anabolic-androgenic steroids for at least 4 weeks within the 1 year before the clinical onset of sebaceous cyst*

Diagnosis: Sebaceous Cyst

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 July 2025, and is supported by an outpatient health record and ultrasound report by the medical officer and radiologist, dated 22 February 2012.

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 a laceration, cut or puncture wound that penetrates the dermis at the affected site before the clinical onset of sebaceous cyst*
- *having suturing or another surgical procedure that breaches the epidermis at the affected site before the clinical onset of sebaceous cyst*

- *having blunt trauma to the affected site, causing an abrasion, haematoma or swelling, within the 5 years before the clinical onset of sebaceous 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 sebaceous cyst*
- *having repeated friction, pressure or occlusion of the skin at the affected site from equipment worn against the body, for at least 20 hours per week for at least the 6 months before the clinical onset of sebaceous cyst*
- *having heavy sweating with occlusion of the skin of the affected region in a hot environment, for at least 20 hours per week for at least the 6 months before the clinical onset of sebaceous cyst*
- *having acne vulgaris, acne mechanica or another disorder causing follicular occlusion in the affected region at the time of the clinical onset of sebaceous cyst*
- *taking systemic glucocorticoids or anabolic-androgenic steroids for at least 4 weeks within the 1 year before the clinical onset of sebaceous 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 small firm lump over the right shoulder blade that rubbed under your body armour strap, with occasional discharge of foul-smelling cheesy material when it was squeezed by equipment on 18 August 2011.

The diagnosis was made clinically by the medical officer on 22 February 2012, on the finding of a firm, mobile, 14 mm subcutaneous nodule with a central punctum that discharged keratinous material, and was confirmed by ultrasound the same day showing a well-circumscribed hypoechoic lesion with posterior enhancement and a tract to the skin, typical of an epidermoid cyst.

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

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

I have therefore accepted that this condition is related to your service with effect from 18 August 2011.

Skin - Sebaceous 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 9 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 July 2025;
- A treatment record by the medic, Iraq, dated 9 April 2008;
- A field exercise treatment record by the medical officer, dated 3 March 2010;
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- A pre-deployment medical examination by the medical officer, dated 18 January 2011;
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- A deployed health record by the medical officer, Middle East, dated 12 June 2016;
- An operation report and histopathology report by the general surgeon and pathologist, dated 14 October 2016;
- A clinical assessment by the general practitioner, dated 9 July 2025.

Your service

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

17 January 2005 and 30 April 2020

Skin - Sebaceous Cyst (Worsening)

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

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

- *having repeated friction, pressure or occlusion of the sebaceous cyst from equipment worn against the body for at least 20 hours per week for at least the 3 months before the clinical worsening of sebaceous cyst*
- *having incision and drainage of the sebaceous cyst without removal of the cyst wall before the clinical worsening of sebaceous cyst*
- *inability to obtain appropriate clinical management for sebaceous cyst*

Diagnosis: Sebaceous Cyst (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 July 2025, and is supported by an outpatient health record and ultrasound report by the medical officer and radiologist, dated 22 February 2012.

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 sebaceous cyst causing rupture of the cyst wall before the clinical worsening of sebaceous cyst*
- *having secondary bacterial infection of the sebaceous cyst before the clinical worsening of sebaceous cyst*
- *having repeated friction, pressure or occlusion of the sebaceous cyst from equipment worn against the body for at least 20 hours per week for at least the 3 months before the clinical worsening of sebaceous cyst*
- *having incision and drainage of the sebaceous cyst without removal of the cyst wall before the clinical worsening of sebaceous cyst*
- *inability to obtain appropriate clinical management for sebaceous 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 small firm lump over the right shoulder blade that rubbed under your body armour strap, with occasional discharge of foul-smelling cheesy material when it was squeezed by equipment on 18 August 2011.

The diagnosis was made clinically by the medical officer on 22 February 2012, on the finding of a firm, mobile, 14 mm subcutaneous nodule with a central punctum that discharged keratinous material, and was confirmed by ultrasound the same day showing a well-circumscribed hypoechoic lesion with posterior enhancement and a tract to the skin, typical of an epidermoid cyst.

After the condition arose, it was worsened during your service. On 2 May 2016, on warlike service in the Middle East, the cyst was struck by a rifle butt during a vehicle loading drill and burst. The ruptured cyst became an abscess with surrounding cellulitis, documented on 5 May 2016, and culture grew Staphylococcus aureus. Throughout the 3 months before the worsening, from 5 February 2016 to 5 May 2016, you wore your plate carrier and pack in pre-deployment training and then on warlike service in the Middle East from 10 February 2016, for 8 to 12 hours a day, more than 20 hours a week. On 5 May 2016 the abscess was incised and drained on deployment, but the cyst wall could not be removed because no surgical facility was available. Elective excision was recommended on 22 February 2012, before any rupture, but was deferred for more than four years by readiness exercises and deployment preparation.

This has then led to further investigations and the diagnosis of your condition of *Sebaceous Cyst (Worsening)*. I have accepted your condition of *Sebaceous 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 5 May 2016.

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