



INTERNATIONAL JOURNAL OF ADVANCE RESEARCH, IDEAS AND INNOVATIONS IN TECHNOLOGY

ISSN: 2454-132X

Impact Factor: 6.078

(Volume 9, Issue 2 - V9I2-1220)

Available online at: <https://www.ijariit.com>

An interesting case of sebaceous horn: A rare case report

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ABSTRACT

Sebaceous horn is an erupted cornified dermal nodular lesions that constituted of hyperkeratotic material. It is an unusual cutaneous lesion that is also termed as cornu cutaneum. These are found in areas like scalp, face, neck, and peripheral limbs exposed to solar radiation. Mostly these lesions are benign but underlying pre-malignant or malignant components are also encountered. We present an interesting and a rare case of sebaceous horn in 66-year male who presented to our out-patient department with an animal horn like cutaneous lesion for last 2 years. A 2-2.5 cm, brownish coloured, vertical cone shaped like horny projection was noted on the dorsal aspect of his left forearm. Because of having malignant potential, it is better to excise widely the horny lesion with a rim of 1 cm normal skin. Patient was operated as a day care procedure where wide local excision was performed taking 1cm rim of normal skin margin around the nodular lesion and sent for histopathological reporting. Histopathology report shown the lesion to have core of inspissated squamous epithelial debris material with peripheral rim of dead keratin or hyperkeratosis with adjacent normal skin. No malignant cells were found.

Keywords: Sebaceous Horn, Cutaneous Horn, Acanthotic Squamous Cell, Hyperkeratosis, Solar Radiation

I. INTRODUCTION

Sebaceous horn is also known as cutaneous horn. In Latin word, it is termed as cornu cutaneum. It is an uncommon surface lesion presenting as a slow-growing dark brownish color, nodular, hard, hyperkeratotic with an upright conical projection which mimics horn of an animal. These are frequently developed in sun-exposed body surface area such as the scalp, face, pinna, neck, chest, and forearms. It occurs due to actinic radiation or sun light burns. These are constituted of hyperkeratotic dead keratin with core of inspissated squamous material. These lesions are mostly benign with 60% incidence. But these have both premalignant and malignant potential with 20% incidence detected as squamous cell carcinoma. This mandates the histopathological evaluation of every specimen due to it having malignant potential.

II. CASE PRESENTATION

We present a rare case of sebaceous horn in 66 years old male who consulted to our out-patient department having a painless nodular horn like lesion on the dorsal aspect of his left forearm with intermittent itching and pain for last 2 years (Image 1).



Figure 1: Sebaceous horn on ventral aspect of the left forearm

Detailed history taking and physical examination was performed. The lesion was slowly progressive in nature and increasing in size. A 2-2.5 cm, animal horn like, brown coloured, cone shaped, non-tender, stony hard in consistency, adherent with skin but free from underlying muscle was noted. Patient was explained about the provisional diagnosis and its malignant potential. He consented for undergoing surgical excision. As the lesion has malignant potential, so it was decided for wide local excision. Patient got operated in out-patient department based minor operation theatre where wide local excision was completed under local anaesthesia. The specimen was sent for histopathological evaluation. Histopathology report revealed the lesion to have core of inspissated squamous epithelial debris material with peripheral thick rim of dead keratin, acanthosis, ortho-keratosis with significant rete ridges with normal adjacent skin. No malignant changes were reported (Image 2).

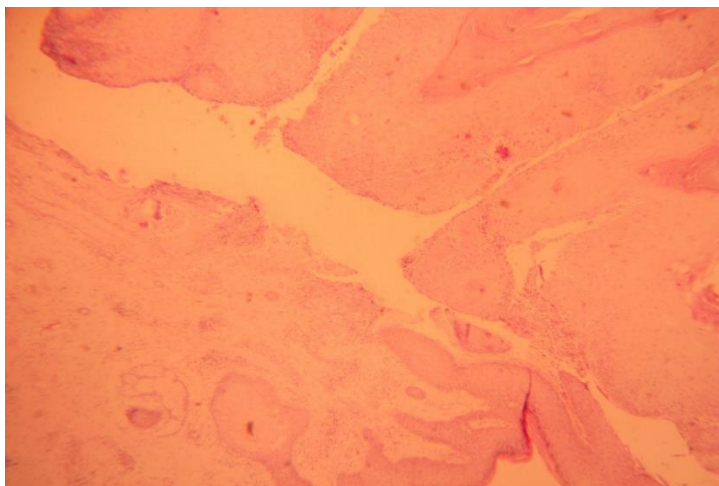


Figure 2: H&E X100 Ortho-keratotic, acanthotic squamous epithelium with adjacent normal skin

III. DISCUSSION

A sebaceous horn is a nodular horny projection from stratum corneum layer of the skin surface. It constitutes of dead keratin with squamous debris resembling an animal horn in miniature [1]. However, the animal horns are different from human cutaneous horn. Animal horns are composed of outer hyperkeratotic epidermis, dermis, and inner core of bone. Bone is not found in the cutaneous horn. A well-documented case report of cutaneous horn was of Mrs. Margaret- Gryffith, published in London, 1588. However, earliest observations on cutaneous horns in humans were described by a surgeon the Everard Home in 1791 [2]. Farris from Italy first described the well-documented case report with adequate histology of gigantic horn in a man [3]. However, a detailed description of the cutaneous horn was published by a surgeon named Erasmus Wilson at the St. Pancras Infirmary London in 1884 [4]. The underlying pathology is seborrheic keratosis induced by actinic radiation due to sustained sunlight exposure [5]. These entities contain dead cornified squamous material and in certain malignant cases consists of keratin pearls proving to be of squamous cell carcinoma. Commonest sites of cutaneous horns are sun exposed body surface area like scalp, face, and neck. These can be observed in some other location too like chest, forearm, hand, and leg. The sebaceous horn was predominantly seen in elderly with peak incidence in 60 to 70 years [6]. Our case 66 years old male has cutaneous horn upon dorsal aspect of left forearm. It may be tiny or giant size. Till date the largest size 25cm sebaceous horn was of 76 years old Parisian female who had it over her forehead [7]. These lesions may be benign, pre-malignant and malignant. According to a largest study by Yu et al [8], 61% of cutaneous horns were benign lesions and 39% were malignant or premalignant epidermal lesions. Two other larger studies published on cutaneous horn also showed that 23-37% of horns were associated with actinic keratosis or Bowen's disease and another 16-20% with malignant lesions [9]. The underlying pathology in these sebaceous horns may be benign (It includes seborrheic keratosis, viral warts, histiocytoma, inverted follicular keratosis, verrucous epidermal nevus, molluscum contagiosum, etc.), premalignant (like solar keratosis, arsenical keratosis, Bowen's disease) or malignant (squamous cell carcinoma, rarely, basal cell carcinoma, metastatic renal carcinoma, granular cell tumour, sebaceous carcinoma, or Kaposi's sarcoma [10]). The cutaneous horns are predominantly benign lesions however possibility of malignant potential should always be kept in mind. Therefore, it is mandatory to send every specimen especially base of the lesion for histopathological evaluation to rule out underlying malignancy [11]. Therefore, wide local excision with 1 cm rim of normal skin and reconstruction is the treatment of choice.

IV. CONCLUSION

Sebaceous horns are relatively less common entity. It presents as nodular hard vertical horny lesion. Unlike animal horn, it lacks bone. Sebaceous horns are induced in sun exposed areas of human body due to sustained impact of solar radiation. These cutaneous lesions are mostly benign but somewhat also harbours premalignant as well as malignant potential. Therefore, wide local excision is the treatment of choice. It should be mandatory to send all specimen for detailed histopathological evaluation to rule out forbidden premalignant or malignant tissue component.

V. DISCLOSURES

Human subjects: All authors have confirmed that this study did not involve human participants or tissue. Conflicts of interest: In compliance with the ICMJE uniform disclosure form, all authors declare the following: Payment/services info: All authors have

declared that no financial support was received from any organization for the submitted work. Financial relationships: All authors have declared that they have no financial relationships at present or within the previous three years with any organizations that might have an interest in the submitted work. Other relationships: All authors have declared that there are no other relationships or activities that could appear to have influenced the submitted work.

VI. REFERENCES

1. T Korkut, N B Tan, Y Oztan: Giant cutaneous horn: a patient report. *Annual Plastic Surgery*. 1997 December, 39(6):654-5. 10.1097/00000637-199712000-00019
2. J Bondeson: Everard Home, John Hunter, and cutaneous horns: a historical review. *The American Journal of Dermatopathology*. 2001 august, 23(4):362-9. 10.1097/00000372-200108000-00014
3. G FARRIS: Histological consideration on a case of voluminous cutaneous horn. *Minerva Dermatol*.1953 July;28(7):159-65.
4. Erasmus Wilson: Account of a horn developed from the human skin; with observations on the pathology of certain disorders of the sebaceous glands. *Medico-Chirurgical Transactions*. 1844, 27:494-1. 10.1177/095952874402700107
5. Devender Mohan Thappa, Chandrashekhar Laxmisha: Cutaneous horn of eyelid. *The Royal Society of Medicine*. 2004 Feb, 41(2):195.
6. M.L. Hine: Sebaceous horn of the left upper lid becoming malignant.*The Royal Society of Medicine*. 1920,13:86-87. 10.1177/003591572001301739
7. Jung Hoon Yang, Dae Hyun Kim, Jong Suk Lee, Moon kyun Cho, Sang Hoon Lee, Sung Yul Lee, Hyun Deuk Cho: A case of cutaneous horn originating from keratoacanthoma. *Annals of Dermatology*. 2011 Feb, 23(1):89-91. 10.5021/ad.2011.23.1.89
8. R C Yu, D W Pryce, A W Macfarlane, T W Stewart: A histopathological study of 643 cutaneous horns.*British Journal of Dermatology*. 1991 may, 124(5):449-52. 10.1111/j.1365-2133.1991.tb00624.x.
9. R H Schosser, S J Hogde, L G Owen: Cutaneous horns: A histopathologic study. *Southern Medical Journal*. 1979 sept, 72(9):1129-31. 10.1097/00007611-197909000-00014
10. Eray Copcu, Nazan Sivrioglu, Nil Culhaci: Cutaneous horns: are these lesions as innocent as they seem to be? *World Journal of Surgical Oncology*. 2004 June, 2:18. 10.1186/1477-7819-2-18
11. J W Gould, R T Brodell: Giant Cutaneous horn associated with verruca vulgaris. *Cutis*. 1999 August, 64(2):111-2.