

SEBACEOUS HORN: A CASE REPORT

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ABSTRACT

Sebaceous horn is a relatively rare lesion consisting of a protruding, conical, dense, hyperkeratotic nodule which resembles the horn of an animal. Cutaneous horns most frequently occur in sun-exposed parts and are typically found in the face and the scalp, but may also occur on the hands, eyelids, nose, chest, neck, shoulder and penis. Their occurrence on covered areas is uncommon. We report a 61-year-old female patient presenting with cutaneous horn over her suprapubic area which is a rather unusual site for this lesion. There's a rare but definite risk of underlying malignant pathology in cutaneous horn. Standard treatment involves local excision, but the presence of malignancy mandates a partial penectomy.

Conclusion: Surgical Excision with clear wide margins in mandatory for the management of lesions presenting as Sebaceous horn.

Keywords: *Cornu cutaneum, Sebaceous Horn*

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INTRODUCTION

A cutaneous horn is a clinical description referring to protruding compressed cornified material indicating a skin reaction pattern to a variety of cutaneous pathologies¹. Cutaneous horns most frequently occur in sun-exposed parts and are typically found on the face and scalp, but may also occur on the hands, penis, eyelids, nose, chest, neck and shoulder².

They are thought to result from underlying benign, premalignant or malignant pathology, in 61.1%, 23.2% and 15.7% of cases respectively³. Tenderness at the base of the lesion and lesions of larger size favour malignancy⁴. Excisional biopsy with a clear margin is the treatment of choice. This paper reports a case of cutaneous horn in an infrequent location.

CASE REPORT

A 61-year-old female reported to the outpatient department with 6 months history of a conical, hard and yellowish lesion over her suprapubic region (Figure 1 & 2). The swelling had its origin as a small, rounded nodule which progressively enlarged to the presenting size. Patient did not bother about the lesion at first, but over the next few months patient developed a dull ache in the lesion which radiated to the inguinal region and was also associated with itching. A detailed history and clinical examination were consistent with a large protruding horny

swelling in the suprapubic region with a nodular base, but no induration or regional lymphadenopathy. There were no comorbid medical conditions. The sebaceous horn was excised with a clear margin and the wound was closed primarily. Histopathological findings were consistent with benign keratosis, ruling out a malignant etiology.

DISCUSSION

Cutaneous horn is a clinical denomination which describes a highly keratotic, conical and circumscribed lesion, white or yellowish in color, that varies from a few millimeters to many centimeters and that can hide either benign or malign lesions⁵. It usually involves areas of the body exposed to sunlight in patients 50 years or older. Cutaneous horns are classified into four varieties: (1) Sebaceous horns arise from sebaceous cysts and arise most commonly on the scalp, (2) Wart horns closely resemble sebaceous horns and are usually found on the penis, (3) Cicatrix horns are rare and grow from the post burn lesions. A laminated horny outgrowth may form from the healing post burn ulcer, (4) Nail horns most commonly from big toenail



Figure 1 & 2: Conical lesion over the suprapubic region.

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in unattended patients ⁶. The cutaneous horn usually occurs over sun exposed areas, particularly the face, scalp, pinna, nose, forearm, and dorsal aspect of hand ⁷. They sometimes can develop in non-sun exposed areas as in our case. On examination these sebaceous or cutaneous horns are yellowish in colour and hard with linear ridges along the long axis of the horn which tapers and becomes conical at its distal end. The base of the horn may show redness and tenderness of the surrounding skin. It is also important to assess the lymph nodes draining the area in which the lesion is present. Pain, basal tenderness and large size, are features suggestive of malignancy. The longer the time to develop the disease and the bigger its base, the higher the risk of the lesions being premalignant or malignant ⁸. The mass of the cutaneous horn usually shows compact, diffuse hyperkeratosis with parakeratosis. It is important to identify pre-malignant actinic (or arsenical) keratosis, malignant squamous cell carcinoma and sometimes keratoacanthoma. The lesion should be excised with margins and sent for histopathology to rule out malignancy. If the lesion is malignant then it should be excised with clear margins and metastatic evaluation should be carried out.

CONCLUSION

Sebaceous horns appear benign but a high risk of underlying malignancy should be suspected. The lesion should be excised with clear margins and specimen should be evaluated by a histopathologist to rule out malignancy of the horn base.

CONSENT

Written informed consent was obtained from the patient for publication of this case report and accompanying images. A

copy of the written consent is available for review by the Editor-in-Chief of this journal.

AUTHORS' CONTRIBUTION

Farhan Eitezaz: Write up of the manuscript ,final drafting and editing.

Eitezaz Ahmed Bashir: Idea for case report , concepulisation , senior operating author and proof reading of manuscript .

Anila Rehman: literature search and statistics.

Riaz Anwar Basir: proof reading of manuscript , editing.

Arsalan Siraj: final edit and proof reading.

Muhammad Asghar: guidance and proof reading.

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