

Cutaneous horn on chest wall: Case report

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Abstract:

Cutaneous horn is a rare clinical entity. Sebaceous horns are commonly seen in sun-exposed areas. They are rare in chest wall or covered areas. Their association with malignancy makes proper identification of these lesions essential. A case of a cutaneous horn on the chest wall in an elderly male is reported.

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Introduction:

Cornu cutaneum (Cutaneous horn) refers to a well-defined cone-shaped lesion with hyper-keratotic features. These are found most frequently on exposed skin (1), and are typically found on the face and scalp, but may also occur on the penis, eyelids, nose, chest, neck and shoulder. The Sebaceous horns are usually benign, however, malignant or premalignant lesions might be associated with it (2). Because of their malignant potential, the lesions must always be considered for histopathological evaluation.

Case History:

A 50-year-old male presented with a raised, painless growth over the left chest wall in sub-mammary area for more than 10 years duration. The clinical examination demonstrated a cone-shaped Cutaneous horn of 4 cm x 2 cm size attach by a pedicle to skin (Fig. 1). There was no axillary lymphadenopathy. The lesion was excised. Histopathology of the lesion revealed extreme hyperkeratosis, dyskeratosis, and acanthosis. There was no focus of malignancy. The follow-up was uneventful without signs of recurrence (Fig. 2).



Figure 1: Sebaceous horn

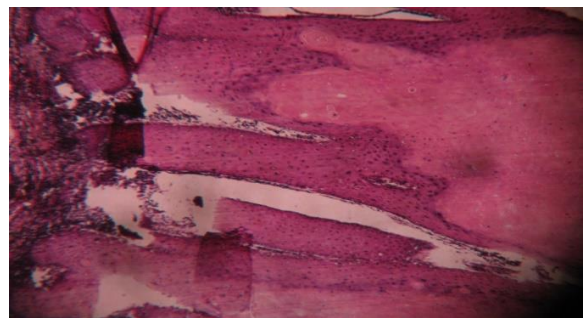


Figure 2: Sections reveal epidermis and dermis, epidermis shows acanthosis, extensive conical epidermoid hyperkeratosis and dermis shows dense lichenoid inflammatory infiltration

Discussion:

A sebaceous horn (cornu cutaneum) is a protrusion from the skin consisting of cornified material resembling an animal horn in miniature. However, the animal horns are composed of superficial hyperkeratotic epidermis, dermis with centrally positioned bone. No such well-formed bone is observed in the human horns. The earliest well-documented case of cornu cutaneum from London in 1588 is of Mrs. Margaret Gryffith, an elderly Welsh woman. However, earliest observations on cutaneous horns in humans were described by the Everard Home in 1791 (3).

Various lesions seen at the base of a cutaneous horn include squamous cell carcinoma, actinic keratosis, keratoacanthoma, Bowen's disease, seborrheic keratosis, basal cell carcinoma, hemangioma, keratotic and micaceous pseudopapillomatous balanitis, Kaposi's sarcoma, sebaceous adenoma and Paget's disease of the female breast (4-5).

These horns may arise from a variety of benign, premalignant or malignant epidermal lesions.

Most commonly, they are single and arise from a seborrheic keratosis lesion (5). According to a largest study by Yu et al (2) 61% of cutaneous horns were derived from benign lesions and 39% were derived from malignant or premalignant epidermal lesions.

Microscopically, sebaceous horn shows marked hyperkeratosis, acanthosis, dyskeratosis, papillomatosis and chronic inflammatory infiltration of the adjacent dermis (1). Malignant change has been reported in 12 % of cases (6).

The important consideration in these cases is not the horn, but the underlying pathology which may be benign (seborrheic keratosis, viral warts, histiocytoma, inverted follicular keratosis, verrucous epidermal nevus, molluscum contagiosum, etc.), premalignant (solar keratosis, arsenical keratosis, Bowen's disease) or malignant (squamous cell carcinoma, rarely, basal cell carcinoma, metastatic renal carcinoma, granular cell tumor, sebaceous carcinoma or Kaposi's sarcoma (7). Histopathological examination, specially of the base of the lesion (1, 8) is necessary to rule out associated malignancy and full excision and reconstruction if a raw area is the treatment of choice.

Conclusion:

The sebaceous horns are predominantly benign lesion; however possibility of malignant potential should always be kept in mind hence need for surgical excision.

References:

1. Lever FW, Schaumburg LG. Histopathology of the skin. 6th Ed, New York: JB Lippincott Co.; 1984.
2. Yu RC, Pryce DW, Macfarlane AW, Stewart TW. A histopathological study of 643 cutaneous horns. *Br J Dermatol* 1991; 124:449-52.
3. Bondeson J. Everard Home, John Hunter. Cutaneous horns: A historical review. *Am J Dermatopathol* 2001; 23:362-9.
4. De la Pena Zarzuelo E, Caero Rubias C, Sierra E, Delgado JA, Silmi Moyano A, Resel Estevez L. Cutaneous horn of the penis. *Arch Esp Urol* 2001;54:367-8.
5. Thappa DM, Laxmisha C. Cutaneous horn of eyelid. *Indian Pediatr* 2004; 41:195.
6. Hasan AA, Orter AM, Milan DF. Penile horn: Review of literature with 3 case reports. *J Uro* 1967; 97:315.
7. Copcu E, Sivrioglu N, Culhaci N. Cutaneous horns: Are these lesions as innocent as they seem to be? *World J Surg Oncol* 2004;2:18.
8. Gould JW, Brodell RT. Giant cutaneous horn associated with verruca vulgaris. *Cutis* 1999; 64:111-2.