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Case Report

Sebaceous horn over scalp

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ABSTRACT

Cutaneous horn is an exophytic keratinized lesion related to sun exposure or burns that most often occurs on the face. Although it is recognized as a slow-growing benign condition, it has also been described as potentially malignant lesion. Only a few cases of cutaneous horn of the scalp have been described in the literature. A 65 year old male came to our hospital with horn like growth over scalp, we did excisional biopsy of the lesion and report came as "sebaceous horn".on regular follow up, no recurrence has been seen on surgical site.

Keywords: Sebaceous horn, Swelling, Scalp, Excision

INTRODUCTION

Cutaneous horn is a relatively rare tumor, most often arising on sun-exposed skin in elderly men.[1,2] The important issue is not the horn itself, which is dead keratin, but rather the underlying condition, which may be benign, premalignant, or malignant.[3] Various types of associated lesions may be found at the base of a cutaneous horn, including viral warts, actinic keratosis, keratoacanthoma, seborrheic keratosis, pyogenic granuloma, discoid lupus erythematosus, verruca vulgaris, Bowen's disease, basal cell carcinoma, and squamous cell carcinoma.[4-7]

In a study performed on 48 cases with eyelid horns, by Mencía-Gutiérrez et al., 23% of them were premalignant and malignant.[8] Although it is very difficult to distinguish between benign, premalignant, and malignant lesions, larger size of lesions and tenderness at base of lesions are signs in favor of malignancy. Treatment depends on the type of lesion and its malignant potential.[3]

Therefore, prompt diagnosis of the underlying lesion by appropriate biopsy is mandatory. In cases of benign lesions, the biopsy may be both diagnostic and therapeutic, while for malignant tumors, complete surgical excision with appropriate margin is usually required.[3] So, in every patient with cutaneous horn, an underlying disease must be looked for.

CASE REPORT

A 65 years old male came with complaint of yellowish horn like swelling over scalp since 5 years; swelling was initially started as globular 5 years ago; was painless and gradually increased in size slowly over the period of 5 years (Figure 1 and 2).

Figure 1: Patient having sebaceous horn over scalp.

Figure 2: Close up view showing yellowish horn like structure with no inflammatory reaction over surrounding tissue.

There was no history of rapid growth of the swelling or pain over the swelling or any ulceration or satellite nodules or discoloration. There was no history of headache or discharge through swelling or change in shape or size of swelling with postural changes.

On inspection

Swelling is of size approximately 5*3*3 cm over right parietal region with shape like a horn; yellowish in color; smooth surface; no ulcerations or satellite nodules or discoloration.

On palpation

Swelling is non-tender; local temperature is not raised; hard in consistency; fixed to scalp tissue; non compressible; non fluctuant; non pulsatile. Pre-operative blood investigations were done and all reports came as within normal limits. Decision was made to do excisional biopsy of the swelling.

Operative notes

Under short general anesthesia, excision of swelling done and operative site closed with non-absorbable polyamide suture (cutting needle).

Histopathology report

Histopathology report came as a "sebaceous horn with diffuse hyperkeratosis and parakeratosis. Suture removal done on post-operative day 7. No recurrence observed on follows up.

DISCUSSION

Cutaneous horns, though grossly similar to horns in animals are histologically quite different from them. The animal horns are composed of superficial hyperkeratotic epidermis, dermis, and centrally positioned bone. No such axially positioned well-formed bone is observed in the gigantic human horns. On the other hand, no cystic structures lined by trichelemmal-type epithelium are seen in of the true animal horns.[5] The earliest well documented case of cornu cutaneum from London in 1588 is of Mrs. Margaret Gryffith, an elderly Welsh woman. A showman, who advertised it in a pamphlet, exhibited her for money. However, earliest observations on cutaneous horns in humans were described by the London surgeon Everard Home in 1791.[6] Farris from Italy first described the gigantic horn in man as a well documented a case report with adequate histology.[7]

A cutaneous horn (cornu cutaneum) is a protrusion from the skin consisting of cornified material organized in the shape of a horn. These horns can be derived from a variety of benign or malignant epidermal lesions. The histological appearance of the basal layer of the cutaneous horn is in the spectrum of seborrheic keratosis to infiltrated squamous cell carcinoma.[1,6]

The important issue is not the horn itself which is dead keratin, but rather the underlying condition, which may be benign (seborrheic keratosis, viral warts, histiocytoma, inverted follicular keratosis, verrucous epidermal nevus, molluscum contogiosum, 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).

Most commonly, they are single and arise from a seborrheic keratosis lesion.[8] Largest study of 643 cutaneous horns was reported by Yu et al.[6] According to them 39% of cutaneous horns were derived from malignant or premalignant epidermal lesions, and 61% from benign lesions. Two other larger studies on cutaneous horn too showed 23–37% of these to be associated with actinic keratosis or Bowen's disease and another 16–20% with malignant lesions.[3,9]

In the study of Bart et al 44% patients had underlying malignancy. Three of their patients had past history of skin cancers.[10] Spira and Rabonovitz concluded that cutaneous horns in associated with a malignant or premalignant base is more common in patients with a past history of other malignant or premalignant lesions.[11] In our part of the country exposure to the sun is most common. Majority of the population is involved in farm activity mostly without sun protection.

We believe that sun exposure is the most important etiological factor in pathogenesis of the cornu cutaneum like other skin lesions. Histopathological examination of the base of the lesion is necessary to rule out associated carcinoma, and full excision is the treatment of choice.

In general, malignant or premalignant conditions are more common in older male patients, especially when the cutaneous horn is found on the face, pinna, dorsum of hands, forearms, or scalp, or when it has a larger base or base-height ratio.[3] Surgical excision remains the treatment of choice.

CONCLUSION

Cutaneous horns usually appear on exposed skin areas in elderly men. The important issue in this condition is not the horn itself, which is just dead keratin, but rather the nature of the underlying disease, although the horns are usually benign.

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