

A Pigmented Cutaneous Horn: A Rare Case Report

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Abstract: *Introduction:* Cutaneous horn is a conical shaped hyperkeratosis of different sizes. It looks similar to horn of an animal. These are usually benign lesions but premalignant and malignant lesions might also be associated with it sometimes. *Case report:* We present a case report of a 27 year old male patient who came with lesion which was similar to cutaneous horn and turned out to be a malignant melanoma. It was treated with wide local excision with neck dissection followed by local radiotherapy. *Conclusion:* Cutaneous horn is a macroscopic or clinical diagnosis, and it is very important to describe the nature of underlying lesion by histopathological examination.

Keywords: Sebaceous horn, malignant melanoma, benign, histopathology

1. Introduction

Cutaneous horn is a conical shaped hyperkeratosis of different sizes (varying from few mm to centimeters). It looks similar to horn of an animal. It occurs mostly on sun-exposed areas such as scalp and face; but it can occur on the hands, chest, eyelids, nose, neck, penis and shoulder. These are usually benign lesions but premalignant and malignant lesions might also be associated with it sometimes. Its diagnosis is done clinically, but because of its malignant potential, it is always considered for histopathological examination after excision; as no certain clinical feature distinguish benign lesion from a malignant one. Malignant lesions are more common in older patients and in males compared to females. Sebaceous horns are usually singular, but can be multiple. These are usually asymptomatic, but get injured and inflamed when the overhanging tip is accidentally hit by something.

2. Case Report

A 27 year old male patient presented to our OPD with a cystic lesion over scalp on right side temporal region, and swelling in right post-auricular region. On close inspection, we found that he had a swelling on right side of neck in posterior triangle. The lesion over scalp was brown in colour and it resembled to a horn; we assumed that it would be a sebaceous horn; As patient was more concerned about lesion behind his right ear, which was hard and smaller than the scalp lesion. He didn't have any complaints of pain, discharge, bleeding, fever or weight loss. Right post-auricular swelling was of size 1*1 cm, hard, non-tender and overlying skin was fixed to the swelling. Lesion over scalp on right side temporal area was 2*2cm, conical in shape, brownish black in colour and it was hard in consistency. It had dried crusting over it; which after cleaning was tender and looked like sebaceous horn/seborrheic keratosis plaque. He also had a painless diffuse swelling over right side posterior triangle neck (Clark's level V). We suspected it as lymphadenopathy? Metastatic with unknown primary.



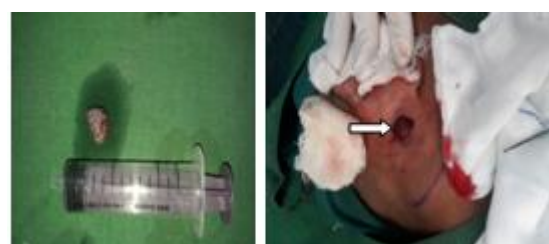
Pre-operative picture of the patient showing lesions at

- 1) Scalp (right temporal region)
- 2) Right post-auricular region
- 3) Right posterior triangle neck

PET CT scan was s/o? Metastasis at level Ib, II Lymph nodes with metabolically active primary malignancy along the scalp in right temporo-occipital region with no evidence of distant metastases. We decided to excise the lesions over scalp, post-auricular lesion with neck node under General Anaesthesia. Patient was worked up and posted for the OT. Wide local excision of scalp lesion was done with 2 cm margin. Right post-auricular swelling was removed in toto. Neck lesion had few brown coloured cells. It was excised. All these three specimens sent for histopathology.



After wide local excision of scalp lesion with 2 cm margin



Intra-operative picture of post-aural wound

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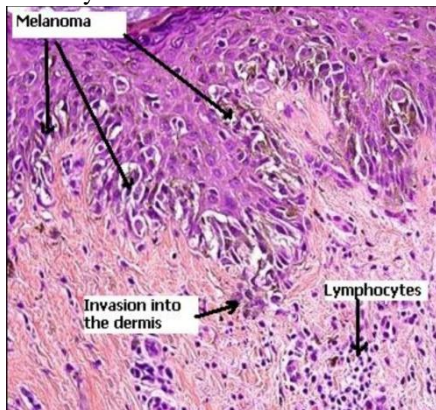
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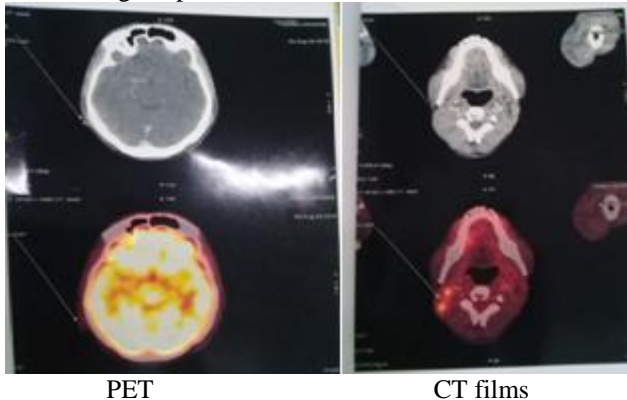


Intra-operative picture of neck wound

- Histopathology report was suggestive of malignant melanoma of scalp with nodal metastasis staging pT4bN3b.(AJCC 8th classification)Then he was asked to get HRCT chest . It showed no evidence of metastasis.After the wound healing, he was planned for radical neck dissection followed by local radiotherapy. Patient underwent radical neck dissection.
- The patient is undergoing local radiotherapy and is symptomatically better now.



The Histological picture of the case



PET

CT films

3. Discussion

One of the first descriptions of sebaceous horn was documented by a surgeon named .Eramas Wilson in 1844 in London. He described a peculiar pathological character of the tumours with concentric laminated texture, epidermal tissue and actual absence of sebaceous material that would actually be there in sebaceous cyst. In 1920, Hine described malignant change in sebaceous horn. Since then there are few well documented presentations which are also associated with Muir-Torre syndrome .Scientists believe certain people may be at greater risk for developing

sebaceous horn[1] ; these include :people with fair skin, those with HPV, Older people, Individuals with sun damage. Men are more prone to develop cutaneous horn at very young age than females. Men are at higher risk of malignant transformation of cutaneous horn.[2]Symptoms : Doctors can diagnose cutaneous horns by its clinical appearance alone, a curved brown or yellow horn-like growth over skin surface, surrounded by normal skin, at least twice as tall as wide, usually single, often small. Most sebaceous horns do not cause any symptom itself, unless they are accidentally got hit or got inflamed. There are many other conditions which are associated with cutaneous horns, which range from benign to malignant. Benign conditions associated: a. Naevus b. Seborrheic keratosis c. Viral warts not related to HPV d. Molluscum contagiosum e. Psoriasis. More serious conditions associated with cutaneous horns:

- Squamous cell carcinoma or Bowen`s disease
- Basal cell carcinoma
- Melanoma
- Intraepidermal carcinoma
- Arnsnical keratosis .

Histological examination of the horn base is important to rule out malignancy.[3]On histology, there is thickening of stratum corneum or hyperkeratosis. Orderly horizontal parallel layers of keratin suggest benign lesion; while rapidly growing malignant lesions show more erratic growth. There is acanthosis most of the times.Although, Malignant melanoma has a good prognosis at early stage, predictors of poor prognosis are : Breslow`s thickness, Clark level, rate of mitosis, ulceration, lymphovascular invasion, gender and location. Malignant Melanoma is classified in four subtypes:

Lentigo maligna melanoma,Superficial spreading melanoma, Nodular melanoma, Acral lentiginous melanoma. Other varints according to WHO classificaion,Amelanotic melanoma, mucosal melanoma, subungual melanoma , verrucous melanoma

4. Conclusion

In this case report, we present to you a case of malignant melanoma masquerading as a cutaneous horn.Cutaneous horn is a macroscopic or clinical diagnosis, and it is very important to describe the nature of underlying lesion by histopatological examination.[4]Even though , many lesions are associated with cutaneous horn, if the lesion is pigmented, malignant melanoma should be kept in mind as a differential diagnosis.

5. References

- [1] Bondenson J. Everard Home, John Hunter and Cutaneous horns: A historical review : Am J Dermatopa thol 2001;23:362-9
- [2] Thappa DM, Laxmisha C. Cutaneous horn of eyelid .Indian pediatr 2004;41:195
- [3] Gould JW, Bordel RT. Giant cutaneous Horns associated with verruca vulgaris cutis 1999 ;64: 111-2
- [4] Kastanoudakis I, Skevas A, Assimakopoulos D, Daneilidis B. Cutaneous horn of the article. Otolaryngolog head neck surg 1998; 118:735