International Journal of Otorhinolaryngology and Head and Neck Surgery
Easweran SV et al. Int J Otorhinolaryngol Head Neck Surg. 2022 Apr;8(4):422-423
http://www.ijorl.com
pISSN 2454-5929 | eISSN 2454-5937

Case Report

DOI: https://dx.doi.org/10.18203/issn.2454-5929.ijohns20220816

Sebaceous horn: a rare entity

S. Vinayak Easweran[1]*, Mamta Hegde[2], Mohak Kumar[3]

[1]Department of ENT, Pandit General Hospital, Sirsi, Uttar Kannada, Karnataka, India
[2]Department of Pathology, Marikamba Hospital, Sirsi, Uttar Kannada, Karnataka, India
[3]Dr. D.Y. Patil Hospital, Pune, Maharashtra, India

Received: 15 February 2022
Accepted: 02 March 2022

***Correspondence:**
Dr. S. Vinayak Easweran,
E-mail: vinoo121071@gmail.com

ABSTRACT

The sebaceous horns are often found on the skin surfaces that are usually exposed to the sunlight, like the face, scalp, or neck. These are raised skin lesions that are composed of dead keratin. They can be benign, premalignant or malignant. We are presenting an unusual case of seborrheic keratosis, a slow-growing horn-like mass of 3×2 cm, over the patient's left ear pinna. Excision of the nodule was done, and histopathology confirmed the diagnosis of seborrheic keratosis with significant rete ridges. As these sebaceous horns range from benign, premalignant, or malignant, it is better to excise the nodule completely and sent it for histological studies.

Keywords: Seborrheic keratosis, Hyperkeratosis, Cutaneous horn

INTRODUCTION

Sebaceous horn is also known as a cutaneous horn, Devil's horn or in Latin it is termed as cornu cutaneum.[1] It is a rare lesion presenting as a slow-growing nodule with a projectile, conical and dense appearance which seems like the horn of an animal. These nodules are chiefly composed of compacted keratin. These are commonly found in areas that are sun-exposed such as the face and scalp or sites exposed to actinic radiation or burns. These are also reported at sites such as hands, penis, eyelids, nose, shoulder, neck, lip and chest. The majority of these lesions are benign (60%).[2] While few lesions were premalignant and malignant with 20% detected as squamous cell carcinoma (SCC).[3] This makes evaluation of the lesion by histopathology essential to rule out malignancy.

CASE REPORT

A 50-year-old female practicing Islam religion presented with growth on left ear pinna for 8 years. The growth was a hard-curved mass measuring 3×2 cm with complaints of itching around the lesion and occasionally in the ear canal (Figure 1). The lesion was painless with no signs of inflammation. The decision to perform excision of the nodule under local anesthesia was taken and the excised sample was sent for histopathology. The reports revealed acanthosis with hyperkeratosis with significant rete ridges with neutrophilic infiltrations confirming the diagnosis of seborrheic keratosis (Figure 2).

Figure 1: Patient having the sebaceous horn on the left ear.

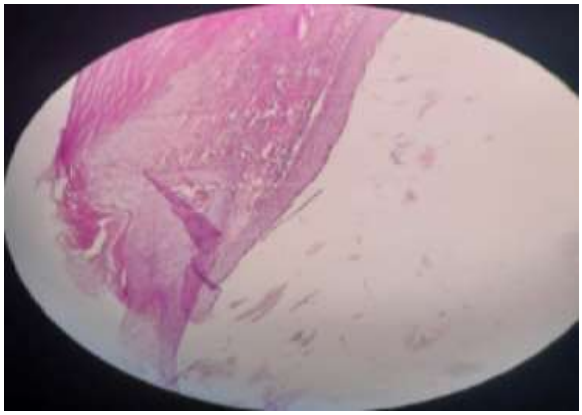

Figure 2: Microscopic picture of the slide of the sebaceous horn.

DISCUSSION

The documentation of sebaceous horn was done in 1588 in an elderly Welsh female, while in 1791 a London surgeon Everard Home has documented his observation of these cutaneous horns; however, a detailed description of the cutaneous horn was presented by a surgeon named Erasmas Wilson at the St. Pancras Infirmary London in 1844.[4,5] These sebaceous horns are composed of cornified material, and its basal layer consists of seborrheic keratosis and in certain malignant cases consists of SCC. These are basically located in areas that are exposed to the sun such as face, scalp, nose, eyelids, legs and hands.[6] But in the above-presented case, the sebaceous horn was in the ear which is a sun-exposed area but since the female was practicing Islam for which she must use a hijab to cover her ears completely. Though these resemble the animal horn histologically the centrally placed bone is absent. These may be disfiguring and may be of different shapes and sizes ranging from 2-60 mm in size.[7] A giant horn of 25 cm long has been reported in a 76-year-old Parisian female on her forehead. Sebaceous horns are commonly seen in older patients with a peak incidence between 60 to 70 years.[8] These lesions have to be evaluated for the underlying condition to rule out premalignancy or malignant aetiology. These lesions are single and chiefly comprised of seborrheic keratosis. Benign lesions mainly consist of seborrheic keratosis, histiocytoma or viral warts, while the premalignant lesions include Bowen's disease or actinic keratosis. The malignant variant is mainly SCC, Kaposi's sarcoma or basal cell carcinoma.[6] For the purpose of diagnosis and for stating specific treatment recommendations, actinic keratosis (AK) classification system was introduced, that explained these SCC as early in situ SCC type AK 1, early in situ SCC type AK 2, and in situ SCC type AK 3. There are some benign (viral wart, molluscum contagiosum, hypertrophic lichen planus) as well as malignant skin conditions (keratoacanthoma, squamous cell carcinoma, actinic keratosis) associated with cutaneous horn.[9]

The reports from a larger sample size of these sebaceous horns have 39% cases to arise from malignant or premalignant cells.[2] One study has even reported three patients of sebaceous horns to have past history of skin cancer.[10] Full-thickness surgical excision is the treatment of choice and for histopathological assessment. Non-invasive treatment modalities include electrocautery, cryotherapy, carbon dioxide and laser ablation. Since these sebaceous horns are chiefly seen in sun-exposed areas, they can be prevented by the use of topical sunscreen. There are some non-invasive treatment options which include electrocautery, cryotherapy, carbon dioxide, and laser ablation, for cutaneous horn.[11]

CONCLUSION

Sebaceous horns are often found in the sun-exposed areas like the face, scalp, and also on the hands, penis, shoulder, and chest. These sebaceous horns may have a malignant root and hence the complete excision of the nodule and pathological study is mandatory in all cases.

Funding: No funding sources
Conflict of interest: None declared
Ethical approval: Not required

REFERENCES

1. Korkut T, Tan NB, Oztan Y. Giant cutaneous horn: a patient report. Ann Plast Surg. 1997;39(6):654-5.
2. Yu RC, Pryce DW, Macfarlane AW, Stewart TW. A histopathological study of 643 cutaneous horns. Br J Dermatol. 1991;124(5):449-52.
3. Ramdass MJ. The curled sebaceous horn. Clin Case Rep. 2015;4(2):118-9.
4. Bondeson J. Everard Home, John Hunter, and cutaneous horns: a historical review. Am J Dermatopathol. 2001;23(4):362-9.
5. Wilson E. Account of a horn development from the human skin with observation on the pathology of certain disorders. Med Chir Trans. 1844;27:52-6.
6. Thappa DM, Laxmisha C. Cutaneous Horn of Eyelid. Indian Pediatr. 2004;41(2):195.
7. Yang JH, Kim DH, Lee JS, Cho MK, Lee SH, Lee SY, et al. A case of cutaneous horn originating from keratoacanthoma. Ann Dermatol. 2011;23(1):89-91.
8. Hine ML. Sebaceous horn of the left upper lid becoming malignant. Proc R Soc Med. 1920;13:86-7.
9. Röwert-Huber J, Patel MJ, Forschner T, Ulrich C, Eberle J, Kerl H, et al. Actinic keratosis is an early in situ squamous cell carcinoma: a proposal for reclassification. Br J Dermatol. 2007;156(3):8-12.
10. Bart RS, Andrade R, Kopf AW. Cutaneous horns. A clinical and histopathologic study. Acta Derm Venereol. 1968;48(5):507-15.
11. Thong HK, Lamry A, Athar PPSH, Kamalden TMIT. Actinic Keratosis Masquerading as a Cutaneous Horn. Open J Otolaryngol. 2020;3(1):10-3.

Cite this article as: Easweran SV, Hegde M, Kumar M. Sebaceous horn: a rare entity. Int J Otorhinolaryngol Head Neck Surg 2022;8:422-3.