

Case Report

Seborrheic keratosis at the cavum concha of the pinna: a case report

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ABSTRACT

Seborrheic keratosis is a benign cutaneous tumour. The most common sites include head, neck, trunk and extremities except palms and soles. Pinna is a very rare site for such a lesion. They mostly present as multiple small lesions and solitary large lesion is very rare. Ultraviolet light exposure and human papilloma virus infection are possible etiologies. The differential diagnosis may include various benign lesions along with malignancy. The treatment options include removal of the tumour by simple surgical excision or by other means such as laser ablation. The confirmation of the diagnosis is by histopathological examination of excised specimen. There may be chances of recurrence of the lesion and so close follow up is required. We are reporting a brownish lesion at the cavum concha of left ear pinna appreciated since 1 year following thermal injury sustained during the welding work. The lesion was surgically excised and histopathology confirmed it as seborrheic keratosis. Patient has been followed up for 6 months and no recurrence noted.

Keywords: Seborrheic, Keratosis, Pinna

INTRODUCTION

Seborrheic keratosis is a benign tumour whose most common sites are head, neck, trunk and extremities except the palms and soles.¹⁻⁶ The auricle and the external auditory canal are rare sites.^{2,4-6} They are superficial epithelial lesions.⁷ They usually present as multiple and small lesions but rarely as large solitary lesion.⁸ They are usually seen after the age of 50 years.^{9,10} Sometimes they may occasionally be seen in young adults without sexual predilection.^{9,10} We are reporting one such rare case of seborrheic keratosis of the pinna in a male which was confirmed on histopathology after surgical excision of the pinna lesion.

CASE REPORT

A 31-year-old man complains of a painless lesion of the left pinna since 1 year following thermal injury during welding work. The lesion was initially small and has

progressed to the present size. On local examination 1×1 cm brownish coloured lesion is noted at the cavum concha of the left pinna (Figure 1).



Figure 1: A 1×1 cm brownish lesion at the cavum concha of the left pinna.

It was non tender. No ulceration noted. It did not bleed on touch. External auditory canal and tympanic membrane examination findings were normal on otoscopy. Postauricular area was normal. Preoperatively blood investigations and COVID reverse transcription polymerase chain reaction (RT-PCR) test was done which was negative. Patient was posted in OT and wide excision of the lesion was performed under local anaesthesia. The excised specimen was sent for histopathological examination which confirmed it as seborrheic keratosis (Figure 2). Patient has been followed up for 6 months and no recurrence noted.

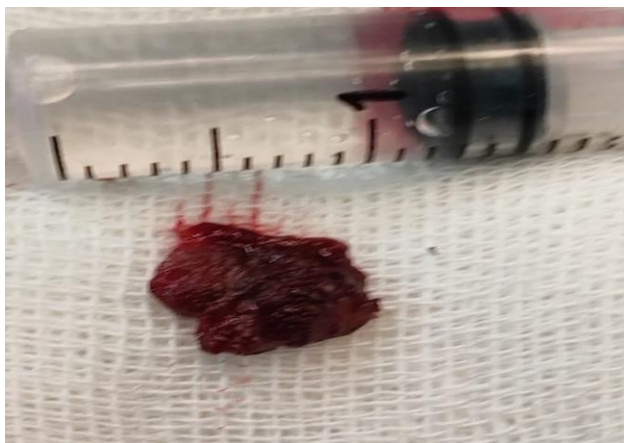


Figure 2: Specimen of excised lesion sent for histopathological examination.

DISCUSSION

Seborrheic keratosis is a benign cutaneous tumour which clinically presents as solitary or multiple round/oval plaques.¹⁻⁶ It is thought to be associated with various etiologies like ultraviolet light exposure, human papillomavirus infection and hormonal effects.^{2,4,6}

Differential diagnosis includes actinic keratosis, verruca vulgaris, solar lentigo, keratoacanthoma, papilloma and malignant tumours, such as basal cell carcinoma, squamous cell carcinoma and melanoma.³⁻⁶ The various treatment modalities include tumour removal via curettage, cryotherapy, or laser ablation, or complete excision.^{2,4-6}

Histopathologically seborrheic keratosis can be classified into many subtypes like acanthotic, hyperkeratotic, adenoid or reticulated, clonal, irritated, inverted follicular keratosis and melanoacanthoma.²⁻⁶ Close follow-up of such cases is important because there are chances of recurrence and association with concomitant malignancy.^{4,6}

CONCLUSION

Such doubtful lesion at the cavum concha of the pinna should be surgically excised and undergo histopathological examination for establishing the definitive diagnosis of whether such a lesion is a malignancy or a case of seborrheic keratosis. Close follow up is always required after surgery.

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