Original Research Paper

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General Surgery

A UNUSUAL CASE OF SLOWLY ENLARGING HYPERPIGMENTED LESION OVER ABDOMEN- A CASE REPORT.

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ABSTRACT A non malignant neoplasm arising from epithelium is seborrheic keratosis, which can manifest as one or several tumors. It's an skin tumor that's commonly seen in the elderly. Benign tumors, malignant tumors and premalignant lesions can clinically present as seborrheic keratosis (SK).[1] Here, a patient presented with a large longstanding hyperpigmented raised lesion over the abdomen, suspected to be Seborrheic keratosis. Most Seborrheic Keratosis show distinct , asymptomatic clinical features but some studies have reported malignant changes including sudden growth of lesion, ulcerations, color changes,[2] All things considered, SK might resemble other lesions grossly and even a chance to turn malignant. Thus, it is essential to carry out proper histological examinations and then administer appropriate treatments, especially to individuals who have a strong suspicion of malignancy.[3] A biopsy is most accurate and diagnostic in distinguishing Seborrheic keratosis from benign premalignant lesions and other malignant lesions like squamous cell carcinoma,Malignant melanoma etc [4]

KEYWORDS : Seborrheic keratosis- geriatric- hyperpigmented abdomen lesion

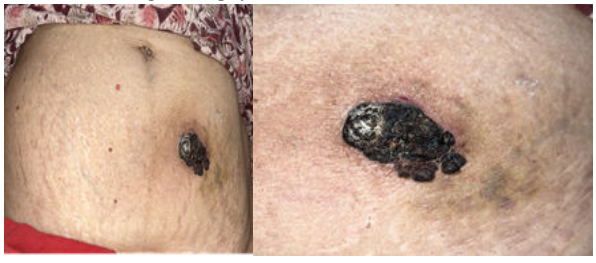
INTRODUCTION :

A woman aged 82 years appeared with a steadily increasing elevated black, hyperpigmented warty lesion on her left lower abdomen which had been present for 25 years. It was identified by histopathology as pigmented seborrheic keratosis. A benign intraepidermal tumor that develops from keratinocytes in epidermis is known as seborrheic keratosis (SK).[1] It often appears on the sun exposed parts likely head, neck etc rarely in skin folds and other parts of body, in aging skin.It usually manifests as a raised or flat plaque that is frequently keratotic, and it is common among the elderly [2].Exposure to ultraviolet light is thought to be the primary causative cause. Here, we'll talk about a rare case of seborrheic keratosis over the abdomen,commonly misdiagnosed as other cutaneous malignant tumors.

CASE REPORT:

A slowly growing, elevated, black, warty lesion on the 82-year-old woman's left lower abdomen had been gradually growing larger for 25 years. The lesion was darkly pigmented. The patient came to opd with a complaint of pain over the swelling and redness around it for a week.no appetite loss and no weight reduction.

Upon inspection A well-defined blackish mass measuring 5 cm × 4 cm is present on the left iliac fossa, 5 cm below and lateral to the umblicus and 5 cm medial to the anterior superior iliac spine. The surrounding skin is erythematous, with no dilated or engorged vein visible, no tenderness, polypoidal, firm, with skin over the swelling that is non-pinchable, does not bleed on touch, and no palpable axillary or inguinal lymphadenopathy is palpable (Pic 1) and there weren't any other distinctive findings in her physical examination.

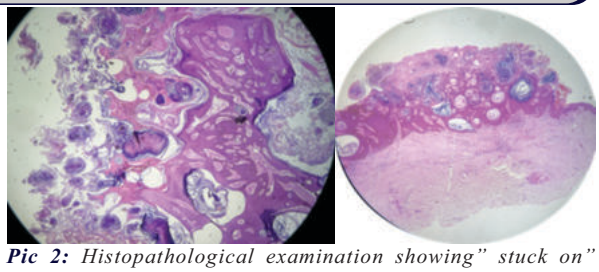


Pic 1: *Clinical presentation of well-defined blackish mass measuring 5 cm × 4 cm is present on the left iliac fossa*

Routine blood tests were performed and the results were within normal limits.

There was no intra-abdominal invasion as seen by the USG abdomen examination.

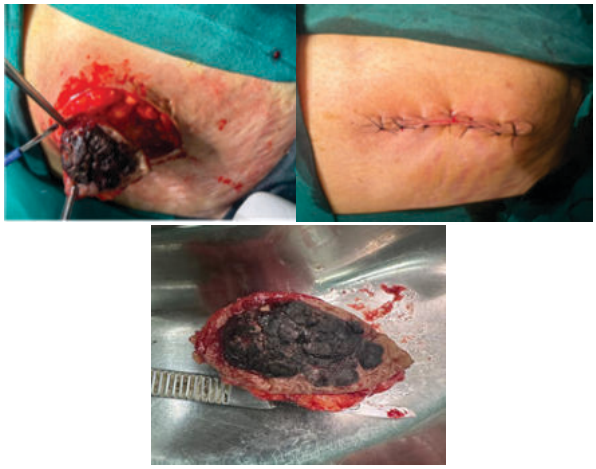
A biopsy of the edge revealed pigmented seborrheic keratosis. (Pic 2)



Pic 2: *Histopathological examination showing" stuck on" appearance with proliferation of basaloid cells with large areas of pigmentation and numerous horn cyst also hyperkeratosis, acantosis, papillamatosis.*

Therefore Complete excision and biopsy were performed on the patient (Pic 3).

After excision, the patient was on followup once monthly,for a year .over one year follow up, patient had good outcomes with no recurrence or complication



Pic 3: *Intra operative pictures of Excision and biopsy , is shown above*

DISCUSSION:

Age is a contributing factor to seborrheic keratosis. It's also been shown that a larger prevalence occurs in those with lighter skin. Clonal growth of a mutant epidermal keratinocyte appears to be the cause of seborrheic keratosis.

In seborrheic keratoses commonly mutated genes are FGFR3

(fibroblast growth factor receptor 3), comprising 71% of sporadic type, and the PI3K p110 catalytic subunit.[1]

In comparison to healthy skin, seborrheic keratosis (SKs) has a greater rate of proliferation and a reduced apoptosis. In pigmented seborrheic keratosis, proliferative keratinocytes secrete melanocyte-stimulating cytokines, which activate surrounding melanocytes.[5]

CONCLUSION:

This paper describes a case of giant seborrheic keratosis on the left flank, together with rapid inflammatory alterations.Giant seborrheic keratosis is a rare kind of seborrheic keratosis that shares many characteristics with malignant tumors and warrants more examination.

This lesion had a stuck-on look, a proliferation of basaloid cells with vast areas of pigmentation, multiple horn cysts, and hyperkeratosis, acantosis, and papillamatosis—features associated with seborrheic keratosis—according to the histopathological investigation.

Seborrheic keratosis is highly frequent in geriatric population , though common it can be difficult to diagnose as Cases of false positives and false negatives are not uncommon.

Most Nodular melanomas present with clinical similarities to seborrheic keratosis,making it difficult to distinguish. Seborrheic keratosis usually appears in the head/neck region, where it is more commonly of the reticular or adenoid variety.

Seborrheic keratosis, on the other hand, can resemble malignant tumors, particularly those that are hyperpigmented, reticular, and inflammatory.In elderly patients, a cautious approach is normally chosen; nevertheless, in cases of cosmetic or functional discomfort, treatments such as excision, biopsy, are used as in this case study.[4]

Declaration Of Patient Consent

The authors certify that they have obtained all appropriate patient consent.

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Nil.

Conflicts Of Interest

There are no conflicts of interest

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