ORIGINAL RESEARCH PAPER

Surgery

KEY WORDS: Cutaneous horn, seborrheic, keratosis

A REPORT ABOUT BRANCHED CUTANEOUS HORN

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ABSTRACT

A well-circumscribed, hyperkeratotic lesion known as a cutaneous horn can develop in any area of the skin or mucosa, and the pathophysiology of the horn depends on the underlying condition. Most frequently found over the sun-exposed regions of the body, such as the face, eyelids, forearms, nose, shoulder, neck, mouth, and chest, patients typically present with a hard, conical protrusion. However, places that are covered from the sunlight may also have lesions. A middle-aged man who had a 10-year growth on the anterior abdominal wall close to the umbilicus was presented in this instance. Seborrheic keratosis was identified in the histology report.

Introduction:

A skin lesion or growth known as a cutaneous horn is formed of keratin, a protein that also makes up the epidermis of the skin. The growth can come in different sizes and resemble either a cone or a horn. The name refers to a growth that can occasionally resemble an animal's horn.1,2 It is also referred to as a sebaceous horn, Devil's horn, or cornu cutaneum in Latin.3 These are frequently found in locations exposed to the sun, such as the face and scalp, as well as in areas that have been burned or subjected to actinic radiation. Additionally, the hands, penis, eyelids, nose, shoulder, neck, mouth, and chest have all been reported to experience these. Sixty percent of these lesions are benign.4 About 20% of lesions were found to be squamous cell carcinoma (SCC), though few lesions were premalignant.5 Therefore, ruling out malignancy is crucial to the histopathological examination of the lesion.

Case report: A 47-year-old man presented with 10-year growth on the anterior abdominal wall near the umbilicus. Growths were hard, curved masses with 4 × 2 cm and 1.5 × 1 cm branches and were itchy around the lesions. (fig 1) Lesions were painless with no evidence of inflammation. It was decided to remove the nodule under local anesthetic, and the sample that was removed was sent for histopathology. The diagnosis of seborrheic keratosis was found in the reports.

Figure 1: photograph of cutaneous horn

Discussion: Cutaneous horn is a horn-like projection composed of compacted keratin visible above the floor of the pores and skin, the bottom of which can be flat, nodular, or crateriform. The etiology of cutaneous horns is uncertain, however, the horn can be fashioned with the aid of using compacted keratin because of the drying up of the oozing secretion from a sebaceous cyst over a duration of time.[6,7]

Those cutaneous horns are composed of cornified material, and its basal layer consists of seborrheic keratosis and in certain malignant cases consists of squamous cell carcinoma. these are essentially placed in areas that are uncovered to the sun consisting of the face, scalp, nose, eyelids, legs, and arms.[7,8]

It is believed that cellular aging, photodamage, and consequent epithelial malfunction contribute to the appearance of the cutaneous horn, despite the fact that the specific pathophysiology of this condition is unknown. Although unproven, it has been hypothesized that lighter-skinned individuals are more adversely affected.[9]

The most frequent premalignant primary cause of cutaneous horn is actinic keratoses, and the most prevalent malignant main cause is squamous cell carcinoma (SCC).[10] Arsenical keratosis, pseudoepitheliomatous keratosis, micaceous balanitis, actinic keratosis, Bowen's disease, verrucous carcinoma, basal cell epithelioma, Kaposi's sarcoma, keratoacanthoma, and carcinoma are further premalignant and malignant causes.[11,12]

Treatment options for cutaneous horns include surgery, medication, and laser ablation. However, because the cutaneous horn can mimic other disorders like an ectopic nail, a diagnosis must be made following a histological evaluation.[13] Due to premalignant or malignant concerns, this examination also acts as the most accurate way to show the underlying etiology of the problem.

Surgery, medication, or laser ablation are various options for treating cutaneous horns. However, due to its capacity to mimic other disorders like an ectopic nail, the diagnosis of the cutaneous horn must be made after histological evaluation.[13] This evaluation also acts as the most reliable way to show the underlying cause of the problem, which is a crucial step because of premalignant or malignant concerns.

Complete excisional biopsy is the current gold standard of therapy for cutaneous horns. The subsequent management strategy might be chosen based on the histological diagnosis. For benign lesions, surveillance is advised; however, the lesion may also be surgically removed for cosmetic purposes and then examined on a regular basis. The preferred course of treatment for premalignant or malignant patients is wide local excision. Margins should be used depending on the identified underlying premalignant or malignant disease. These margins should align with the most recent recommendations for that condition.[14]

Conclusion: Cutaneous horns are located over the sun-

exposed areas of the body, such as the face, eyelids, forearms, nose, shoulder, neck, mouth, and chest. However, lesions can also appear in areas that are shielded from sunlight. The entire removal of the nodule and a histopathological examination is therefore required in every instance because these horns may have a malignant base.

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