REVIEW ARTICLE

GIANT SEBACEOUS HORN ON SCALP: A REVIEW OF LITERATURE

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ABSTRACT: Sebaceous horn or cutaneous horn on the scalp is a rare clinical entity. Cutaneous horns are seen in sun-exposed areas, their association with malignancy makes proper identification of these lesions essential. A case of a giant sebaceous horn of the scalp in an elderly male, which was successfully excised, is reported

KEYWORDS: Cornu cutaneum; cutaneous horn.

INTRODUCTION: Cornu cutaneum (Cutaneous horn) refers to a well- defined cone-shaped lesion with hyper-keratotic features. These are found most frequently on exposed skin,⁽¹⁾ and are typically found on the face and scalp, but may also occur on the penis, eyelids, nose, chest, neck and shoulder. The cutaneous horns are usually benign, however, malignant or premalignant lesions might be associated with it.⁽²⁾ Because of their malignant potential, the lesions must always be considered for histopathological evaluation.

A 90-years-old male presented with a raised, painless growth over the vertex for more than six years duration. The clinical examination demonstrated a cone-shaped cutaneous horn [Figure - 1]. There was no regional lymphadenopathy. The lesion was excised and it's left open to heal by secondary intention. Specimen was evaluated microscopically. Histopathology of the lesion revealed extreme hyperkeratosis, dyskeratosis, and acanthosis (Figure -2). There was no focus of malignancy, but dermis was chronically inflamed. The follow-up was uneventful without signs of recurrence.

Fig. 1

Fig. 2

DISCUSSION WITH REVIEW: A cutaneous horn (Cornu cutaneum) is a protrusion from the skin consisting of cornified material resembling an animal horn in miniature. However, the animal horns are composed of superficial hyperkeratotic epidermis, dermis with centrally positioned bone. No such well-formed bone is observed in the human horns. The earliest well-documented case of cornu cutaneum from London in 1588 is of Mrs. Margaret Gryffith, an elderly Welsh woman. However, earliest observations on cutaneous horns in humans were described by the Everard Home in 1791.^[3]

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Various lesions seen at the base of a cutaneous horn include squamous cell carcinoma, actinic keratosis, keratoacanthoma, Bowen's disease, seborrheic keratosis, basal cell carcinoma, hemangioma, keratotic and micaceous pseudopapillomatous balanitis, Kaposi's sarcoma, sebaceous adenoma and Paget's disease of the female breast.^[4]

These horns may arise from a variety of benign, premalignant or malignant epidermal lesions. Most commonly, they are single and arise from a seborrheic keratosis lesion.^[5] According to a largest study by Yu et al,^[2] 61% of cutaneous horns were derived from benign lesions and 39% were derived from malignant or premalignant epidermal lesions.

Microscopically, a cutaneous horn shows marked hyperkeratosis, acanthosis, dyskeratosis, papillomatosis and chronic inflammatory infiltration of the adjacent dermis.^[1]

Malignant change has been reported in 12 out of the 100 cases.^[6]

The important consideration in these cases is not the horn, but the underlying pathology which may be benign (Seborrheic keratosis, viral warts, histiocytoma, inverted follicular keratosis, verrucous epidermal nevus, molluscum contagiosum, etc.), premalignant (Solar keratosis, arsenical keratosis, Bowen's disease) or malignant (Squamous cell carcinoma, rarely, basal cell carcinoma, metastatic renal carcinoma, granular cell tumor, sebaceous carcinoma or Kaposi's sarcoma.^[7]

Histopathological examination, specially of the base of the lesion,^{[1],[8]} is necessary to rule out associated malignancy and full excision and reconstruction is the treatment of choice.

The cutaneous horns are predominantly benign lesions; however possibility of malignant potential should always be kept in mind.

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