GIANT CUTANEOUS HORN – A CASE REPORT

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ABSTRACT:
A 53 year old male presented with a giant cutaneous horn over the left leg. Cutaneous horn was excised and primary closure of the defect was done under spinal anaesthesia. Histopathology showed underlying seborrheic keratosis. Cutaneous horn has been noticed on top of many clinical conditions of diverse aetiology like actinic keratoses, wart, molluscum contagiosum, seborrheic keratoses, keratoacanthoma, basal cell and squamous cell carcinoma. We report a patient with giant cutaneous horn on the leg successfully treated by excision and wound closure.

DISCUSSION:
Cutaneous horns are elongated, keratinous projections from the skin, ranging in size from a few millimeters to many centimeters that resembles a miniature horn. The base of the horn may be flat, nodular or crateriform. The horn is composed of compacted keratin. The distribution of cutaneous horns usually is in sun-exposed areas, particularly the face, pinna, nose, forearms and dorsal hands. Usually a cutaneous horn is several millimeters long. Malignancy is present in 16-20% of cases, with squamous cell carcinoma the most common type. Tenderness at the base of the lesion and lesions of larger size favour malignancy. Most cutaneous horns arise from actinic keratoses but they may also result from seborrheic keratoses, warts, keratoacanthomas, squamous cell carcinomas and basal cell carcinomas. Histologically, there is a greatly thickened stratum corneum with scattered areas of parakeratosis. The horn at the base will display feature characteristic of the pathologic process responsible for the development of the horn. Excision biopsy of the lesion and histopathological examination to rule out malignancy is recommended. Malignancies should be excised with appropriate margins and evaluated for metastasis. A careful physical examination of the lymph nodes draining the area of lesion often is adequate. Local destruction with cryosurgery is first-line treatment for verruca vulgaris, actinic keratosis and molluscum contagiosum.

Treatment options include wide surgical excision with careful histological examination to exclude a focus of malignancy and carbon dioxide or Neodymium YAG laser is used for patients who refuse surgery.

REFERENCE: