

“Unraveling The Mystery: A Striking Case Of Sebaceous Horn On Dorsal Aspect Of Left Hand In A 35-Year-Old Male”

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Abstract:

Sebaceous horns, also known as cutaneous horns are uncommon clinical findings characterized by keratinous protrusions from the skin surface. This case report gives a detailed enlightenment into the clinical presentation, diagnosis, and management of a patient with sebaceous horn. A 35-year-old male patient presented with a horn-like growth on the dorsal aspect of the left hand, of approximately 1cm in length. The patient's medical history and histopathological analysis confirmed the diagnosis of a sebaceous horn. Surgical excision was performed, and the patient had an uneventful recovery.

Date of Submission: 24-04-2024

Date of Acceptance: 04-05-2024

I. Introduction

Sebaceous horn or cutaneous horn is a rare horn-like growth that is a conical, and dense hyperkeratotic nodule that resembles the horn of an animal [1]. It is usually found on the forearm, cartilaginous portion of the ear, leg, and back of the hand [2]. Over 60% of the lesions are benign, however, malignant or premalignant lesions might be associated with it [3]. They can arise from various underlying skin conditions, most commonly seborrheic keratosis, actinic keratosis, verruca vulgaris, or basal cell carcinoma.[4]. Sebaceous horns most commonly occur in elderly individuals which are often benign, but their potential association with underlying malignancies necessitates careful evaluation and management. This case report enlightens a peculiar way of presentation and management of a sebaceous horn in a 35-year-old male.

II. Case Report

A 35-year-old male patient presented to our OPD with a progressively enlarging horn-like growth on the dorsal aspect of the left hand (figure 1). The lesion had been present for approximately 8 months and measured approximately 1cm in length. His medical history was unremarkable, with no significant past skin

disorders or malignancies. On physical examination a prominent horn-like structure with a brownish keratinous structure and a crusted tip along with blackish appearance on the base. There was no regional lymphadenopathy or any signs of infections. Given the clinical appearance, a diagnosis of sebaceous horn was made. A biopsy of the lesion was performed to confirm the diagnosis. Histopathological examination revealed a sebaceous cyst wall with cheesy material present with no evidence of malignancy or atypical cells was observed. After confirming the diagnosis of a sebaceous horn, the patient was counselled about the treatment options. Given the size of the lesion and the potentiality for malignant transformation surgical excision was recommended. The patient provided the consent, and the procedure was executed under local anaesthesia, the sebaceous horn was excised using the sharp dissection down to the underlying normal tissue (figure 2). Haemostasis was achieved, and the wound was closed primarily with sutures. Postoperative care included wound dressings and antibiotic prophylaxis (figure 3). The patient had an uneventful recovery with no signs of infection and wound complications.

III. Discussion And Conclusion

Sebaceous horns are relatively rare and usually common in elderly individuals. However, this case presents a noteworthy deviation from the more common demographic profile. Existing literature suggests that sebaceous horns are often associated with underlying benign conditions such as seborrheic keratosis, actinic keratosis, verruca vulgaris, or basal cell carcinoma. Two studies conducted on cutaneous horn showed a significant association (27-37%) with actinic keratosis or Bowen's disease while another study showed a 16-20% association with malignant lesions [3,5]. In the study of Bart et al [6] 44% of patients had underlying malignancy. Three of their patients had a history of skin cancers [6]. In this case, there was no significant medical history or prior skin disorders, highlighting the importance of considering sebaceous horn as a possible diagnosis even in younger individuals without a relevant medical history. Overall, this case adds valuable insight into the variability of sebaceous horn presentations and underscores the need for thorough evaluation and management in all cases, regardless of patient age.

Although most sebaceous horns are benign, thorough evaluation and timely intervention remain essential to rule out any potential malignancies and ensure optimal patient outcomes.

Legends



FIGURE 1: Preop Picture Of Sebaceous Horn On The Dorsal Aspect Of Left Hand



FIGURE 2: Excised Specimen Of Sebaceous Horn From Left Hand



FIGURE 3: Postop Pic Ture Of Left Hand

References

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