

Medi Quest BRS Hospital

A monthly News letter from BRS Hospital

CUTANEOUS HORNS

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Introduction: Cutaneous horns (Cornu cutaneum) are a clinical curiosity. It refers to a specific appearance of a skin lesion in which a cone-shaped protuberance arises on the skin caused by overgrowth of the most superficial layer of skin. Malignancy is present in 16-20% of cases, with squamous cell carcinoma being the most common type. Tenderness at the base of the lesion and lesions of larger size favor 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 features characteristic of the pathologic process responsible for the development of the horn.

Prominent Cases:

- A Chinese aged 101, Zhang Ruifang and Madame Dimanche are two people recorded in literature with well developed horns. Both had large horns hanging from the forehead. These horns develop in the sun exposed areas like face, ears, scalp, lips, forearms. Their occurrence is possible on the areas exposed to radiation. Usually they are verrucous and dry. Leishmaniasis and human papilloma virus (HPV) also are known to initiate horns. Kerato- acanthosis and seborrheic keratosis are forerunners for the formation of a horn.

- Madame Dimanche, called Widow Sunday, a French woman living in Paris in the early 19th century, grew, in six years from the age of 76, a 24.9 cm (9.8") horn from her forehead before it was successfully removed by French surgeon Br. Joseph Souberbeille (1754–1846). A wax model of her head is on display at the Mütter Museum, The College of Physicians of Philadelphia, US.

Mortality/Morbidity: The lesion at the base of the keratin mound is benign in the majority of cases. Malignancy is present in up to 20% of cases, with squamous cell carcinoma being the most common type. The incidence of squamous cell carcinoma increases to 37% when the cutaneous horn is present on the penis.^[2] Tenderness at the base of the lesion is often a clue to the presence of a possible underlying squamous cell carcinoma.

Treatment: Surgical excision at the base is the treatment and should be examined for malignancy.

Types of Horns:

1. **Sebaceous horn:** This is the commonest variety. The picture shows a man of 55 yrs who has been having sebaceous horn-scalp for 15 years. It was removed surgically. The smaller one was removed from the forearm of a man of 60 yrs. A sebaceous horn develops from a sebaceous cyst. As the pressure inside increases the sebum contained within the cyst extrudes out and dries up. More and more of the sebum get deposited, leading to the formation of the horn.



Fig 1
Sebaceous Horn

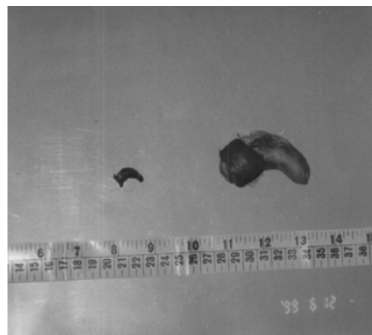


Fig 2
Excised Specimen

2. **Horn at the site of burn eschar:** A lady who had severe burns survived and developed this horn from the eschar. It was removed surgically.

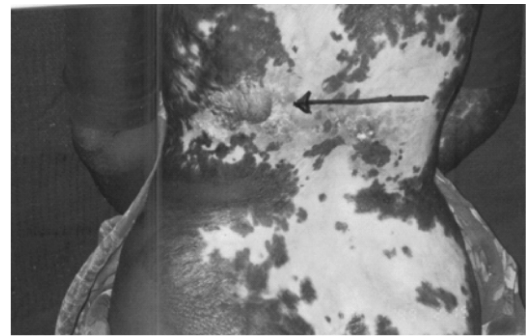


Fig 3 - Horn at burn eschar site.

3. **Horn of a corn:** When part of the corn gets separated and lifts up, a horn is formed.
4. **Horn of a nail:** A lifted off nail becomes a horn.
5. **An over growth of wart** becomes a horn.
6. **A seborrheic wart** also can form a horn.

ON THE LIGHTER SIDE



Horn(y) Guys



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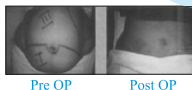
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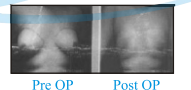
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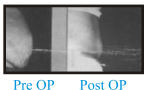
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