

# A Giant Facial Cutaneous Horn: Case Report

## Yanak Bölgesinde Dev Kütanöz Boynuz

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**ABSTRACT** Cutaneous horn is a clinical term describing morphologic or epithelial changes of the skin. The base of the horn may be flat, nodular or crateriform. These changes give this lesion a characteristic conical shape that resembles a miniature animal horn. The horn is composed of compacted keratin. Cutaneous horns most frequently occur in sun-exposed parts and are typically found on the face and scalp, but may also occur on the hands, penis, eyelids, nose, chest, neck and shoulder. Tenderness at the base of the lesion and lesions of larger size favour malignancy. The cutaneous horns are usually benign; however, malignant or premalignant lesions might be associated with them. Because of their malignant potential, the lesions must always be considered for histopathological evaluation. We report a patient with giant cutaneous horn on left side of the face.

**Key Words:** Facial neoplasms; cheek

**ÖZET** Kütanöz boynuz deride görülen morfolojik ve epitelyal değişiklikler için kullanılan klinik bir terimdir. Boynuz tabanı düz, nodüler veya krater şeklinde olabilir. Bu değişik şekiller lezyonun küçük bir hayvan boynuzuna benzemesine sebep olur. Boynuz kompakt keratinden oluşur. Kütanöz boynuz sıklıkla güneş ışığına maruz kalan kafa derisi ve yüz bölgesinde görülür. Fakat el, penis, göz kapağı, burun, göğüs, boyun ve omuzlarda da görülebilir. Boynuz tabanında görülen hassasiyet ve lezyonun geniş boyutlarda olması maliniteyi düşündürür. Kütanöz boynuz genelde benin özellik göstermesine rağmen, malin veya premalin lezyonlarla beraber görülebilir. Lezyonların malin özellik gösterme potansiyeline sahip olmasından dolayı mutlaka histopatolojik değerlendirme düşünülmelidir. Makalemizde yanak bölgesinde ortaya çıkan dev bir kütanöz boynuz vakasını sunmayı amaçladık.

**Anahtar Kelimeler:** Yüz neoplazmları; yanak

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A cutaneous horn (cornu cutaneum) is a prominent, often conical, hyperkeratotic lesion that resembles an animal horn. Based on a recent literature review by Bondeson,<sup>1</sup> cutaneous horns in humans were initially described by Everard Home in 1791. They are characterized by hyperproliferation and increased cohesiveness of keratin due to an unknown mechanism.<sup>2</sup> They may be associated with a broad spectrum of pathology at their base, which may be benign, premalignant, or malignant.<sup>2-4</sup> The lesions typically occur in sun-exposed areas, particularly the upper face, scalp, ear, nose, neck and shoulder, legs, forearm, and the dorsum of the hand.<sup>1,3-6</sup> According to the tissue of origin, Babcock (1954) described four clinical vari-

eties of cutaneous horns-(i) Sebaceous horns (ii) Wart horns (iii) Cicatrix horns and (iv) Nail horns.

## CASE REPORT

A 70-year-old woman was referred to the Oral and Maxillofacial Department of Dentistry Faculty of Dicle University, Diyarbakır, Turkey, because of epulis fissuratum in intraoral region.

In the extraoral examination, a big mass was seen on the left side of her face (Figure 1). The lesion was located on her left cheek and had been growing progressively, without irritation, pain or other significant symptoms. The lesion had been present about 3 years and was gradually increasing in size despite the patient having cut off spontaneously once (Figure 2).

Physical examination revealed a 6 x 2 x 1 cm exophytic mass with yellowish coloration on the left cheek, with a hyperkeratotic surface and erythematous and infiltrated base. No cervical, submandibular or supraclavicular nodes were found on palpation. The remainder of the examination did not reveal any other abnormalities.

She reported that she had a similar lesion 4 years ago, which had dropped off spontaneously.



FIGURE 1: Frontal view of face showing the horn on the left cheek.



FIGURE 2: Clinical appearance of the lesion.

The patient refused treatment due to her fear of malignancy and she insisted that it would drop off spontaneously as previously.

## DISCUSSION

The cutaneous horn is an excrement lesion of conical morphology, formed by retention of the horny layer. Most have a yellow-white colour and may be straight or curved and twisted, and vary from a few millimetres to several centimetres in length.<sup>7</sup> They usually appear on surfaces exposed to solar radiation, such as the face, neck, shoulders and chest. However, they may also appear in other locations such as the legs or palm of the hands.<sup>7</sup> Various types of associated lesions can be found at the base of a cutaneous horn, both benign and malignant, including squamous cell carcinoma (SCC), actinic keratosis, keratoacanthoma, Bowen disease, viral warts, seborrheic keratosis, basal cell carcinoma and less frequently melanoma.<sup>7-9</sup> While basal cell carcinoma and squamous cell carcinoma are the most frequent skin malignancies in the overall population, the rate of all skin malignancies significantly rise by aging.<sup>10</sup>

Given the high incidence of cutaneous tumours produced by sun exposure, it is fundamental that general practitioners recognise these lesions in order to ensure rapid diagnostic and therapeutic in-

tervention. Skin biopsy usually confirms the clinical diagnosis.<sup>7</sup>

Treatment depends on the type of lesion and its malignant potential. It is essential to take a biopsy that includes the base of the horn with epidermis and dermis, giving the pathologist the best material for assessment. In cases of benign lesions, the biopsy may be both diagnostic and therapeutic, although in some cases such as large seborrheic keratoses, further treatment could be

required. Any residual lesion can be treated with cryotherapy, except if the thick keratin horn is still present, due to the risk of insulating effect of the compact keratin. For malignant tumours, complete surgical excision with appropriate margins is usually required.<sup>7</sup> It is important to investigate the possibility of metastatic spread in cases of extensive squamous cell carcinoma, poorly differentiated squamous cell carcinoma or affecting mucous membranes.

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