Cutaneous Horn Over Volar Aspect of Little Finger In A Female-A Case Report

Abstract: Cutaneous horns are uncommon protruding lesions from the skin which look like an Animal horn in a small form. They are usually found in sun exposed areas of the body, though cases have been reported of their occurrence in non sun exposed areas as well. We report a case of cutaneous horn on volar aspect of right little finger which to the best of our knowledge is the first reported such case in a female.

Keywords: sebaceous, horn, volar, finger, female

I. Background

Cutaneous horn (cornu cutatum) are uncommon skin tumors composed of compacted keratin. They may arise from benign, premalignant and Malignant epidermal lesions. The first reported case was of a Welsh woman in London in 1588. The usual sites of occurrence are the chronically exposed sun damaged areas of the body like exposed areas of the head, dorsal part of hand and forearm. They may also be found on the shoulder, penis, chest and neck. It may have a benign or malignant base. Though their occurrence on the volar aspect of fingers have been reported, they are very rare. We report a case of cutaneous horn of the volar aspect of the middle phalynx of right little finger in a young female.

II. Materials And Methods

A 30 year old female patient presented with a growth in the right little finger for 5 years. The swelling gradually increased in size and was not associated with pain or discharge. There was no history of Surgery or trauma to the site. There was no history of similar growth in any family member. There was no history of erethema or swelling at the base of the lesion. Examination revealed a 1.5 x0.5 cm cutaneous horn on volar aspect of middle phalynx of right little finger. It was light brown in colour with a curved conical tip. Patient was posted for Surgery after routine investigations. Excision of the cutaneous horn was done after ring block along with a margin of 1 millimetre. Specimen was sent for histopathology. Patient was discharged on the day of Surgery. Histopathology was suggestive of sebaceous (cutaneous) horn (Figure 2and 3). Sutures were removed on day 10. (Figure 4)
III. Discussion

Cutaneous horns presents as conical, cylindrical, pointed projections or like horn of animals and vary in dimensions from few millimetres to 25 centimeters. About 30% are found in scalp and face. Their exact etiology is unknown. They may be associated with keratosis, molluscum contagiosum, bowen’s disease, epidermoid carcinoma, malignant melanoma and basal cell carcinoma. They arise most commonly form a seborrheic keratosis lesion. More than 60% of the lesions are benign. Cutaneous horns are known to grow for years if left alone. Tenderness, inflammation and infiltration at the base of the horn are signs of malignancy which is more likely to occur in elderly, males, those located in sun exposed areas and those horns with a large base. Height is less than the base in invasive squamous cell carcinomas. They arise from benign lesions in 61.1% of cases, premalignant lesions in 23.2% of cases and malignant lesions in 15.7% of cases. 94% of the lesions with malignant base have squamous cell carcinoma. Benign base may be present in 41 to 60% of the cases. Horns may be single or multiple. The pathologic process responsible for the growth of the horn resides in its base.

Histopathological examination shows hyperkeratosis with parakeratosis. Patients can be treated with simple excision or cauterisation. As these lesion may have premalignant and malignant changes, early excisional biopsy is recommended with histopathological examination to rule out malignancy. Cutaneous horn on volar aspect of hand is very rare. A case of the same was reported in a 45 year male on volar aspect of middle finger. Histopathology of the lesion showed Actinic Keratosis. Another such case has been reported in a 25 year old male with a 2.5x0.5 cm lesion on the tip of index finger. Histopathology revealed hyperkeratosis and parakeratosis. To the best of our knowledge, this is the 1st reported case of a Cutaneous horn in a young female over volar aspect of little finger.

IV. Conclusion

Cutaneous horns are are lesions presenting more in the areas of the body exposed to sun. Their occurrence in areas not exposed to sun have been reported. Early diagnosis and excision followed by histopathological examination should be the goal of treatment to identify malignant changes at the earliest, if any. Cutaneous horn over volar aspect of little finger in a female is very rare and is being reported for the very first time to the best of our knowledge.

References

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