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Atypical Appearance of a Palpebral Wart: Palpebral Corn

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Abstract **Case Report**

A 72-year-old patient presented with a palpebral tumour covered by a thick layer of keratin. Clinically, the lesion was located over the entire right upper eyelid with aspect of two horns at the temporal end of the right upper eyelid. PARTIAL surgical excision led to the diagnosis of a seborrhoeic wart, but given the benign nature of the lesion, further examination was not necessary. However, the patient was informed of the need for long-term monitoring of the scar.

Keywords: Wart, horn, histological examination.

INTRODUCTION

Cutaneous horns are a group of heterogeneous tumor growths on the epidermal surface. For some, they are the result of an accumulation of keratin covering a senile keratosis, a scar, or Bowen's disease [1]. For others, this conical keratinized neoformation may derive from a wart, seborrheic keratosis, actinic keratosis, or even a squamous cell carcinoma.

We report a case in which a skin neoformation or horn derives from a wart. The atypical appearance of the lesion is rarely found and exceptionally reported in the literature.

This is a 72-year-old patient who consulted for the appearance of a palpebral lesion in the upper right eye 4 years ago, which had progressively increased in size, was aesthetically embarrassing, and caused ptosis. Ophthalmological examination of the right eye revealed visual acuity of 2/10, an exophytic yellowish-white palpebral lesion covering the entire upper eyelid, hard at the tip with a keratotic appearance at the temporal end, rough, adherent with an appearance of two hyperkeratotic horns (Figure 1). Histological examination of an incompletely excised biopsy was in favor of VERRUCA. As there were no signs of malignancy, it was decided to respect the rest of the lesion with regular follow-up in order to detect any signs of malignancy at an early stage.

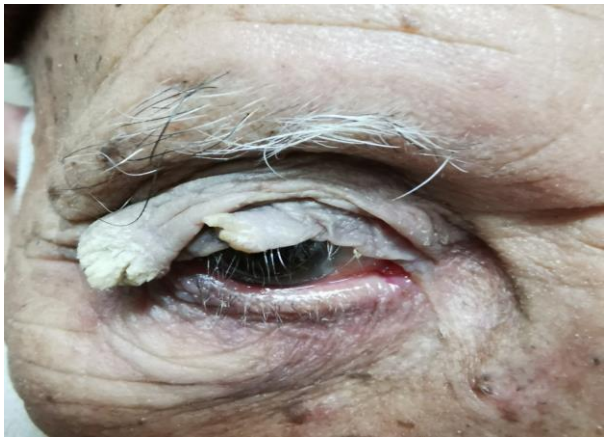

Figure 1: Exophytic yellowish-white palpebral lesion covering the entire upper eyelid, with an appearance of two hyperkeratotic horns

DISCUSSION

Seborrheic wart is a common tumor of the face, trunk, and neck, especially in sun-exposed areas [1], particularly affecting middle-aged and older patients. The origin of cutaneous actinic keratoses is attributed to two main factors, UV exposure, and HPV viruses [2].

Cutaneous horns are particular forms of certain skin tumors. Their architecture, implantation, growth, and keratinization give these lesions their distinctive clinical appearance [3], as in our case.

It is covered by a thick layer of keratin which sends horny invaginations into the lesion itself, giving a granular appearance to the surface and characteristic horny pseudocysts on histological section. When keratinization is massive, the lesion may suggest tumors of another nature, and in particular certain precancerous conditions which are clinically quite similar to the lesion reported. A partial biopsy may be helpful if the clinical appearance is not characteristic [4, 5].

Incomplete removal of a tumor is a very common situation. Clinically, identifying a skin horn is not difficult, as simple inspection is enough to detect this small keratinized tumor clearly raised on the epidermal side of the affected eyelid.

A histopathological study has the great advantage of enabling the nature of the lesion underlying the cutaneous horn to be accurately identified so that potentially life-threatening lesions are not overlooked [6].

CONCLUSION

The seborrheic wart can present in a highly keratinized and sometimes misleading form, giving a horn-like appearance and, in most cases, raising the suspicion of a malignant lesion, hence the importance of a histological study. In this case, a simple and complete examination is sufficient, with regular follow-up.

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