

## Cutaneous Horn of Eye Lid: A Case Report

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**Abstract:** A 72 year old male patient presented with a mass close to the left upper eyelid margin for the past 6 years, which was slowly increasing in size. Anterior segment was normal except pseudophakia in left eye. A complete resection was primarily performed. Histopathological study disclosed thickening & hyperkeratosis stratum corneum with parallel layers of keratin suggestive of benign lesion.

**Keywords:** Cutaneous horn, Eye Lid.

### INTRODUCTION

A cutaneous horn (cornu cutaneum) is a morphological designation for a protuberant mass of keratin resembling the horn of an animal that results from unusual cohesiveness of keratinized material from the superficial layers of skin or implanted deeply in cutis [1]. It is relatively a rare tumour. Most often it arises in elderly man on the sun exposed skin [2]. In cutaneous horn over 60% lesions are benign, however malignant or premalignant lesions are found to be associated with it [3]. Biopsy of the lesion should be done at the base of the horn for appropriate histopathological diagnosis [4]. Like other non infective skin lesions, they are found to be common in Caucasians and Asian races [5]. Over 30% of the lesions are observed in head and neck regions [5, 6].

### CASE REPORT

A male patient of age 72 yrs reported to the OPD department of Ophthalmology, RIMS, Kadapa, with the chief complaint of painless growth over the upper lid margin of left eye. History revealed that patient was apparently alright 6yrs back, when he first noticed a small peanut size growth over left upper lid.

The growth was painless and slowly progressive, hindering the vision. Not associated with any fever or itching. Physical examination revealed a solitary, firm, horn like projection 1.5 cm in height with a hyperkeratotic surface without associated lymphadenopathy. Skin surrounding the lesion was normal. No ulcerative lesions were found. No tenderness was present. The lesion was completely excised surgically. Histology was reported as thickening of stratum corneum with hyperkeratosis.

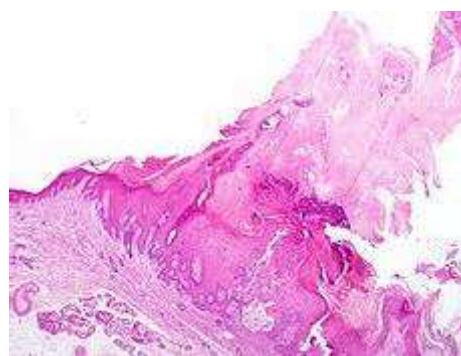
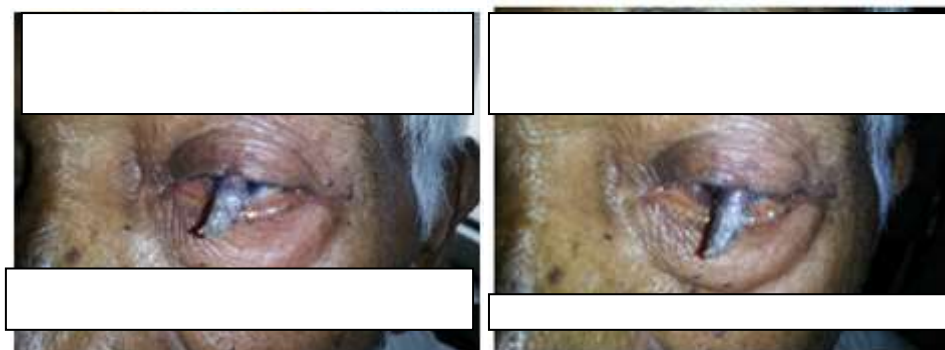


Fig. 1: Histopathology report



**Fig. 2: Pre-operative pictures**



**Fig. 3: Post operative pictures**

## DISCUSSION

The clinical diagnosis of cutaneous horn is simple that has on morphological resemblance of an animal horn. Cutaneous horn are not always horn shaped. The lesion may be flat, nodular, crateriform. It is attempted to be defined as a compact mass of keratin whose base height is at least half of the base diameter [7].

Cutaneous horns are found to be associated with several common benign lesions including angiokeratoma, keratoacanthoma, pyogenic granuloma, sebaceous adenoma, seborrheic keratosis etc. [7].

Mencia-Gutierrez *et al.* reported 23% cases to be premalignant and malignant in a study performed on 48 cases with eyelid horns [1]. In this patient pathology didn't show any evidence of malignancy.

It is very difficult to distinguish between benign premalignant and malignant lesions. Larger size and tenderness at the base are the signs that are in favour of malignancy. Treatment depends on the type of lesion and malignant potential [5].

Appropriate biopsy is essential for prompt diagnosis. In benign lesions, the biopsy may be both diagnostic and therapeutic, while complete surgical excision with appropriate margin is needed for malignant lesions [5].

So in every patient with cutaneous horn an underlying disease must be looked for and possibility of nearly one third of them harbouring malignant or premalignant skin lesions should be kept in mind.

## CONCLUSION

Histological examination of horn base is crucial to rule out malignancy, as there are no certain clinical features that can definitely distinguish benign lesions from skin cancer.

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