
Photo Quiz

Large Growth on the Face

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A 78-year-old woman presented with a large growth on her face that had been present for 11 years. The lesion was located in the zygomatic region, a sun-damaged area with aged skin.

Physical examination showed a hard, elongated, gray to yellowish hyperkeratotic mass (*see accompanying figure*). The lesion was 7.2 cm in length with a base diameter of 0.7 cm.

Question

Based on the patient's history and physical examination, which one of the following is the most likely diagnosis?

- A. Actinic keratosis.
- B. Cutaneous horn.
- C. Keratoacanthoma.
- D. Seborrheic keratosis.

See the following page for discussion.

Discussion

The answer is B: cutaneous horn. Cutaneous horn, or cornu cutaneum, refers to elongated, keratinous, gray to yellowish projections that range in size from a few millimeters to several centimeters.¹ The reason for retention of keratin is unknown. This is a rare clinical diagnosis, and the incidence and prevalence in the general population are unknown.¹ Cutaneous horns usually occur in light-skinned patients older than 50 years, and are more common in men.¹ Approximately 30 percent of cutaneous horns occur on the upper face and scalp. Other common locations include sun-exposed areas such as the ear, lip, chest, neck, and shoulder.^{1,2}

Cutaneous horns occur in association with a wide variety of underlying benign, premalignant, and malignant diseases, such as keratosis, sebaceous molluscum, verruca, trichilemmal cyst, Bowen disease, squamous

cell carcinoma, malignant melanoma, and basal cell carcinoma.¹⁻³ To make a histologic diagnosis, the lesion should be biopsied at the base of the horn.³ Cutaneous horns can be removed with simple excision using cauterization and cryosurgery.^{1,3}

Actinic keratoses are hyperkeratotic lesions. They are usually multiple and comprised of either macules or papules with a rough, scaly surface resulting from disorganized keratinization and a variable degree of inflammation. Lesions vary from less than 1 mm to more than 2 cm, and are usually asymptomatic.³

Keratoacanthoma is composed of keratinizing squamous cells originating from pilosebaceous follicles. It is characterized by rapid growth to a relatively large size, and a regular crateriform shape with a keratotic plug and undamaged surrounding skin.³

Seborrheic keratoses are composed of epidermal keratinocytes, varying from a dirty yellow to black color with greasy keratin on the surface. The size can be from 1 mm to several centimeters.³ They have a classic “stuck on” appearance.

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Summary Table	
Condition	Characteristics
Actinic keratosis	Hyperkeratotic lesions, usually multiple; comprised of either macules or papules with a rough, scaly surface resulting from disorganized keratinization and a variable degree of inflammation; usually asymptomatic; less than 1 mm to more than 2 cm in size
Cutaneous horn	Elongated, keratinous, gray to yellowish projections; a few millimeters to several centimeters in size
Keratoacanthoma	Usually grows rapidly to a relatively large size; regular crateriform shape and keratotic plug with undamaged surrounding skin
Seborrheic keratosis	Composed of epidermal keratinocytes, varying from dirty yellow to black in color with greasy keratin on the surface; 1 mm to several centimeters in size