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The Human Horn

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Author's contribution

The sole author designed, analyzed, interpreted and prepared the manuscript.

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Case Study

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ABSTRACT

Aims: To revisit the once common condition- the sebaceous horn- long forgotten with the development of the medical field.

Presentation of Case: A 65 year old woman presented to the outpatient department with a lesion on the left upper arm which resembled an animal horn on inspection. This lesion had been painlessly progressive for more than 15 years but had become painful over the last 7 days. After thorough clinical examination she underwent wide local excision. Her post-operative period was uneventful.

Discussion: Sebaceous horn is an uncommon entity formed by condensation of Keratin- from the sebaceous cyst. It is mostly benign, but can harbor malignancy underneath. Treatment is by wide local excision and biopsy.

Conclusion: Sebaceous horn, is an uncommon entity which are predominantly benign. But they may harbor malignancy in approximately 20% of the cases and hence should be excised with a margin and sent for biopsy.

Keywords: Lesion; upper arm; sebaceous horn; keratin.

1. INTRODUCTION

Sebaceous horn, though described earlier has become a relatively uncommon entity. It usually

occurs when a sebaceous cyst is left untreated for a long time and the horn in itself is made up of hardened keratin. They are usually benign lesions.

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2. PRESENTATION OF CASE

Mrs. S, 65-year-old female, presented with a horn like lesion in the left upper arm for more than 15 years. She had started having pain over the past one week. Since it had been asymptomatic until then, she had not visited a doctor and had come now due to the recent onset of pain. On examination, there was a classic sebaceous horn with areas of underlying infection.

She underwent excision and her post operative period was uneventful.



Fig. 1. Clinical image [14]

3. DISCUSSION

Sebaceous horns are a rare phenomenon [1] and they usually arise from long standing, untreated sebaceous cyst and consists mainly of condensed keratin [2,3]. People with sebaceous horns were considered to be witches in the middle ages the correct etiology of this growth was in 1670 by Thomas Bartholin, a physician, mathematician and theologian, from Denmark [4]. The earliest detailed description of a entity was by Everard Home, a London surgeon in 1791, thought it was first documented in a Welsh woman, Mrs Margaret Griffith [5]. The sebaceous horn as such was described in London in 1844 at St. Pancras Infirmary by Erasmus Wilson [6] had described the formation of the horn as follows "By the addition of fresh layers from below, (the formative power having increased by the removal of superficial pressure,) the indurated mass is still further forced outwards, dilating the aperture as with a wedge, and finally increasing its size to that of the entire base of the hypertrophied follicle. The process of formation of new epithelial layers by the walls of the follicle (now become the base of the mass) will go on, unless interrupted by surgical means, for years, and in this manner those singular bodies, of which so

many remarkable examples are on record, horns, are produced".

The true sebaceous cyst arises from the sebaceous gland and is relatively uncommon. What is commonly referred to as sebaceous cysts, are either epidermal or pilar cyst, and neither of them arise from the sebaceous gland and hence neither of them are filled with sebum. The cheesy material often found in the cyst is often made up of keratin [7] The keratin condenses overtime and forms the horn. The most common areas of presentation are the scalp and the perineum [8].

The horn can be related to various other conditions, other than the sebaceous cyst, such as verruca vulgaris and seborrheic keratosis [9]. Approximately 20% of them have an underlying malignant pathology, such as squamous cell carcinoma, melanoma or even a malignancy of the sebaceous gland [10,11,12].

The diagnosis is made clinically and treatment is excision biopsy. The emphasis here is on the biopsy, to make sure that an underlying malignancy is not missed [13].

4. CONCLUSION

Sebaceous horn, is an uncommon entity which are predominantly benign. But they may harbor malignancy in 20% of the cases and hence should be excised with a margin and sent for biopsy.

CONSENT

As per international standard or university standard, patient's consent has been collected and preserved by the authors.

ETHICAL APPROVAL

As per international standard written ethical approval has been collected and preserved by the author(s).

COMPETING INTERESTS

Author has declared that no competing interests exist.

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