

CASE REPORTS

MULTIPLE CUTANEOUS HORNS ARISING FROM POROKERATOSIS

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Development of cutaneous horns in lesions of congenital linear porokeratosis in a 65 year old lady is described.

Key words : Linear porokeratosis, Cutaneous horns.

Introduction

Cutaneous horn is an uncommon lesion of unknown etiology and probably represents a reaction pattern. It primarily occurs on sun-exposed areas, associated with cutaneous actinic damage and rarely progresses into malignancy.¹ Porokeratosis is a unique hereditary disturbance characterized by keratotic lesions with a wall like horny border and an atrophic centre. The occurrence of cutaneous horns in porokeratosis to the best of our knowledge, has not been reported earlier.

Case Report

A 65-years-old lady was seen with a history of multiple keratotic papules and plaques on the left lower limb since birth. Gradually new lesions developed in a linear pattern and involved the whole extremity. Individual lesions extended and coalesced to form plaques. Some of the lesions resolved without any trace. She had tried different treatment modalities but there was no relief. 2 months back she noticed multiple horny projections from the centre of several lesions of the left leg. Some of them were very painful. On examination, multiple keratotic

papules and plaques with raised horny margins, some with an atrophic centre of size varying from 0.5 to 2.5 cms, were seen on the anterior and lateral aspects of the left thigh, leg and foot. Several lesions on the leg showed central horny projections of 1.5 to 2 cms in length. Systemic examination was normal. The skin biopsy of a lesion from the

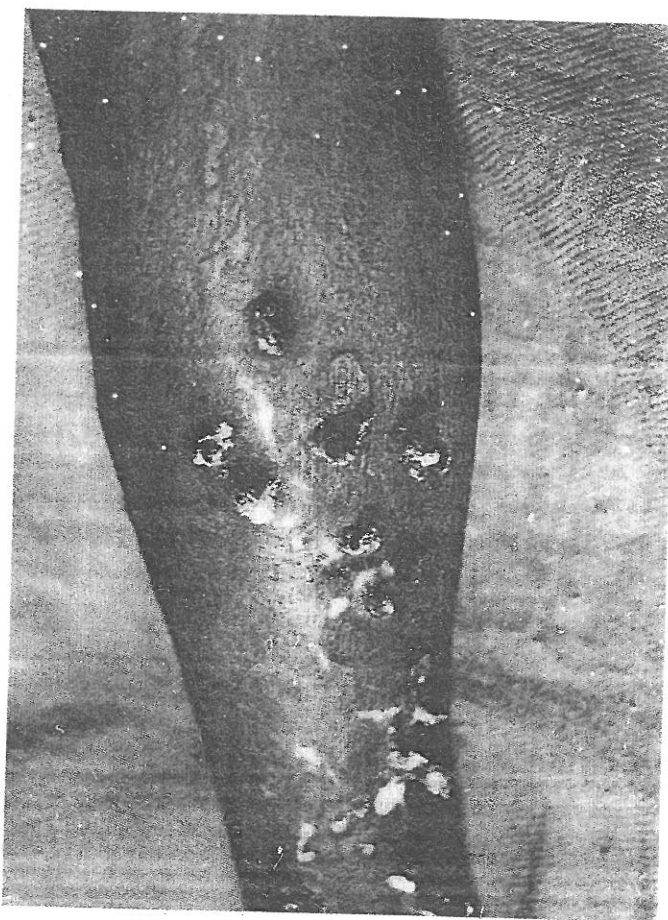


Fig. 1. Keratotic plaques and cutaneous horns on the left leg.

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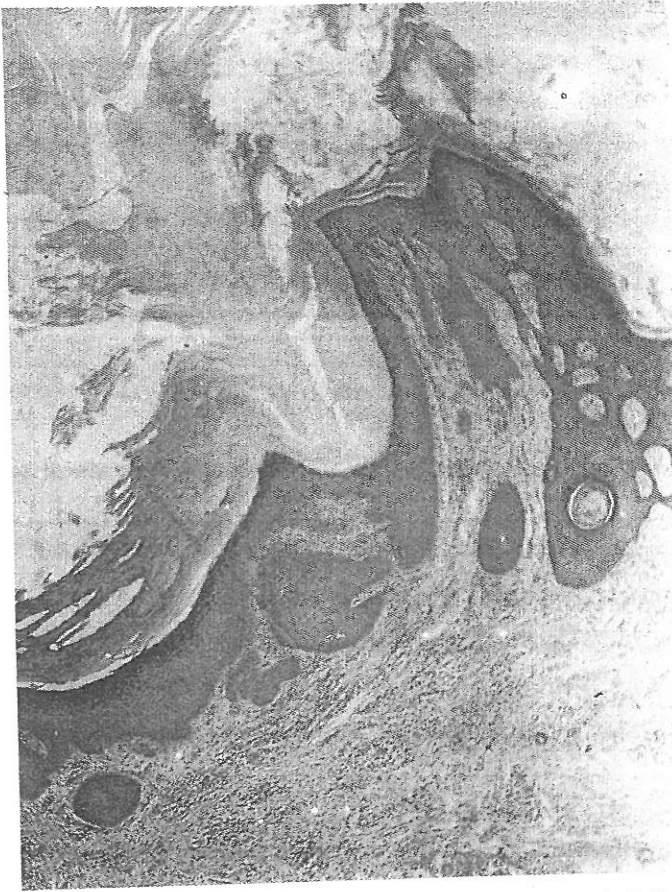


Fig. 2. Central conical hyperkeratosis, overlying irregularly acanthotic epidermis; Parakeratotic columns on the sides. Dermis shows perivascular mononuclear cell infiltrate.

left leg showed a conical hyperkeratosis and a keratin filled invagination of the epidermis with a cornoid lamella in the centre. The dermis showed a perivascular mononuclear infiltrate. There was no evidence of malignant transformation.

Comments

Linear porokeratosis has an autosomal dominant inheritance and lesions usually start

in childhood or may be present at birth. Development of a squamous cell carcinoma of Bowen's disease has been reported in linear³ and disseminate forms.⁴

The clinical significance of a cutaneous horn is uncertain. What is important is the lesion at the base of a horn, which may be malignant or pre-malignant. Actinic keratosis was the most common lesion found at the base in one study.² Horns may also be found overlying warts, squamous cell carcinoma, seborrhoeic keratoses and rarely trichilemmoma or a basal cell epithelioma.

Though the cutaneous horn is a result of dysplastic epidermal changes, histologically there is no atypicality or loss of polarity. In long standing lesions it may show evidence of malignant transformation to a squamous cell carcinoma as evidenced by budding from the basal layer. Whether the cutaneous horns are forerunners of malignancy in our patient needs follow up.

References

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