

# MULTIPLE CUTANEOUS HORNS WITH ABSORPTION OF TERMINAL PHALANGES

## (A case report)

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### Summary

A case of a 23 years male having multiple cutaneous horns arising from warts with absorption of the tips of terminal phalanges of two fingers is reported.

Cutaneous horn is a rare form of benign growth (Bedi et al<sup>1</sup>) occurring on normal skin (Montgomery<sup>2</sup>) or more commonly on skin lesions such as wart (Montgomery<sup>2</sup>, Brown<sup>3</sup>, Lennox and Sayed<sup>4</sup>, Bedi et al<sup>1</sup>), papilloma (Montgomery<sup>2</sup>, Barr<sup>5</sup>), senile keratosis (Lennox and Sayed<sup>4</sup>), nevus (Montgomery<sup>2</sup>, Sutton<sup>6</sup>), corn and calluses (Montgomery<sup>2</sup>, Sutton<sup>6</sup>), trauma (Charache<sup>7</sup>), post burn scar (Tadros<sup>8</sup>), and from bowl of open atheroma (Montgomery<sup>2</sup>). The present report concerns a case with multiple cutaneous horns arising from warts.

### Case Report

A 23 years male came to JIPMER Skin O.P.D. with multiple horny lesions over both his extremities of three years duration. First he noticed a few warty lesions on his left leg which gradually spread to both feet, legs, hands and fore-arms. The older lesions became more hyperkeratotic and ultimately changed into elongated hard horn-like projections. Some of the horns used

to fall after keeping the involved areas in water leaving behind warty base from where they used to grow again. This process of horn formation continued till the majority of the warty lesions changed into horns. He denied history of topical therapy of any type.

On examination, there were numerous horns of various sizes distributed on both hands, feet, legs and fore-arms (Fig. 1). Warts were also present in the same areas. Soles and palms were spared except right palm where a few hyperkeratotic warty lesions with central concavity were present. Horns were dull brown in colour and showed vertical ridges on outer sides, bases were only slightly broader than the shafts and their tips were either concave or flat and showed multiple small hard projections. Maximum size of the horns was 5 cm. long, 2 cm. broad and 1 cm. thick. Bases of all the horns were non-tender except on left ring finger and right index finger where the horns were subungual in origin pushing the nail plates backward and upward.

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Histopathological examination of excised horny lesions showed marked hyperkeratosis and para-keratosis on acanthotic and papillomatous epidermis



**Fig. 1**

Multiple cutaneous horns on both extremities and also verrucae vulgaris lesions

with clear cells in the superficial part of the malpighian layer. There were no changes in the epidermal cells suggestive of malignant degeneration. Histopathology of warty lesions was consistent with verrucae vulgaris. X-ray of the hands showed absorption of terminal phalanges of right index and left ring fingers with multiple dense shadows (Fig. 2). Blood V. D. R. L. test was negative.

**Discussion**

Montgomery<sup>2</sup> described following types of cutaneous horns, the filiform horn, the papillomatous horn, the verrucous horn, a horn arising from the bowl of an open atheroma and a horn arising from a nevus. According to him filiform horn resembles wooden peg. Some of them have pointed smooth amber coloured tips. Each has elongated papillae at its base extending a short distance up through its centre. A verrucous horn has its top beset with a number of little prominences corres-

ponding to the tips of papillae of which it is composed. A papillomatous horn or one derived from a nevus composed of one immensely elongated papilla, ends in one sharp point. These horns are long, slender and well nourished because of having a well developed core of blood vessels and connective tissue. Horn arising from an atheroma (cyst lined with cutaneous epithelium) is very stout, when it is curetted out, a glistening white bowl lined with corneous epithelium is exposed.



**Fig. 2**

X-ray of hands showing absorption of the tips of the terminal phalanges of right index and left ring finger with multiple dense shadows corresponding to the horns

In our case, presence of verrucae vulgaris lesions along with these horny lesions and the patients version that initially all the lesions started as warts which later on became horny, multiplicity of the lesions and younger age of the patient suggest the diagnosis of verrucous horns. Clinical description of these horns e.g. dull looking, ridged and rough surface, flat tops with concavity of fine hard projections, falling off on immersing in water leaving behind warty base are very characteristic of verrucous horns. Further, histopathological findings suggest the diagnosis of verrucous horns. There was no evidence of senile keratosis or malignancy in the repeated sections of these horns as reported by Montgomery<sup>2</sup> and Lennox and Syed<sup>4</sup> in some of their cases.

Our case showed absorption of terminal phalanges of right index and left ring fingers, corresponding to subungual horns in these fingers. We did not come across any reference about bone changes in association with cutaneous horns in the available literature. As the horns were subungual in position in the fingers in which absorption of terminal phalanges seen, absorption of

phalanges is due to pressure of the horns and not just a coincidental finding.

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#### TRUE or FALSE ?

The greying of human hair in the process of aging has been shown to result from the replacement of melanocytes in the hair bulb by Langerhans' cells as seen in vitiligo. A functional disorder of pigment transfer is also demonstrable.

(Answer page No. 87)