



## A Case Of Giant Cutaneous Horn Originating From Hypogastric Region Of Abdomen: A Rare Case Report

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### Abstract

A cutaneous horn is an infrequent, hyperkeratotic, projecting growth typically found in sun-exposed regions of the skin. While most cutaneous horns are benign, approximately 20 to 30 percent have the potential for malignancy. This case report presents a 76-year-old male with a cutaneous horn on the hypogastric region since last 3 years. Despite its rarity and often overlooked nature by patients, clinicians should maintain a high index of suspicion for cutaneous horns and opt for definitive management through wide local excision with adequate margins.

**Keywords:** NIL

### Introduction

A cutaneous horn, also known as Cornu Cutaneum or Devil's horn, manifests as a conical, protruding, hyperkeratotic growth, sometimes resembling an animal horn (1). It primarily consists of compacted keratin, with various skin lesions observable at its base (2). These lesions originate from basal keratinocytes and can be associated with benign, pre-malignant, or malignant processes, particularly in sun-exposed areas (3). Clinically, cutaneous horns typically present as straight or curved, white or yellow-brown exophytic projections, albeit variations in colour, size, and shape are possible (1). Associated conditions include actinic keratosis, sebaceous molluscum, verruca, and various malignancies such as squamous cell carcinoma, malignant melanoma, and basal cell carcinoma (4). While more common in middle-aged males and often found in overexposed areas like the nose, pinna, forehead, and scalp, occurrences on the anterior abdominal wall are rare, as observed in this case (5,6).

A 76-year-old male presented to the general outpatient surgery clinic with a horn-like projection on his lower abdomen since last 3 years. The lesion, initially measuring three to four millimetres, gradually enlarged to approximately 6 x 4 cm. The patient denied any history of trauma to the area. Physical examination revealed a curved growth measuring 5 cm x 4 cm x 4 cm in length, width, and height, respectively, was seen arising from the suprapubic region, around 6cm below the level of the umbilicus in the midline. The lesion was painless, firm-to-hard on palpation. No features of malignancy, like adjacent surrounding skin involvement or changes in skin texture and no underlying fixity were noted. No similar growth was noticed on his body. There was no regional lymphadenopathy. A clinical diagnosis of cutaneous horn was made. The lesion was excised under spinal anaesthesia with an elliptical incision with a wound healed by secondary intention. Histopathological analysis revealed

Hyperplastic squamous epithelium and papillomatosis with hyperkeratosis, dyskeratosis, and epithelial dysplasia, with no evidence of malignancy on deep margin biopsy. The patient had satisfactory postoperative recovery, with no recurrence noted at the 3-month follow-up.

## Discussion

A cutaneous horn, resembling an animal horn in miniature, is composed of cornified material protruding from the skin's surface. While animal horns contain superficial hyperkeratotic epidermis and dermis with centralized bone, human horns lack well-formed bone structures. The earliest well documented case of cornu cutaneum from London in 1588 is of Mrs. Margaret Gryffith, an elderly Welsh woman. However, earliest observations on cutaneous horns in humans were described by the Everard Home in 1791 (7).

These protrusions can originate from a diverse range of benign, premalignant, or malignant epidermal conditions. Typically, they manifest as solitary growths arising from a seborrheic keratosis lesion (9). Lesions observed at the base of a cutaneous horn include squamous cell carcinoma, actinic keratosis, keratoacanthoma, Bowen's disease, seborrheic hemangioma, keratosis, basal keratotic cell and carcinoma, micaceous pseudopapillomatous balanitis, Kaposi's sarcoma, sebaceous adenoma, and Paget's disease of the female breast (8,9). In the largest study conducted by Yu et al (5), it was found that 61% of cutaneous horns originated from benign lesions, while 39% were associated with malignant or premalignant epidermal lesions, with squamous cell carcinomas being the most common malignancy. Several risk factors have been identified for malignancy, including large size, a broad base relative to height, tenderness at the base, advanced age, and male gender (5).

Microscopically, cutaneous horns exhibit marked hyperkeratosis, acanthosis, dyskeratosis, papillomatosis, and chronic inflammatory infiltration of the dermis (10). While the horn itself may be benign, underlying pathology necessitates consideration, with histopathological examination crucial for ruling out associated malignancy. Full excision and reconstruction are preferred treatments for raw areas, although alternative modalities such as

electrodesiccation, laser ablation, and cryosurgery are viable options (11).

## Conclusions

Although cutaneous horns typically manifest in sun-exposed areas, this case highlights their potential occurrence on sun-protected regions like the suprapubic area. Despite predominantly presenting as benign lesions, cutaneous horns should not be disregarded. Clinicians must remain vigilant, considering the possibility of skin malignancy.

## Consent

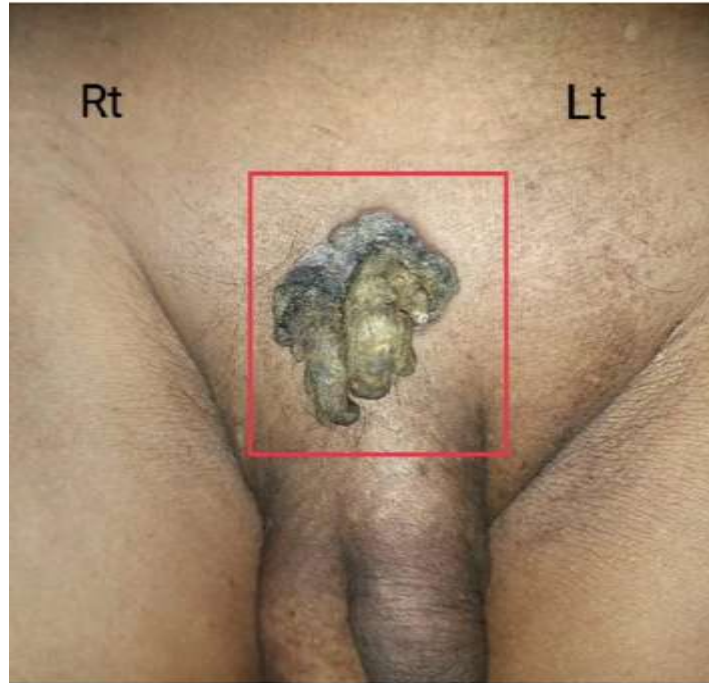
Written informed consent to publish his clinical details and images was obtained from the patient.

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**Figure 1: Cutaneous horn arising from the anterior abdomen on the hypogastric region.**



**Figure 2: Histopathological slide of the surgical specimen showing Hyperplastic squamous epithelium and papillomatosis.**

