

## Case Report

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# Cutaneous Horn in Helix of Right Ear: Presentation of a Case

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### ABSTRACT

The cutaneous horn as a keratotic lesion, the height of which must exceed at least one half of the diameter of its base. It is characterized by being conical and circumscribed that varies from a few millimeters to several centimeters, white or yellowish in color, and looks like an animal horn. Presenting mainly in photoexposed areas of the face and trunk, with a predilection in the female sex. A case is presented of an elderly male patient, a farmer by profession, with a history of high blood pressure, who had a large cutaneous horn on his right ear. Therefore, it was decided to perform a complete excision of the lesion, and the histopathological study confirmed the diagnosis, with no finding of malignancy.

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**Received:** March 20, 2025; **Accepted:** March 24, 2025; **Published:** November 28, 2025

**Keywords:** Cutaneous Horn, Conical, Photoexposed Areas

Cutaneous horn (from Latin *cornu*, “horn”, “horny skin” or “excrescence”) is the morphological name of the lesions that clinically appear keratotic, conical and circumscribed, varying from a few millimeters to several centimeters, white or yellowish in color, in some cases brown. They are rare, single lesions, firm and painless. They differ from animal horns in that they lack an axial position and lack well-formed bone [1-4].

It is more common in older patients and Caucasians. It usually occurs in sun-exposed areas such as the forearms, backs of the hands, and face.

Benign lesions have been associated with almost half of the cases, premalignant lesions in 20-37% and malignant lesions in up to 20% of them [1,3]. Since it occurs most frequently in photoexposed areas, it is postulated that prolonged sun exposure is one of the most important etiological factors in the pathogenesis of cutaneous horn [5].

Since it is not clinically possible to rule out malignant origin, the treatment of choice is complete resection along with histopathological study of the lesion [5]. It has been observed that a longer time of evolution of the lesion and a larger diameter of the lesion increase the probability of a premalignant or malignant condition resulting [1].

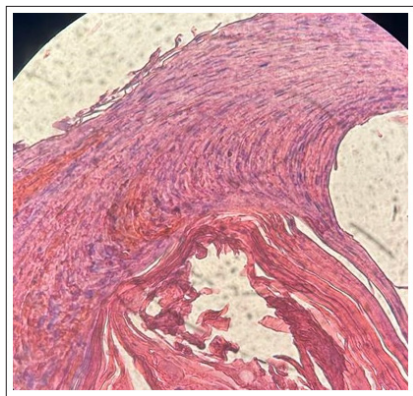
### Clinical Case

An 87-year-old male patient, native and from the state of Carabobo, Venezuela, with a history of high blood pressure controlled for 20 years with losartan. potassium, phototype IV / VI according to Fitzpatrick. He comes to consultation in June 2023 due to a large lesion on his right ear. Physical Examination: Dermatitis located on the helix of the right ear, characterized by a conical, exophytic, keratotic neoformation, of hard consistency and slightly painful, with a sessile erythematous base, 3.5 cm in diameter, light brown in color, of months of evolution. Dermoscopy: Erythematous fundus, stacked scales. Compatible with a cutaneous horn (Figure 1A).

A biopsy was performed by shaving the cutaneous horn for histopathological diagnosis, which reported hyperkeratosis, parakeratosis, disorganized and atypical keratinocytes involved in the basal third, acanthosis and recent hemorrhage (Figure 1B).

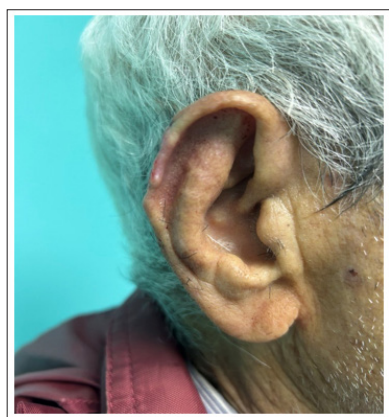


**Figure 1A:** Clinical Image of the Cutaneous Horn



**Figure 1B:** Histological Sections Examined Show: Hyperkeratosis, Parakeratosis, Disorganized and Atypical Keratinocytes Involved in the Basal Third, Acanthosis, and Recent Hemorrhage

At its base, no findings of malignancy were reported, presenting excellent clinical evolution (Figure 2) and control every 6 months to rule out the appearance of new lesions.



**Figure 2:** Clinical Evolution

## Discussion

Cutaneous horn was first described in medical literature in London in 1588, when the case of a middle-aged English woman named Margaret Gryffith, who had cutaneous horns on her right temporal region, was published. Patients with this dermatosis were treated with prejudice and superstition, and many were exhibited in circuses and fairs as rarities to satisfy popular curiosity and arouse admiration [6]. Cutaneous horn is defined as a keratotic lesion whose height must exceed at least half the diameter of its base [7]. It is generally asymptomatic, although it may present with local pain, itching and perilesional erythema [5]. Its importance lies in the wide variety of underlying pathologies, which may be benign such as: angiokeratomas, lichenoid keratosis, dermatofibroma, discoid lupus, fibroma, inverted follicular keratosis, nodular prurigo, pyogenic granuloma, sebaceous adenoma, seborrheic keratosis, trichilemmoma, keratoacanthoma. Among the premalignant and malignant lesions are adenoacanthoma, actinic keratosis, basal cell carcinoma, Bowen's disease, Kaposi's sarcoma, malignant melanoma, Paget's disease, sebaceous carcinoma and squamous cell carcinoma, the latter being the most common [2,7]. Since it occurs more frequently in photoexposed areas, it is postulated that prolonged sun exposure is one of the most important etiological factors in the pathogenesis of cutaneous horn [5]. The literature describes that the condition of malignancy in situ or malignancy is more frequently associated with male patients over 70 years of age with cutaneous horns in photoexposed areas [8]. The clinical

diagnosis of the lesion underlying the cutaneous horn is difficult, so performing a histopathological study of the lesion is a rule to determine the pathology underlying the cutaneous horn and rule out its association with malignancy [7,8].

Histopathologically they are characterized by the presence of hyperkeratosis and parakeratosis the granular layer may be present beneath the hyperkeratotic areas with acanthosis in variable degree without cellular atypia and any of the lesions mentioned above may be present at the base [3].

The treatment of choice is complete surgical excision of the lesion [8]. The prognosis of cutaneous horn is directly related to the underlying pathology, showing a higher rate of recurrence and aggressiveness when the cause of the cutaneous horn corresponds to a malignant pathology such as squamous cell carcinoma [8].

## Conclusion

The diagnosis of a cutaneous horn is usually simple; the importance lies in determining which of the cutaneous pathologies it emerges from, and accordingly the course of action to be taken, since at first glance it presents few elements that allow us to identify whether there is a benign or malignant lesion at its base, which is why it is always necessary to perform an excisional biopsy.

## Conflicts of Interest

No conflicts of interest reported.

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