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Cornu cutaneum -a rare eyelid tumour

Babitha V[1,*], Prasannakumary C.[2], Raju K.V.[3]

[1]Assistant Professor, [2]Associate Professor, [3]Retired Professor, Dept. of Ophthalmology, Govt. Medical College, Kozhikode

***Corresponding Author:**
Email: babithavkalyan@gmail.com

Abstract

Cutaneous horn or cornu cutaneum is a rare skin tumour affecting sunlight exposed areas in elderly males. It can develop as single or multiple lesion. It may develop from various skin lesions which varies from benign to malignant.

Keywords: Cornu cutaneum, Cutaneous horn, Keratinised material

Introduction

Cutaneous horn is unique in its potential of being, pre malignant or paraneoplastic in elderly individuals. This conical protrusion of dead keratin should not be ignored. High index of suspicion and meticulous histopathologic examination is required in such cases to initiate prompt and radical therapy. Life long follow up should be advised in view of risk of recurrence. Even though this rare tumour usually affects older males, it can rarely affect young females as in our case.

Case History

A forty year old lady presented with history of a slowly growing horn like lesion with a rapid enlargement for last two weeks, over her right upper eyelid at the junction of lateral one third and medial two third. It was firm, nontender with a length of 10 mm and a base of 2 mm width projecting above the lash line, parallel to eyelashes (Fig. 1). She had no ocular or systemic illness in the past. All other ocular examinations were normal, with a BCVA of 20/20 in both eyes. The mass was excised including 3mm normal skin. On histopathology there was keratin deposits suggestive of cornu cutaneum (Fig. 2).

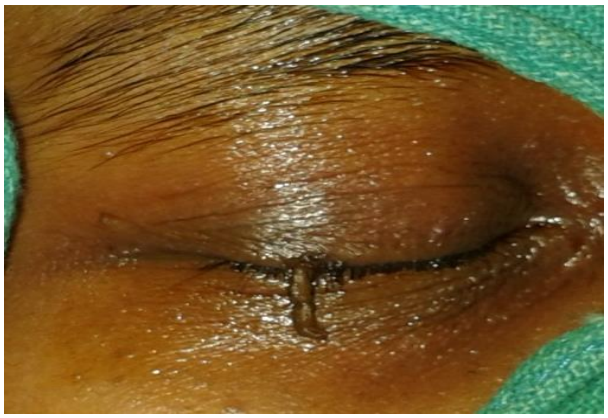

Fig. 1: Gross appearance

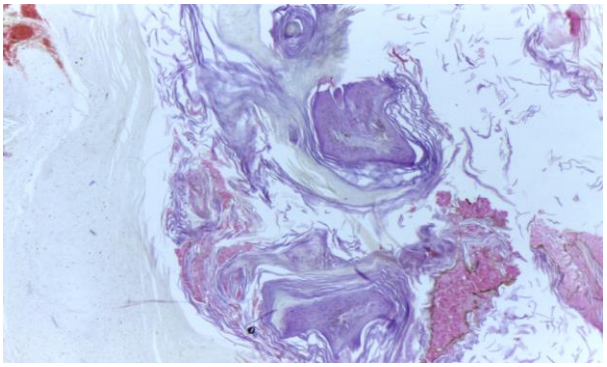

Fig. 2: Histology of horn

Discussion

Cornu cutaneum is a rare[(1)] eye lid tumour. They are usually single or may be multiple.[(1)] It is a conical protuberant mass over skin due to deposition of keratinised materials from superficial layers.[(2)] Literature search on eyelid cornu cutaneum revealed only isolated case reports.

The mean age of patients developing this lesion is after seventh decade[(3)] with a male preference.[(2)] It usually develops over sunlight exposed areas of body like scalp, upper face, nose, eyelids, dorsum of hand, upper chest and back.[(4)] It also develops over burn scar.[(5)] HPV -2[(5)] sub type has an association with cornu cutaneum of other parts of body.

It constitute only 4% of eyelid tumours.[(6)] Duke Elder reported that common site of eyelid lesion is upper lid near lateral canthus and lid margin.[(7)] The lesion may grow upto several centimeters.[(2)]

The cornu cutaneum masks various skin lesion, which varies from benign, premalignant or malignant.[(6)] 65% cases are associated with benign skin conditions and 15% with malignant and 20% cases are associated with premalignant conditions.[(2)] The most commonly associated benign lesion is seborrhic keratosis[(8)] and most common skin malignancy associated is squamous cell carcinoma.[(2)] Other associations are Actinic keratosis, Sebaceous molluscum verruca, Trichilemma, Bowen's disease, Epidermoid carcinoma, Basal cell carcinoma, Metastatic renal carcinoma, Sebaceous

carcinoma, Kaposis sarcoma.[2] The risk of malignancy is high among those with large,[2] tender lesion,[9] and elderly males.[8] It was reported that the risk of malignancy increases with history of other malignancies or premalignant lesion elsewhere in the body.[8]

Even though cutaneous horn resembles animal horn, it has a cystic space lined by trichilemmal type epithelium which is absent in animal horn, and lacks the axial bone which is present in the animal horn.[4]

Histopathological examination of the base of the lesion is important to rule out associated malignancy. Wide excision with 3mm of tumour free base[2] is the treatment of choice. For benign base lesion no further treatment is required. The suggested therapy for premalignant lesion is topical chemotherapy with 5-FU, or cryotherapy with liquid nitrogen or electrodessication. For malignant lesion topical 5-FU, surgical excision and radiotherapy[10] has been tried with success.

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