

CASE REPORT

Interesting Case of Multiple Sebaceous Horn on the Penis

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Received: 13 April 2022; Accepted: 04 May 2022; Published: 11 May 2022

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ABSTRACT

Sebaceous horn commonly occurs on sun-exposed areas. A 50-year-old male presenting with multiple sebaceous horn involving the glans and prepuce of the penis is reported here. The horns were excised with a rim of normal tissue in the base. Histopathological examination reported no malignancy.

KEYWORD

Penile horn; Sebaceous horn; Cutaneous horn; Malignancy

CASE PRESENTATION

A 50-year-old male reported to the OPD with horns-like lesions on the left side of his penis involving the corona and prepuce for the past 1 year. For the past 2 months he was experiencing pain at the site. No itching, discharge or previous excision of a lesion at the site. He was circumcised in childhood for phimosis. On examination there were two horny lesions originating from a single base involving the glans and prepuce on the left side of penis (Fig. 1). The lesion was fixed to the skin. Consistency was hard on palpation with induration of the base. Lymph nodes in the inguinal were not palpable. The lesion was excised with a rim of normal tissue at the base and wound was primarily closed. The tissue was sent for histopathology which showed hyperkeratotic epidermis with subepidermal inflammatory cell infiltration. There was no evidence of dysplasia. Microscopic examination of a section from horn showed dense keratinization.

DISCUSSION

Sebaceous horns also known as cutaneous horns [1,2] commonly occurring on sun-exposed areas of the skin, rarely seen on the penis. Clinically diagnosis is by horn-like projections of compacted keratin seen above the surface of the skin having flat, nodular, or crateriform base. The aetiology is uncertain, but may be formed by drying up of secretions from the sebaceous gland or cysts forming compacted keratin over a period of time. Lesions like squamous cell carcinoma, actinic keratosis, keratoacanthoma, Bowen's disease, seborrheic keratosis,

basal cell carcinoma, haemangioma, keratotic and micaceous pseudo papillomatous balanitis, Kaposi's sarcoma, and sebaceous adenoma [1] may be seen in the base of the horn. Described first in 1854, and since then, only about 100 cases of cutaneous horn have been reported.



Figure 1: Multiple sebaceous horn on penis.

Only one case of multiple cutaneous horns is reported [3]. Malignant change can be seen at the base of the horn. Microscopically, hyperkeratosis, acanthosis, dyskeratosis, papillomatosis, and chronic inflammatory infiltration of the adjacent dermis may be seen. Excision of the lesion with a rim of normal tissue at the base should be done. HPE should be done to rule out malignant transformation [4, 5]. Partial penectomy with or without inguinal block dissection is recommended if malignant change is found in histopathology. One-third of cases of penile horns are associated with underlying malignancies [6].

CONCLUSION

Sebaceous horns occurrence on the penis is uncommon and are associated with benign and malignant conditions. If histopathology reports malignancy, partial penectomy should be done.

DECLARATIONS

The patient consented to publish their clinical data. The authors declare no competing interests.

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