

CASE REPORT

SEBACEOUS HORN THAT DEVELOPED IN THE SURGICAL SCAR

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ABSTRACT

Sebaceous horns are rare lesions that occur as conical projections in sun-exposed parts of the body. They are made of hyperkeratotic material and look like horns of the animals. They may harbor benign, premalignant, and malignant lesions at their bases. We present a case of a 49-year-old lady who presented with a conical growth at the operative scar of minimally invasive open lumbar discectomy. Excision of the horn along with the base was done, and the histopathology revealed benign sebaceous keratosis, suggesting sebaceous horn.

INTRODUCTION

Sebaceous horn is an epidermal hyperkeratotic lesion which looks like the horn of an animal.¹ It resembles an animal horn grossly, but lacks a bony core and histologically consisting of concentric layers of cornified epithelial cells. It mostly occurs in sun-exposed parts, such as the face, forearms, and dorsum of hands.² It has not been described previously arising from as surgical scar. These lesions are thought to result from underlying benign, premalignant or malignant pathology, in 61.1%, 23.2% and 15.7% of cases respectively.³

CASE REPORT

A 49 years old lady, who had undergone minimally invasive open lumbar discectomy at our hospital developed a conical lesion at the operative scar after 2 months of surgery. When she presented after 4 months of development of the lesion, the lesion was 1 cm in size and firm to hard in consistency (Figure 1). Excision of the lesion along with its base was done under local anaesthesia (Figure 2, 3); histopathology examination showed features of benign sebaceous keratosis suggesting sebaceous horn. There were no features of other pathologies. At 1-year follow-up of the patient, there is no recurrence of the lesion.



Figure 1: Sebaceous horn that developed at the surgical scar of minimally invasive open lumbar discectomy

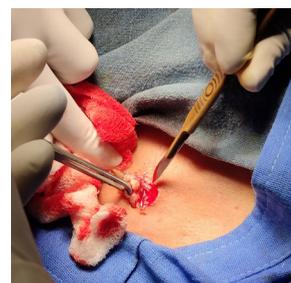


Figure 2: Excision of the lesion

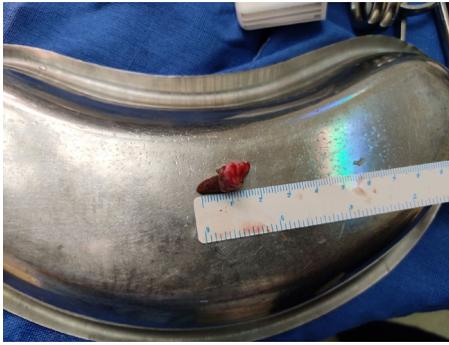


Figure 3: Surgical specimen

DISCUSSION

Sebaceous horn is relatively rare in Asian and African populations compared to Caucasians. This may be due to the protective action of melanin against ultraviolet radiation, which might play a role in its etiology.⁴ Yu et al. reported a series of 643 patients over a 10 year period, with 32 new

patients every year.³ while Mencia-Gutierrez et al. presented 48 patients in Spain with eyelid cutaneous horns over a similar period of time.⁵ A case report has been published about the lesion occurring in the burn scar in scalp,⁶ but there is no previous report of the lesion occurring in the surgical scar.

Sebaceous horn may harbour benign and malignant lesions at the base of the lesion. The condition may be benign (seborrheic keratosis, keratotic acanthoma, viral wart, trichilemmoma, etc.), premalignant (Bowen's disease, solar keratosis), or malignant (verrucous carcinoma, squamous cell carcinoma, basal cell carcinoma, epidermoid carcinoma, malignant melanoma).⁷ Due to this fact, just shaving the lesion off its base should not be done and complete excision of the lesion along with the base with histopathological examination of the excised tissue should be carried out.³

CONCLUSION

The rare case of sebaceous horn which developed in operative scar was managed successfully with no recurrence in a year of follow-up.

REFERENCES:

1. Montgomery DW. Cornu cutaneum. Arch Derm Syphilol. 1941;44:231-5. [\[DOI\]](#)
2. Ramdass MJ. The curled sebaceous horn. Clin Case Rep. 2015;4(2):118-9. [\[DOI\]](#)
3. Yu RC, Pryce DW, Macfarlane AW, Stewart TW. A histopathological study of 643 cutaneous horns. Br J Dermatol. 1991; 124(5):449-52. [\[DOI\]](#)
4. Phulari RG, Rathore R, Talegaon TP, Shah A: Cutaneous horn: a mask to underlying malignancy. J Oral Maxillofac Pathol. 2018; 22(Suppl 1):S87-S90. [\[DOI\]](#)
5. Mencia-Gutierrez E, Gutierrez-Diaz E, Redondo-Marcos I, Ricoy JR, Garcia-Torre JP: Cutaneous horns of the eyelid: a clinicopathological study of 48 cases. J Cutan Pathol 2004; 31(8):539-43. [\[DOI\]](#)
6. Nthumba PM. Giant cutaneous horn in an African woman: a case report. J Med Case Rep. 2007; 1: 170. [\[DOI\]](#)
7. Rohith G, Dutta S, G. S. S. A Curious Case of Cutaneous Horn. Cureus. 2020; 12(9): e10253. [\[DOI\]](#)