Case Report

# What Is Your Diagnosis?

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**Abstract**

Seborrhoeic keratosis is slow-growing, sharply demarcated tumour with a fissured or pitted surface. Its surface may have a thin greasy scale. It is benign tumour of external ear originating from proliferative epithelial cells. Its most common site ranges from the retro auricular region to the helical rim.

We present a female patient aged 62 years with a localized solitary seborrhoeic keratosis on the left ear, an unusual presentation.

**Keywords:** *Basal cell papilloma, Ear, Seborrhoeic keratosis, Senile wart, Stuck on appearance*

## Introduction

Seborrhoeic keratosis is benign epidermal neoplasm which affect elderly people. It can occur anywhere in the skin with the exception of palms, soles and mucosa. Usually cause cosmetic disfigurement, especially when they occur on the face. Their numbers are limited, but on rare occasions, they appear suddenly in large numbers and are associated with itching.

They are sometimes humorously referred to as the "barnacles of old age". The term "seborrhoeic keratosis" combines the adjective form of seborrhoea, keratinocyte (referring to the part of the epidermis that produces keratin), and the suffix- osis, meaning abnormal.

## Case report

A 62 year old female reported to our department with complaints of asymptomatic growth over her left ear for one and half year. The growth was insidious in onset, started as a small asymptomatic firm pigmented papule which gradually increased in size. She gave history of itching, which was tolerable but persistent and history of occasional bleeding on touch.

There is no personal or family history of similar lesion in the past, no history of any type of trauma or surgery in the left ear or any relevenat systemic

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complaints. The physical examinations were within normal limits. Following investigations such as complete blood count, ESR were within normal limits.

Local clinical examination revealed well circumscribed warty looking pigmented plaque measuring 2.4 × 1.2 cm with stuck on appearance and pitted surface with keratin dots over the cymba, cavum and crux helix regions of left ear (Figure 1). On palpation it is soft to firm in consistency and nontender.

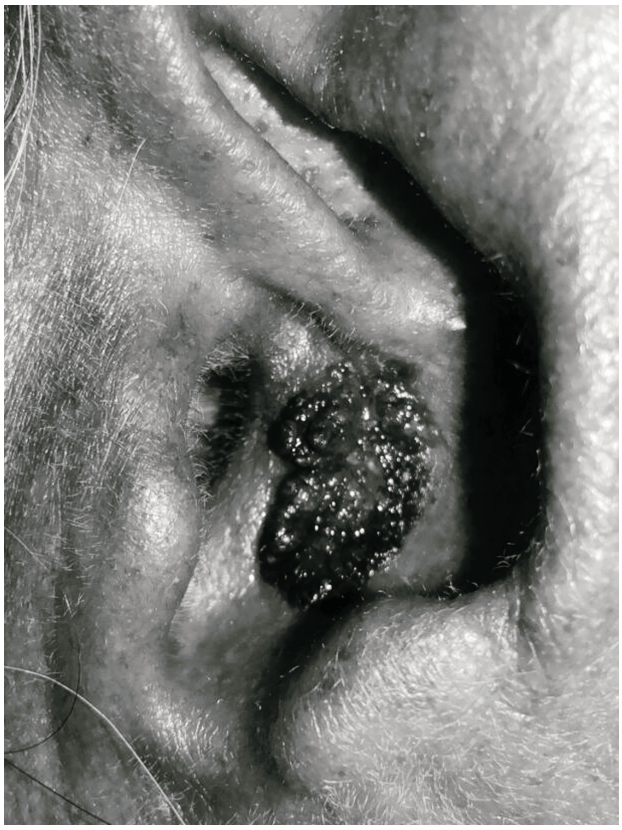

**Figure 1:** Well circumscribed pigmented verrucous plaque with greasy surface and keratin dots at the left ear.

The most likely differential diagnosis are vulgaris, fibroepithelial polyp, epidermal naevus, pigmented and squamous cell carcinoma.

Because of its size and location an excisional biopsy and histological examination was done. The histopathology showed hyperkeratosis, parakeratosis, acanthosis and papillomatosis with sharp horizontal demarcation from the dermis. The epidermal cells are composed of squamous and basaloid cells with abundant melanin pigment at dermoepidermal junction and keratohyaline granules, squamous eddies and several horncysts are also seen (Figure 2).

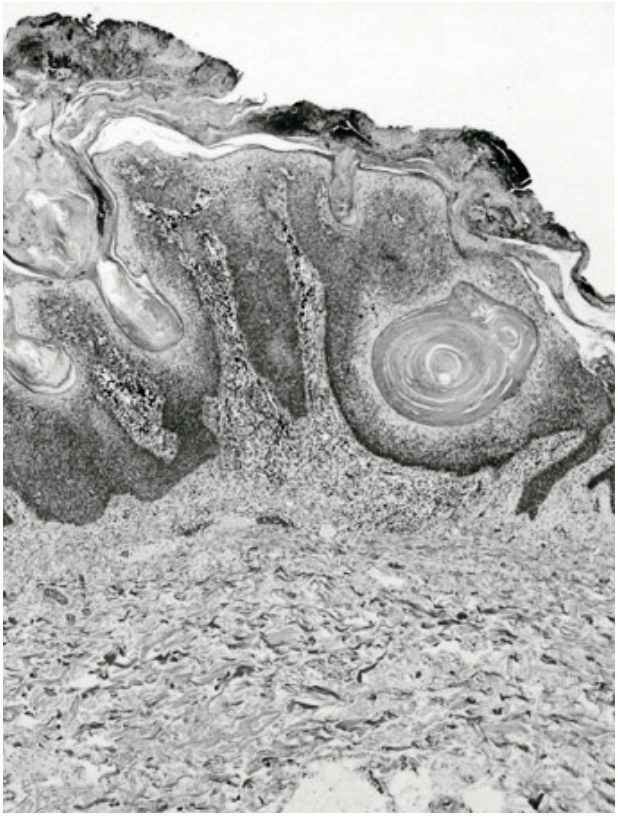

**Figure 2:** Hyperkeratosis, parakeratosis, acanthosis and papillomatosis. Epidermal cells with abundant melanin pigment at dermoepidermal junction and keratohyaline granules, squamous eddies and several horncysts

Depending on site of lesion and history it was diagnosed as seborrhoeic keratosis. Histology confirmed the diagnosis of seborrhoeic keratosis.

**Discussion**

Seborrhoic keratosis is one of common benign tumor of the external ear, originates from epithelial cells. Seborrhoeic keratosis commonly appear in sun exposed areas like the head, neck and upper limb regions. The occurrence of seborrhoeic keratosis (melanoacanthoma) in unusual sites like the genital and perianal areas has been reported.[4]

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Ultraviolet light exposure, human papilloma virus infection, genetic factors, estrogen and other sex hormones are suggested in the aetiology of this disease.[2] Secondary malignant changes may occur but are extremely rare.

Seborrhoeic keratosis also known as seborrhoeic verruca or wart, brown wart, basal cell papilloma and senile wart. Dermatosis papulosa nigra, stucoo keratosis and melanoacanthoma are considered variants of seborrhoeic keratosis.[7]

It appears as a light brown, pigmented mostly flat, sometimes exophytic lesion, oval or polypoidal papules with a 'stuck-on' appearance.[5] Its number increases with age and can potentially affect the whole ear, including the external auditory canal.

Our patient had seborrhoeic keratosis in the pinna. Though cosmetic disfigurement is the main symptom, on rare occasions, they can cause functional impairment.[1]

Histologically this lesion can be divided into seven subtypes: acanthotic, hyperkeratotic, adenoidal or reticulated, clonal, irritated, inverted follicular keratosis and melanoacanthoma variants.[3] Of these, the acanthotic subtype appears to be the most common. The acanthotic type shows marked acanthosis with predominantly basaloid cells, moderate papillomatosis and hyperkeratosis, and characteristic presence of horn cysts or pseudocysts. Proliferation of melanocytes and hyperpigmentation. Our case showed hyperkeratosis, parakeratosis, acanthosis, papillomatosis, abundant melanin pigment and keratohyaline granules. Squamous eddies and several horncysts were also seen.

Especially irritated types of seborrhoeic keratosis can be misdiagnosed as squamous cell carcinoma as they frequently show active cellular appearances and a downward proliferation of the active epithelial cells. There are reports of basal cell carcinoma, squamous cell carcinoma and melanoma which were associated with seborrhoeic keratosis.[6]

Rarely, a sudden onset or increase in the number of seborrhoeic keratoses can herald an underlying malignancy (usually adenocarcinoma of the stomach but also colon, breast and lung).[8] It can be associated with acanthosis nigricans. This is known as the Leser- Trelat sign. The same phenomenon without internal malignancy is known as a pseudo-Leser-Trelat sign.[9]

Although treatment varies from pure trichloroacetic acid, cryotherapy to electrodessication, we prefer simple curettage or excisional surgery. They tend to recur often and patients should be advised regarding the benign nature of the condition with reassurance.

**Conclusion**

Very few case reports of seborrhoeic keratosis have been described in Indian literature in recent past. We add these case to the existing literature because of their rarity, uncommon location and because of their tendency to be confused with malignant tumours. So histopathological examination is essential to establish the diagnosis.

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