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Case Report

Verrucous Carcinoma Presenting As a Horn in the Angle of Mouth

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ABSTRACT

Cutaneous horn is a conical protuberance composed of keratin. Although most lesions are benign, they can harbor a malignancy. We report a case of 62 year old man with recurrent cutaneous horn. Fine needle aspiration showed only squames. On histopathology the lesion showed features of verrucous carcinoma. The margins were free of tumor.

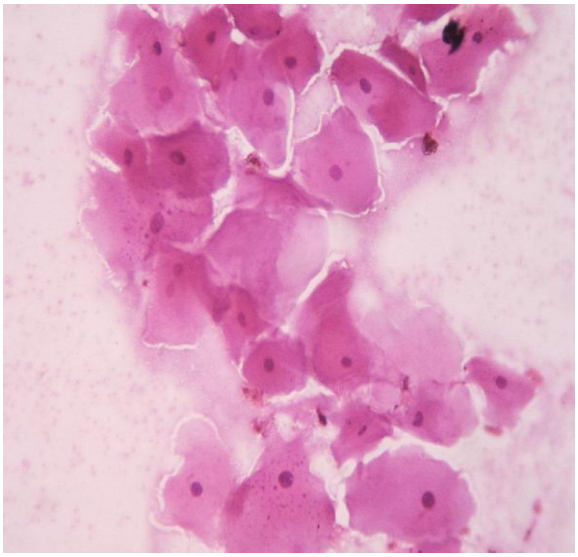
Key Words: Cutaneous, Horn, Verrucous, Carcinoma

INTRODUCTION

Cutaneous horn is a conical protuberance that resembles the horn of an animal. These cutaneous horns occur in the sun exposed areas; hence they are commonly seen on the face. Most of the lesions are benign, however malignant or premalignant lesions may be associated with it. Hence fine needle aspiration cytology and histopathological examination is of great importance.

CASE REPORT

A 62 year old male patient presented with a horny growth in the angle of mouth. This was a recurrent lesion with history of excision two times earlier, once two years back and the other 6 months back. He was referred to pathology department for fine needle aspiration cytology. On examination the horny growth was 10.5 cms long. Fine needle aspiration done from the base of the growth showed presence of necrotic material in the background with nucleated and anucleated squamous cells (Fig 1).

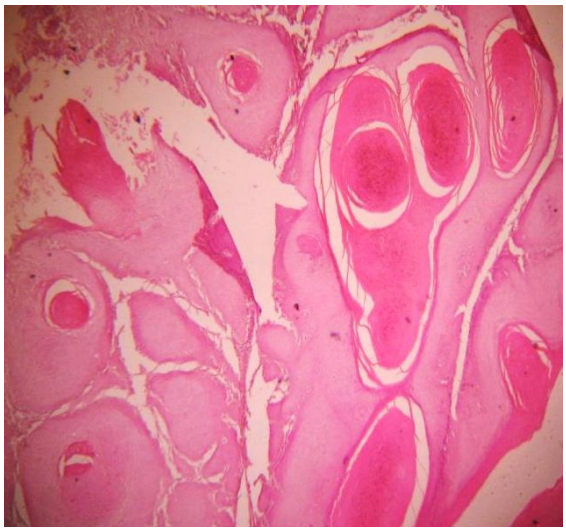


1. Fine Needle Aspiration Cytology (40x,H&E)-Nucleate And Anucleate Squames Seen In A Necrotic Background

Excision of the horny lesion with wide excision of the base was done and this was subjected to histopathological examination (Fig 2). Histopathology revealed hyperplastic squamous epithelium with large areas of parakeratosis, epithelial pearl formation & areas of necrosis. They showed predominantly pushing margins (Fig 3). Few areas also showed infiltration

of tumour cells and melanophages. The surgical margins were free of tumour. A diagnosis of verrucous squamous carcinoma was given.

2. Gross Specimen-Horn Measuring 10.5cms in Length



3. Histopathology-Prominent Keratin Pearls; 5x(H &E)

DISCUSSION

Cutaneous horn is composed of keratin. [(1)] It arises from the overgrowth of superficial layer of the epidermis. [(2)] These cutaneous horns resemble the horns in animals; however they lack superficial hyperkeratotic epidermis, dermis, and centrally positioned bone as seen in animals. [(3)] They are considered to be reactive in nature secondary to a benign or malignant change. [(4)] The horn most commonly occurs in areas exposed to sunlight, however other areas can also be involved. [(5)] Differential diagnosis of cutaneous horn includes actinic keratosis, squamous cell carcinoma, seborrheic keratosis, filiform wart, acrochordon. The lesion is benign at the base of mound in majority of cases. Malignancy is present in about 20%, with squamous cell carcinoma being most common. [(6)] According to a study done by Yu et al, 61.1% of the horns were derived from benign lesions and 38.9% were derived from malignant and premalignant lesions. [(7)] In a study by Bart et al, 44% had an underlying malignancy. [(8)]

Verrucous carcinoma is a well differentiated variant of squamous cell carcinoma with low malignant potential. It usually appears in the oral cavity, anogenital region, or plantar surface of the foot, but can arise anywhere on the skin. Verrucous carcinoma has been linked to tobacco use, alcohol and human papilloma virus. Since the horns can arise from malignant or premalignant lesions, adequate surgery requires wide excision of the tumor with 1 cm of tumor free margin. [(9)]

CONCLUSION

Verrucous carcinoma is a slow growing locally aggressive tumor with low metastatic potential. [(8)] Since cutaneous horns can harbor a verrucous carcinoma it is importance to do wide excision of the lesion with an adequate clearance margin.

REFERENCES

1. Kumar S, Bijalwan P, Saini SK. Carcinoma buccal mucosa underlying a giant cutaneous horn: a case report and review of the literature. Case Rep Oncol Med. 2014;2014:518372.)
2. Masic T, Babajic E, Dizdarevic D, Dervisevic A, Vucak MC, Lincender I. A giant cutaneous horn. Med Arh. 2010;64(6):375-6
3. Michal M, Bisceglia M, Di Mattia A, Requena L, Fanburg-Smith JC, Mukensnabl P, et al. Gigantic cutaneous horns of the scalp: lesions with a gross similarity to the horns of animals: a report of four cases. Am J SurgPathol. 2002;26(6):789- 94

4. Gould JW, Brodell RT. Giant cutaneous horn associated with verruca vulgaris. Cutis. 1999;64(2):111-12.
5. Mutaf M. A rare perioral lesion: Cutaneous horn of the lower lip. Eur J Plast Surg. 2007;29:339-41.)
6. Conologue TD, Lim S, Mccollough M. Verrucous carcinoma case report. Am Fam Physician.2001 Dec 1;64(11):1808-1811
7. Yu RC, Pryce DW, Macfarlane AW, Stewart TW: A histopathological study of 643 cutaneous horns. Br J Dermatol. 1991;124:449-52
8. Bart RS, Andrade R, Kopf AW. Cutaneous horns. A clinical and histopathologic study. Acta Derm Venereol. 1968;48:507–515.
9. Schosser R, Hodge S, Gaba C, Owen L. Cutaneous horns: a histopathologic study. South Med J. 1979;72:1129-31.

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