CHAPTER **29**

# CUTANEOUS HORN IN THE LOWER EXTREMITY: A Case Report

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## INTRODUCTION

A cutaneous horn or cornu cutaneum is an over growth of keratinocytes that protrude from the skin resembling an animal's horn. These lesions are uncommon and may arise from different epidermal lesions, which may be benign or malignant in nature. They are usually found on sun-exposed areas and they tend to have a conical shape. Cutaneous horns have been described since the 14th century with the first description published by Hermann and Bondeson (1). It has been reported to affect more men than women, and occurs in the seventh decade of life. The lesions have been reported to be benign in 60% of the cases. Rarely has cutaneous horn been described to occur in the lower extremities (2). We report a patient with a cutaneous horn on an unusual site, the plantar lateral aspect of his foot (3,4).

## CASE REPORT

A 65-year-old man with alcoholism and a 40-year history of smoking, presented to the clinic due to pain as a result of a cutaneous lesion on his right foot. The patient had a tumor-like growth consistent with a cutaneous horn appearance noted on the plantar lateral aspect of his right foot at the level of the fifth metatarsal head (Figure 1A). The lesion had increased in size over the last couple of months. The patient was unable to determine when the lesion started to grow and denied any trauma to the area. At this time the patient decided to get it checked because the pain has been increasing upon ambulation and shoe wearing was becoming a challenge. The lesion was charcoal, dark brown in color with a conical shape and was 2.5 cm long x 3.0 cm in circumference.

The lesion was of hard consistency and noted to be firmly attached to the skin. The surface was rough at the apex and at the base (Figures 1B, 1C). The lesion was tender at its base but the projection itself was relatively painless. Radiographic evaluation showed no bony involvement (Figure 2). The entire lesion was surgically removed. It was noted to be superficial to the skin with a central ulceration measuring 1 mm x 1 mm with macerated borders (Figure 3). The lesion was sent to pathology for analysis. The wound healed by primary intention. The postoperative period was uneventful. The pathology results stated a 3.0 cm x 2.0 cm x 1.0 cm mass with markedly thickened paraketosis and hyperkeratosis. In the case of residual non-healing of the ulceration site, malignancy should have been suspected (Figure 4).

## DISCUSSION

Cutaneous horns have not been well documented on the lower extremities. Clinical reports indicate more prevalence in the upper body like the face, neck, shoulders, and the chest (5,6). Some descriptions are associated with trauma-like lesions. It is important to overcome the difficulty in diagnosis and a prompt excision of the lesion should be performed. Evaluation of the lesion base is crucial to determine an accurate differential diagnosis, allowing malignancy to be diagnosed. No recurrence rates are well documented in the literature but these lesions respond well to complete excision (2,7).

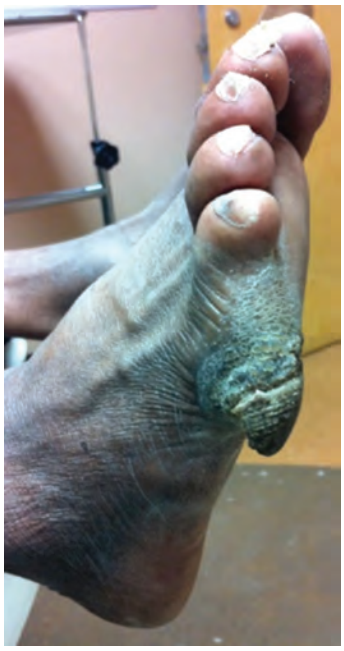

Figure 1A. Cutaneous horn, right foot.

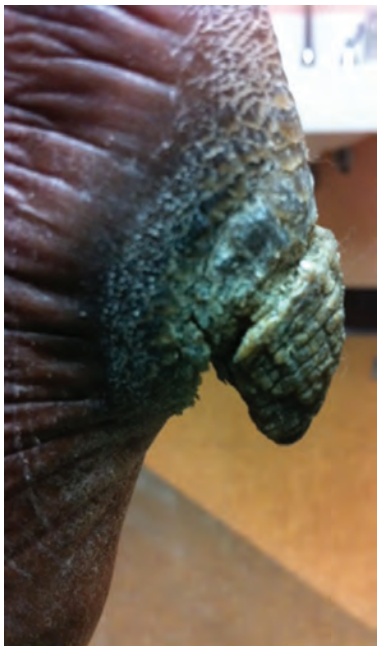

Figure 1B. Clinical view.

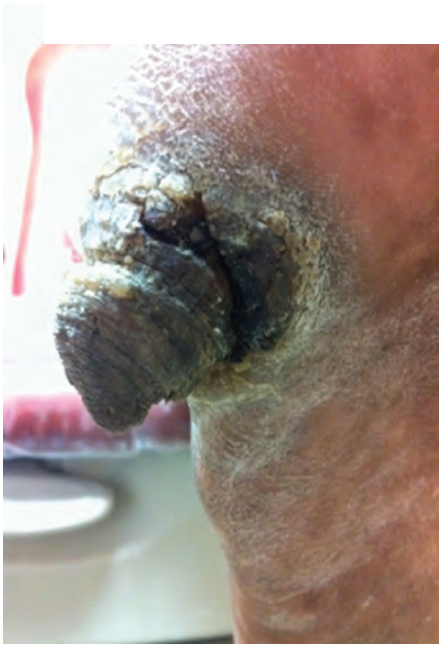

Figure 1C. Clinical view.

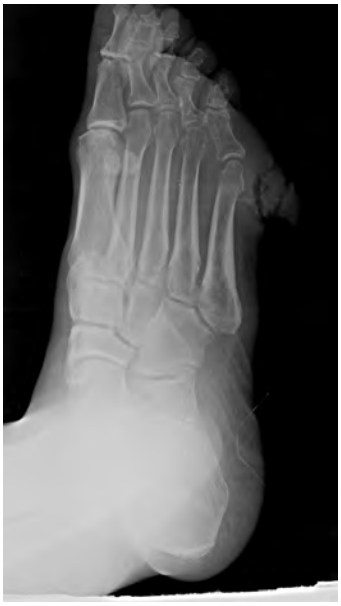

Figure 2. Medial oblique radiograph demonstrating no bone involvement.

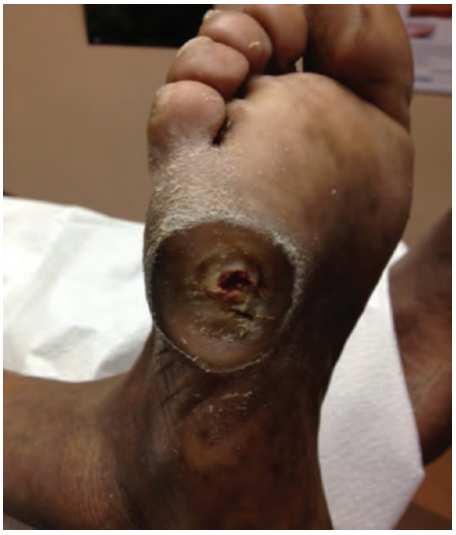

Figure 3A. Post excision removal of cutaneous horn with central ulceration noted.

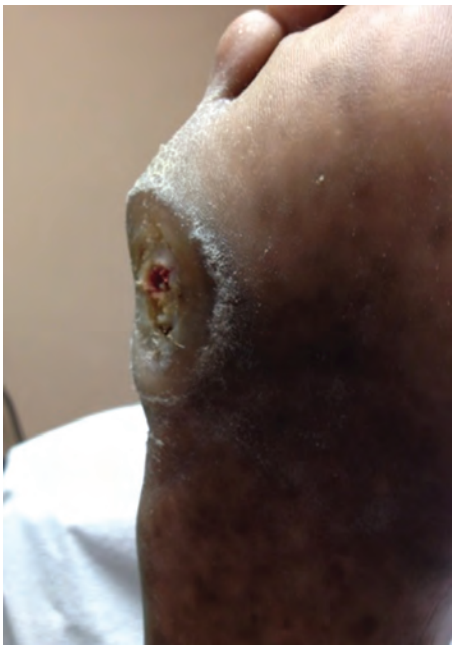

Figure 3B. Post excision removal of cutaneous horn with central ulceration noted.

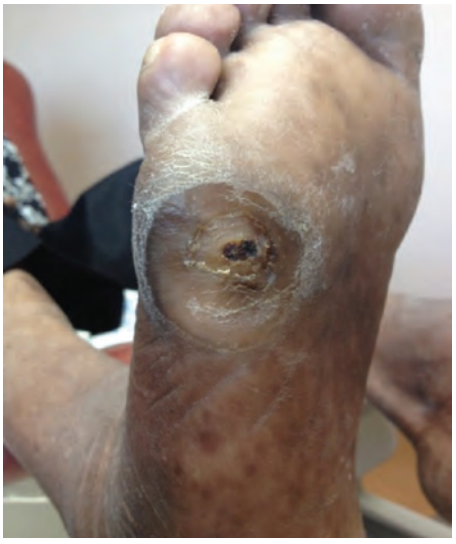

Figure 4. Follow up clinical view.

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