

Lichen Simplex Chronicus with a Cutaneous Horn

Sir,

Cutaneous horn is an outgrowth of keratin due to marked retention of stratum corneum, which resembles the animal horn in miniature. This reaction pattern is seen with the background of a variety of primary diseases of benign, premalignant and malignant nature (1–3). We report here a case of cutaneous horn on a background of lichen simplex chronicus lesion.

CASE REPORT

A 55-year-old male developed itching on the anterior aspects of both legs and the right ankle. Gradually over the next 5 years there was thickening of the skin on these areas followed by the appearance of hyperpigmented, scaly, severely itchy plaques. He also noticed the appearance of a thick, hard horn-like structure projecting from the surface of the right ankle lesion for the last 2 years. At the time of presentation there were multiple hyperpigmented, irregular scaly lichenified ill-defined plaques ranging from 2 to 4 cm in diameter on the anterior aspects of both legs and the right ankle. The lesions on the right ankle had an outwardly projecting hard hyperpigmented, non-tender horny growth about 0.5 cm in diameter at its base and of almost the same length (Fig. 1). There was no other skin or mucous membrane lesion. Routine haemogram, liver and renal function tests were within normal limits. We made a diagnosis of lichen simplex chronicus with a cutaneous horn. Histopathological examination of the excised cutaneous horn showed marked hyperkeratosis and acanthosis with scattered lymphocytes in the upper dermis. The surrounding lesion showed hyperkeratosis, keratotic plugging, acanthosis and papillomatosis and focal chronic inflammation in the upper dermis. These features were consistent with a cutaneous horn in the lesion of lichen simplex chronicus.



Fig. 1. Cutaneous horn overlying the plaque of lichen simplex chronicus on the right ankle.

The patient was treated with 0.05% clobetasol propionate cream topically twice daily. The skin lesions had responded satisfactorily by the end of 4 weeks of treatment.

DISCUSSION

Cutaneous horn is a reaction pattern and its morphology is due to the unusual cohesiveness of the keratinized material. This excessive retention of the stratum corneum is seen in a variety of underlying conditions. Some of the known benign conditions are seborrhoeic keratosis, viral warts, verrucous epidermal naevus, organoid naevus, ichthyosis hystix, palmoplantar keratoderma, papilloma, keratoacanthoma, epidermoid and trichilemmal cysts, dermatofibroma, inverted follicular keratosis, lichen planus, corn, callosities, scar, molluscum contagiosum and prurigo nodularis (1–4). The factors which lead to formation of this excessive and massive retention of horny layer in all these conditions are not clearly understood. Probably the underlying chronic triggering factors, such as inflammation and irritation with repeated mechanical stimulation, lead to formation of cutaneous horn. We have not come across any published case of cutaneous horn with lichen simplex chronicus in English and are unable to explain why a relatively common condition such as lichen simplex chronicus does not develop cutaneous horn frequently. Perhaps the constant and reasonably severe itching and subsequent excoriation does not allow the horn to form.

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