Cutaneous Horn in a Lesion of Prurigo Nodularis

Sir,

Cutaneous horn is a rare outgrowth of keratin, due to marked retention of stratum corneum. It usually occurs in sun-exposed areas after the fifth decade of life. The retention of the stratum corneum is seen in a number of underlying primary diseases of benign, premalignant and malignant nature (1, 2). We here report a patient with cutaneous horn, originating from a lesion of prurigo nodularis, which has earlier not been described.

A 42-year-old housewife had had multiple severely itchy papules and nodules on her upper and lower extremities for

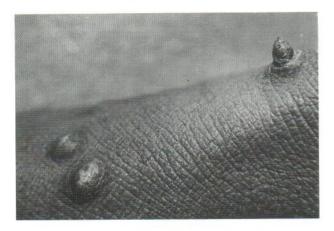


Fig. 1. Cutaneous horn in a lesion of prurigo nodularis.

12 years. The lesions had gradually increased in size, with occasional appearance of new lesions. There was no history of constitutional or systemic symptoms. Cutaneous examination revealed multiple 0.5 cm to 1.5 cm size darkbrown discrete, firm, hemispherical, keratotic, non-tender papules and nodules, predominantly on the extensors of the forearms and legs and dorsa of the hands and feet. A few lesions were present on the palms, upper arms, flexors of the forearms and thighs also. Some lesions were excoriated, with central depigmentation. There was a solitary, hard, thick, non-tender, keratotic, acuminate gradually increasing lesion projecting about 1.5 cm above the surface of a nodular lesion present on the medial

aspect of the right wrist (Fig. 1). She was diagnosed to be a patient of extensive prurigo nodularis with a solitary cutaneous horn. Histopathological examination after an excision biopsy of the horny lesion revealed massive hyperkeratosis with moderate acanthosis and papillomatosis of the epidermis. The dermis showed a mild mononuclear cell inflammatory infiltrate. The features were consistent with cutaneous horn on a lesion of prurigo nodularis.

Cutaneous horn is a benign growth due to excessive retention of stratum corneum. The factors which lead to this massive retention of the horny layer are poorly understood. Probably an underlying chronic irritation and inflammation causes an alteration in normal epidermal activity.

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