

## Cutaneous horn on the penile shaft

Sir,

Cutaneous horns are uncommon lesions consisting of tenacious keratinized material, arising from a wide range of lesions. They occur most frequently over exposed sites such as upper part of face, scalp, nose, neck, and chest. However, a horn over the penis is a rarely reported entity.

A 60-year-old man presented with gradually progressive, asymptomatic outgrowth on the dorsal aspect of the penis since the last 5 months. It started as small papular lesions on shaft of penis 2 years back. He had another similar papular lesion on the scrotum appearing around the same time. The lesion on the shaft changed into elongated, hard horn-like projection while scrotal lesion subsided on its own. Systemic examination did not reveal any abnormality. Dermatological examination revealed single, hard, cutaneous horn on the middle of the shaft of the penis [Figure 1]. The horn was around 1 cm in diameter and 1.5 cm in length, slightly curved, yellowish-brown in color. A surrounding collarette of skin was observed. There were no similar lesions over other body parts.

A clinical diagnosis of cutaneous horn was made. However, a punch biopsy was performed to ascertain the primary lesion giving rise to the horn. Hematoxylin and eosin stain revealed acanthosis, papillomatosis, and hyperkeratosis with arborization. Vertical tiers of parakeratotic cells with koilocytes and foci of clumped keratohyalin granules were seen [Figure 2]. The histopathological features

were consistent with verruca vulgaris underneath cutaneous horn. The patient was assured about the benign nature of the condition. Total resection was done under local anesthesia and the resected specimen was sent for histopathological examination.

Cutaneous horn (synonyms; Cornu cutaneum: Cornu humanum), documented for the first time in 1588,<sup>[1]</sup> is a conical, hyperkeratotic protrusion that often resembles an animal horn. It is a morphological term which refers to a firmly term cohesive keratinized material instead of being a true pathologic diagnosis.<sup>[2]</sup> All variants of horns, including penile horns, are encountered most often in people above 50 years of age. According to a report by Lowe and McCullough<sup>[3]</sup> reported that in up to 42%–56% cases penile horn are benign, whereas rest of the cases are premalignant or malignant. The common causes of benign penile horn include verruca vulgaris, condyloma accuminata, molluscum contagiosum, keratoacanthoma, etc., whereas, those of premalignant and malignant horns include arsenical keratosis, verrucous carcinoma, squamous cell carcinoma, pseudoepitheliomatous micaceous balanitis, and squamous cell carcinoma, to name a few.<sup>[4]</sup> The cause of the horn can be identified on histopathological examination. It is divided into two parts. First, the features common with all cutaneous horns are, the overlying keratotic mass consisting exclusively of keratin along with closely packed agglutinated epidermis cells arranged in concentric columns and hypertrophic papilla. Second, the pathological features underlying the keratotic mass which reveal the cause of the horn. These features may vary anywhere from verruca vulgaris to squamous cell carcinoma.<sup>[4]</sup>



Figure 1: Horny outgrowth on the dorsum of penile shaft with a peripheral collarette of skin

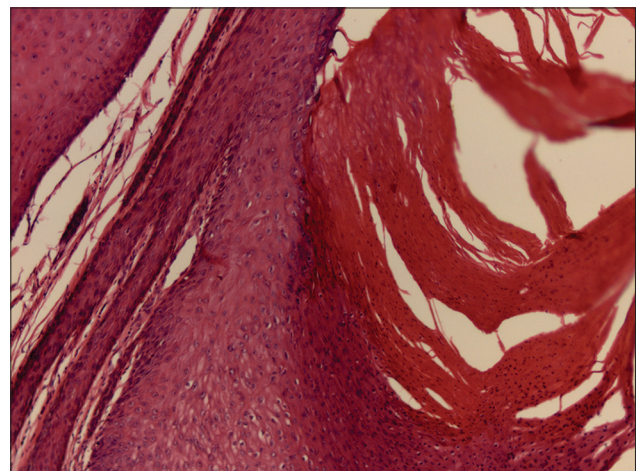


Figure 2: Koilocytes (vacuolated cells with pyknotic nucleus) underlying arborizing parakeratotic columns (H and E, ×240)

It is important to rule out an underlying malignancy indicated by induration and inflammation at base. Electrosurgical excision, laser and cryosurgery are curative in benign cases.<sup>[5]</sup> However, malignant dermatoses require regular follow-up for recurrence. It is pertinent for both dermatologists and surgeons to be aware of the possibility of underlying malignancy so as not to treat all cases as innocuous and benign.

### Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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### Conflicts of interest

There are no conflicts of interest.

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