Atypical Unusual Presentation of Seborrheic Keratosis of Pinna

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ABSTRACT

Objectives:
I would like to describe a case of male elderly patient with rare atypical presentation of seborrheic keratosis of the right pinna. Only few cases are reported in medical literatures. Our aim is to discuss differential diagnosis and highlight the importance of histopathology.

Methods:
56 years old male airport worker presented with brownish circular patch on his upper part of the right pinna since 3 years. Routine investigations are done to rule out the systemic diseases. The biopsy was done for histopathological diagnosis.

Results:
Haematoxylin and Eosin stained sections shows features of pigmented seborrheic keratosis. There is no evidence of malignancy and melanoma in the studied specimens.

Conclusions:
The seborrheic keratosis generally occur on the face, chest, back, abdomen and extremities. But cases of auricular lesions are rare. Histopathology is very important for accurate diagnosis and also rule out malignancies and melanoma if the lesion starts bleeding and is increasing in the size.

INTRODUCTION

Seborrheic Keratosis  (Syn: Seborrheic wart, Senile wart & Basal cell Papilloma)
It is a nonmalignant tumor of external ear arising from proliferative epithelial cells. It may present as light brown, mostly flat, sometimes exophytic papillary lesion. It is most common site ranges from the retroauricular region to the helical rim. Since pinna is exposed to the external environment, factors like ultraviolet light exposure, chemical pollution and trauma can affect it. Other etiological factors are heredity, sex hormones, and human papilloma virus infection. It is usually confused with malignant melanoma and squamous cell carcinoma. Therefore a sufficient amount of biopsy should be done to rule out other conditions. Histologically it can be divided into seven subtypes: acanthotic, hyperkeratotic, adenoidal or reticulated, conal, irritated, inverted follicular keratosis and melano acanthoma variants. The treatment described are cautic application, cryotherapy, electrodessication, curettage or excisional surgery.

METHODS AND MATERIALS

Report of a case
56 years old male airport worker visited our ENT clinic (National Hospital, Abu Dhabi. U.A.E) on 17/01/2016 with a history of brownish circular patch measuring 2cms in diameter on his right pinna. He gave a history that he had this painless and non itchy lesion since 1 year and six months. But he noticed some increase in the lesion since 3 weeks. The patient has used sun screen protection and local steroid ointment for 3 months without any relief. On clinical examination we observed a flat, slightly elevated with scaly and waxy lesion over the triangular area on lateral aspect of right pinna. There is no other similar lesion elsewhere in the body. There is no significant local lymphadenopathy. Routine investigations are done to rule out the systemic diseases. The biopsy was done under local anesthesia for histo-pathological investigations.

RESULTS

Histopathology
Haematoxylin and Eosin stained sections showed acanthosis with melanin pigmentation, verruciform outlines, hyperkeratosis, no significant cellular atypia and no increased melanocytes, suggestive of pigmented seborrheic keratosis. There is no evidence of malignancy and melanoma in the studied specimen.

Figure 1. Photograph showing brownish patch like lesion over the right pinna

Figure 2. Haematoxylin & Eosin stained high power section microphotograph showing acanthosis with melanin pigmentation and hyperkeratosis.

CONCLUSIONS

The Seborrheic keratosis generally occur on the face, chest, back, abdomen and extremities. But cases of auricular lesions are very rare. Histopathology is very important for accurate diagnosis and also to rule out malignancies and melanoma if the lesion starts bleeding and is increasing in the size. It has been reported that any sudden eruption of similar lesions elsewhere in the body is considered to be sign of internal malignancies (Leser Trelat sign).

This phenomenon is a paraneoplastic disorder. On reviewing the past literatures, it is found that a round, flat, coin like waxy flaky lesion is reported by Kumar, et al (2010).

R.K. Mudra, et al (2013) reported non tender pedunculated blackish mass with a broad base arising from medial aspect of the right pinna. The cauliflower like growth arising from the helix of left ear was also reported by Kiran, et al (2014).

In our case, the lesion though it looks clinically like melanoma, the histopathology has proved the diagnosis of Seborrheic keratosis. Although numerous treatments are advised: excisional surgery, shave excision, cryosurgery, application of pure trichloroacetic acid and electrodessication. In our case, since the lesion is very flat and for the cosmetic deformity, the patient is not advised surgery, but regular follow up is advice once in 3 months.

REFERENCES


