

## Seborrheic Keratosis - A Rare Tumour of the Pinna

Amrapali Keny-Pawar<sup>1\*</sup>, Dhanashree Chiplunkar<sup>2</sup>, Vinod Khade<sup>3</sup>,  
Janhavi Siroya<sup>4</sup> and Apurva Vatkar<sup>4</sup>

<sup>1</sup>Senior Consultant and Head of Department of ENT, K.B. Bhabha Hospital, Bandra, India

<sup>2</sup>Junior Consultant, Department of ENT, K.B. Bhabha Hospital, Bandra, India

<sup>3</sup>Head of Department, General Surgery, India

<sup>4</sup>Resident, Department of ENT, K.B. Bhabha Hospital, Bandra, India

\*Corresponding Author: Amrapali Keny-Pawar, Senior Consultant and Head of Department of ENT, K.B. Bhabha Hospital, Bandra, India.

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### Abstract

Seborrheic Keratosis is a common condition in the elderly population but its occurrence over the Pinna is very rare. We describe here the case of a 52 year old female with a blackish colored growth over the pinna which was excised for histopathological examination and diagnosed thereafter as Seborrheic keratosis. Many varieties of Seborrheic keratosis have been described in the literature and in our case it turned out to be the acanthotic type.

**Keywords:** Seborrheic Keratosis; Pinna

### Introduction

Seborrheic Keratosis is a common skin tumor of the elderly population. This Benign tumor generally occurs in head, neck, trunk or extremities It is rare though to find it on the Pinna. Seborrheic Keratosis is known to occur because of benign proliferation of immature keratinocytes of the epidermis which give rise to well demarcated, round or oval flat shaped macules which are slow growing [1].

It is imperative that you clinically distinguish this lesion from other benign and malignant lesions and hence it is essential that you recognize the distinguishing features of this condition, as a small lesion of Seborrheic Keratosis might not require any treatment at all.

### Case Report

A 52 year old female came with history of blackish lesion on the left pinna since many years. The lesion was smaller in size in earlier but since past 1 year had increased in size to the current

one (Figure 1,2). She also gave history of itching over the site of lesion since one year and scratching the surface of the same after which it probably increased to the present size. There was no history of bleeding from the lesion or pain. There was no history of similar lesion anywhere else on the body. There was no significant medical or family history.

Figure 1

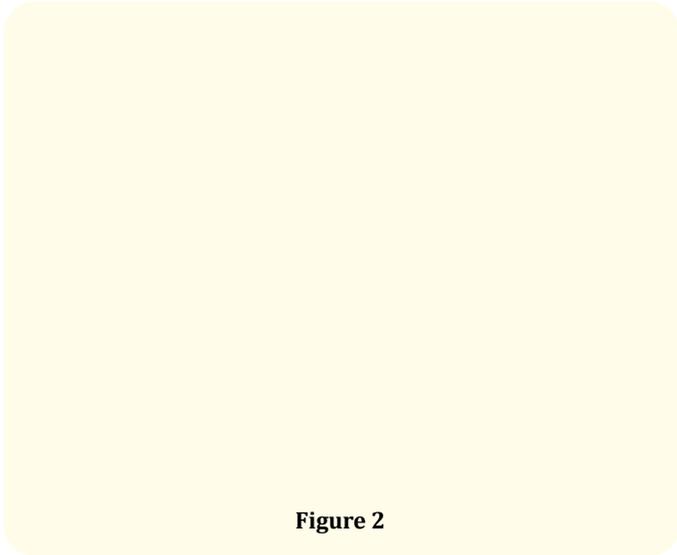


Figure 2

On local examination, the lesion was over the upper aspect of the left pinna extending diffusely over its lateral aspect, black in colour measuring 5 cm x 3.5 cm, with a broad base on the lateral aspect of the pinna with margins that could be lifted off from the underlying skin. It was non tender on touch and also did not bleed on touch, firm in consistency, irregularly shaped like a cauliflower.

The patient was explained regarding the need for excision biopsy and possibility of covering the area with a skin graft if necessary. In accordance with this, excision biopsy of the lesion was done with sharp instruments. As anticipated preoperatively, because of its broad base which was adherent to the underlying skin there was a skin defect measuring 3.5 cm x 3 cm (Figure 3). Split thickness skin graft was harvested from the right thigh (Figure 5) and the defect was covered with the skin graft (Figure 6) with 5-0 vicryl sutures. The excised specimen was sent for histopathological evaluation which revealed it to be seborrheic keratosis (Figure 4).

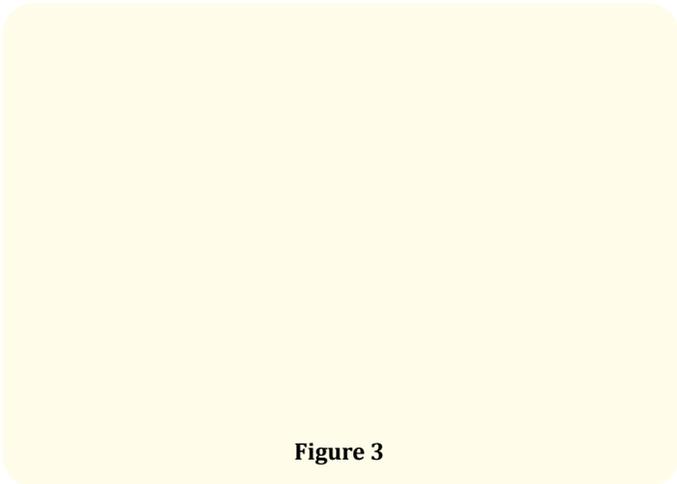


Figure 3

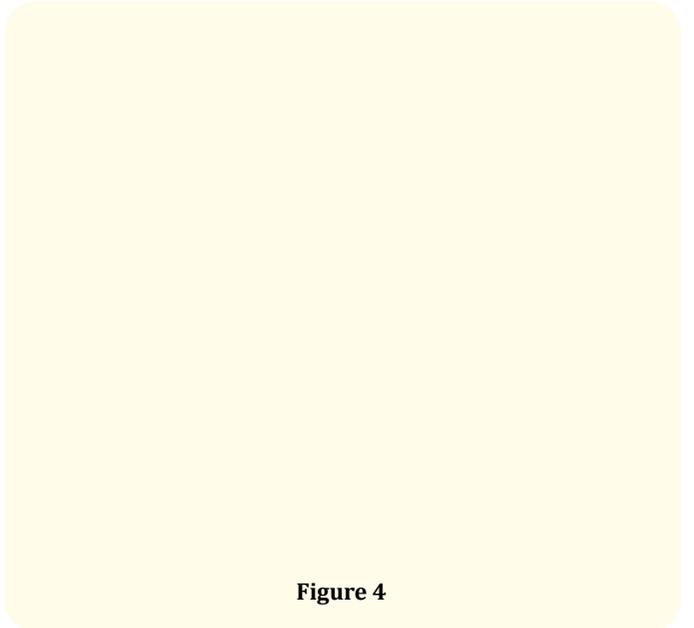


Figure 4

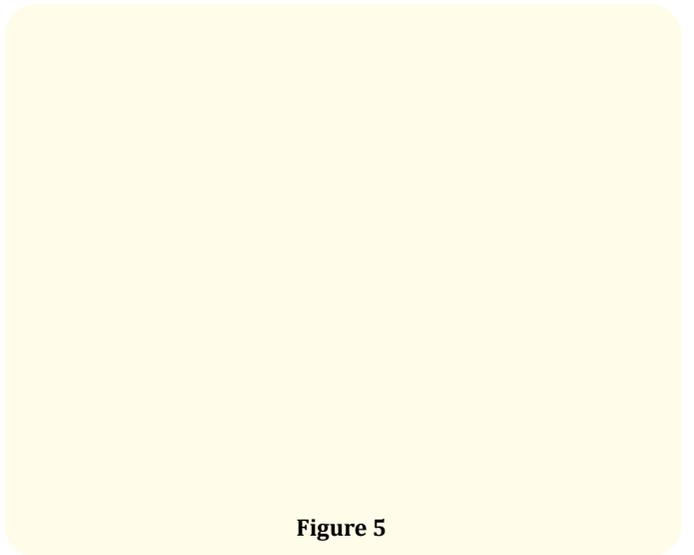


Figure 5

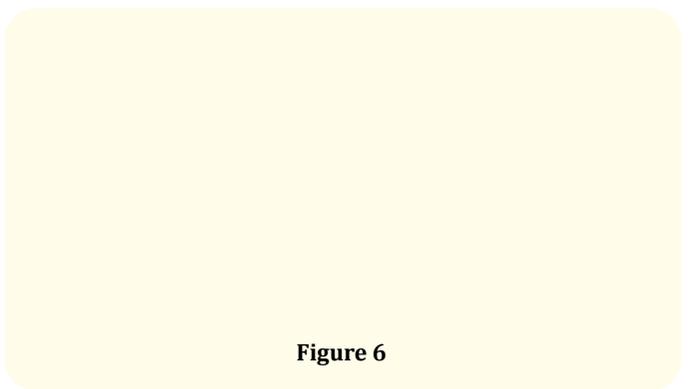


Figure 6

## Discussion

Seborrheic keratosis is a benign cutaneous tumor which originates from the proliferative epithelial cells. At times, the keratinocytes in this layer grow faster than normal, resulting in keratosis. It may present in the elderly as single or multiple lesions on the head, neck, trunk or extremities having the appearance of brownish or blackish round or oval plaques [5]. Their presence over the Pinna or external auditory canal is very rare.

On gross appearance, Seborrheic Keratosis have a rough surface, are blackish or brownish in colour and may have pits filled with Keratin (pseudohorn cysts) [6]. Histologically, they appear as expansile platelike growth of epidermis and have anastomosing rete. They may also have characteristic cysts containing Keratin. Also the lesion may show lesional keratinocytes having increased melanin pigmentation [6].

Seborrheic keratosis has to be differentiated from other similarly appearing lesions like melanoma, basal or squamous cell carcinoma, Keratoacanthomas, Atheroma (sebaceous cyst, steatoma, keratinous cyst), Actinic keratosis (solar keratosis or senile keratosis), Lentiginomaligna (Hutchinson's freckle) [3].

Aetiology of seborrheic keratosis varies from Ultraviolet light exposure, human papilloma virus infection, oestrogen, hereditary are among the factors suggested [4]. Seven subtypes of this lesion are suggested histologically-acanthotic, hyperkeratotic, adenoidal or reticulated, clonal, irritated, inverted follicular keratosis and melanoacanthoma variants [4,7]. Histologically, the cells of all seborrheic keratosis are cytokeratin positive [7]. The histopathologic picture of the Seborrheic keratosis lesion of our patient showed marked hyperkeratosis, acanthosis, papillomatosis of stratified squamous epithelium. There were many horn and keratin filled cysts (pseudohorn cysts), proliferated basaloid cells and squamous cells which was conversant with the features of Acanthotic type of Seborrheic Keratosis. The dermis showed plenty of melanophages with increased melanin pigment but no atypia. That is the reason that the lesion of our patient was black in colour and clinically was differentiated from melanoma by its papillary projections as also histopathologically by its features of surface keratinization and acanthosis.

Excision biopsy for seborrheic keratosis of pinna is recommended for confirmation of diagnosis by histopathology. Conservative

treatment options approved are use of 40% Hydrogen peroxide (which comes in an applicator pen); cryotherapy can be an option if the diagnosis is clear. Use of LASER is also recommended.

## Conclusion

Seborrheic Keratosis is a benign tumor, rarely seen over the pinna or external ear. Excision biopsy for histopathological diagnosis is necessary to differentiate it from other commonly occurring benign or malignant lesions. Recurrence of the lesion after surgical excision has not been reported.

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