

CASE REPORT

Seborrheic keratosis of the nasal vestibule

Nazal vestibülde seboreik keratöz

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Seborrheic keratosis is a common hyperkeratotic lesion of the epidermis, that usually occurs in the trunk and less frequently in the extremities, face, and the scalp. Occurrence in the nasal vestibule has not been reported in the literature. An 80-year-old woman presented with a long-standing, slowly growing, firm, red-brown polypoid mass, 0.5 cm in size, located at the skin-mucosa interface of the right nasal vestibule. The lesion was excised under local anesthesia and histopathologic examination showed seborrheic keratosis that mimicked squamous cell carcinoma. There was no recurrence during a-year follow-up.

Key Words: Keratosis, seborrheic; nose diseases.

Seboreik keratöz çoğunlukla gövdede, daha az sıklıkla ekstremiteler, yüz ve kafa derisinde görülen, epidermin hiperkeratotik bir lezyonudur. Literatürde nazal vestibül tutulumu bildirilmemiştir. Seksen yaşındaki kadın hastada uzun süredir var olan, yaş büyüyen, sağ nazal vestibülün cilt-mukoza sınırında yerleşmiş, 0.5 cm çaplı, sert, kırmızı-kahverengi renkli, polipoid kitle saptandı. Lezyon lokal anestezi altında eksize edildi ve histopatolojik inceleme sonucunda skuamöz hücreli karsinoma benzeren seboreik keratoz tanısı kondu. Eksizyon sonrası bir yıllık dönemde nüks görülmedi.

Anahtar Sözcükler: Keratöz, seboreik; burun hastalıkları.

Seborrheic keratosis is a common hyperkeratotic lesion of the epidermis that usually appears in the midlife or older age. The trunk is the most common site, but lesions may also be found on the extremities, face, and the scalp.^[1-3] Men and women are affected equally, and most patients have multiple lesions that are often distributed symmetrically.^[3] The exact cause is unknown.^[3,4] Predisposing factors are ageing, physical trauma-irritation, infection, and host response.^[5]

Here, we presented a case of seborrheic keratosis in the left nasal vestibule, a location that has not been reported in the literature for this lesion.

CASE REPORT

An 80-year-old woman presented with a slowly growing lesion in her nose, of a 10-year history. Physical examination revealed a 0.5 cm, firm, red-brown polypoid mass located in the skin-mucosa interface of the right nasal vestibule (Fig. 1). The lesion was excised under local anesthesia. Histopathological examination showed growth of squamous epithelium (Fig. 2a) into the underlying dermis giving the initial impression of an invasive, well-differentiated squamous cell carcinoma. However, the pattern of growth was inverted rather than a true infiltration and there were no dysplasia

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or mitotic activity. In addition, there were prominent squamous eddy formation (Fig. 2b) and pseudohorn cysts (Fig. 2c) that were quite characteristic for seborrheic keratosis. No koilocytosis was noted, suggestive of a verrucal lesion. A peripheral palisading pattern and retraction artefact -features of basal cell carcinoma- were not observed. Based on all these findings, the diagnosis was made as seborrheic keratosis with an inverted growth pattern.

DISCUSSION

Seborrheic keratoses are flat, verrucous, polypoid, or pedunculated lesions that measure generally 0.5 cm to 1 cm and vary in color, from tan-brown to black. The majority of the lesions are asymptomatic and have a well-circumscribed border.^[6] The Leser-Trélat sign is the sudden onset of seborrheic keratoses or an increase in the number of lesions and may be associated with an underlying internal malignancy, usually adenocarcinoma of the stomach, colon, or breast.^[3] The clinical differential diagnosis includes acrochordon, verruca vulgaris, follicular adnexal tumors, melanocytic tumors, and squamous or basal cell carcinoma.^[2,7,8] Therefore, histopathologic examination is critical to confirm clinical presentation.

Removal of seborrheic keratosis may be necessary because of cosmetic choices or for associated symptoms such as pruritus, bleeding, inflammation or confirmation of clinical impression. Treatment



Fig. 1 - Illustration of the 0.5-cm, firm, red-brown, polypoid mass located in the skin-mucosa interface of the right nasal vestibule.

options are cryosurgery, electrodesiccation, shave excision, carbon dioxide laser vaporization, or surgical removal. Topical steroids can be used for irritated lesions for symptomatic relief.^[2,9] Surgical

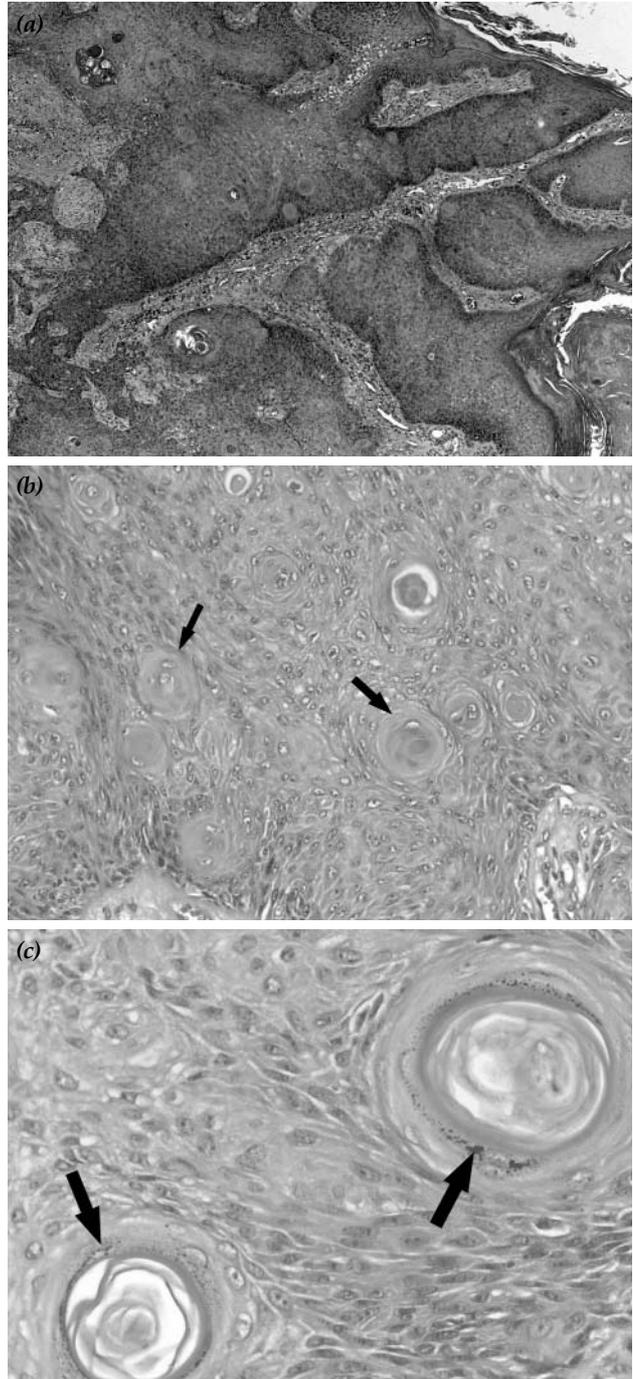


Fig. 2 - (a) Specimen demonstrating growth of squamous epithelium (H-E x 10). (b) Typical squamous eddy formation (arrows) (H-E x 20). (c) Specimen showing pseudohorn cysts (arrows) (H-E x 40).

removal should be reserved for lesions that are suspicious for malignancy.

To our knowledge, seborrheic keratosis occurring in the nasal vestibule has not been reported previously in the literature. Clinicians should be aware of such unusual location of this lesion.

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