



Variant of Dermoscopy and Histopathological Features of Seborrheic Keratoses in 66 Years-Old Male: A Case Report

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Abstract : Seborrheic keratosis (SK) is one the most common skin tumour to be misdiagnosed clinically as melanoma. Seborrheic keratosis may grow rapidly, the incidence of this benign epithelial proliferation is increasing with age and exposure to UV light; it can recurrence. Dermoscopy can be a preliminary examination of suspected malignancy and noninvasive tool useful for the early recognition of pigmented skin tumours, especially SK as it helps in differentiating with other disease, because it can look like a wart, pre-cancerous skin growth, or skin cancer. A case of a seborrheic keratoses in 66 years-old male was reported. He complained there were reappeared brown blackish spots that multiple on face, neck and trunk that are increase in number and size since 1 years ago that felt itchy sometimes. Dermatological examination showed multiple brown blackish papules, brown blackish plaques and papules skin colour on face, neck and trunk were noticed. On dermoscopy showed sharped borders and numerous comedo-like, cerebriform pattern, linear hypopigmented ridges and globular pattern opening on face and trunk. On histopathological examination showed the epithelium was placed hyperplasia, hyperkeratosis, acanthosis and appeared 'horn cysts' on epidermis. Diagnosis in this case was made from a complete history and physical examination, dermoscopy and histopathology examination. This patient was treatment with electrodesiccation and curretage serial.

Key words : seborrheic keratoses, dermoscopy, histopathological.

Introduction

Seborrheic keratoses (SKs) are the most common benign epidermal tumor of the skin and a frequent focus of patient concern because of their variable appearance. These lesions are common in middle-aged individuals and can arise as early as adolescence. Although there are many clinical variants of the lesions, these lesions usually begin as well-circumscribed, dull, flat, tan, or brown patches. As they grow, they become more papular, taking on a waxy, verrucous, or stuck on appearance¹.

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The overall prevalence in a UK population was slightly lower with lesions identified in approximately 75% of subjects over the age of 70 years. Seborrheic keratosis is usually increasing number and size in older age, due to accumulation on sun exposure. Female male ratio is usually equal^{1,2,3}. An incidence of SK cases during a three years period (2016-2018) in Dr. M. Djamil Hospital, showed that of 51 cases suffering from SK (non publication data).

Dermoscopy has proved to be a valuable, noninvasive tool in the diagnosis of cutaneous pigmented diseases, as well as skin malignancies. Dermoscopic examination of the SKs lesion showed brown in colour with a comedo-like opening, and milium-like cyst were also found.⁴ Clinically, early seborrheic keratoses are light to dark brown oval macules with sharply demarcated borders⁵.

Clinically atypical or rapidly growing SKs should be biopsied to rule out the possibility of malignancy. Although it is likely that most of these lesions represent collision tumors, malignant transformation of SKs into basal cell carcinomas, squamous cell carcinomas, and melanomas can occur.¹ Histopathologically, all types of seborrheic keratosis have in common hyperkeratosis, acanthosis, papillomatosis, and 'horn cyst' filled with keratin. The acanthosis in most instances is due entirely to upward extension of the tumor. Three major histological subtypes are acanthotic, hyperkeratotic, and adenoid seborrheic keratosis^{4,6}.

Treatment for asymptomatic seborrheic keratosis is largely carried out for cosmetic reasons. Symptomatic lesions are commonly removed; for clearly benign, yet symptomatic or cosmetically undesirable lesions, by destruction with cryotherapy, electrodesiccation followed by curettage, curettage followed by desiccation, shave excision, or laser ablation have all been shown to be effective. Other methods for removal such as laser vaporization and electrodesiccation are also performed. Reports of giant SKs measuring many centimeters have been treated successfully with either dermabrasion or topical fluorouracil^{1,6}.

Case Report

A 66 years-old male came to out-patient of Dermato-Venereology Department Dr. M. Djamil Hospital Padang on 11th, April 2019 with chief complaint blackish spots that multiple on face, neck and trunk that are increase in number and size since 2 months ago that felt itchy sometimes. Initially \pm 10 years ago, patient complaints there were blackish spots that multiple on face and neck. Multiple blackish spots on face, neck and trunk that are increase in number since 2 years ago that feel itchy sometimes. Patient went to dermatologist that given therapy with electrosurgery serial and complaint are reduced.

But, 1 years ago, the lesion reappeared again on the face, neck and trunk. Blackish spots and skin colour spots that multiple on face, neck and trunk that are increase in number and size since 2 months ago that felt itchy sometimes, the spots was not easily bled. Patient is a retired government employee. Patient never used any sun protection such as sunblock or hat. Patient was civil servants before and there was history of sun exposed since about 35 years ago, about 5-7 hours per day. There was no history of abdominal pain, no history of bleeding while bowel or blackish colour bowel was denied and history of bleeding or blackish colour nausea. No history of losing body weight in a few months.

Dermatological examination showed multiple brown blackish papules, brown blackish plaques and papules skin colour on face, neck and trunk were noticed. On dermoscopy showed sharp borders and numerous comedo-like opening, cerebriform pattern, linear hypopigmented ridges and globular pattern observed in melanocytic lesion on face and trunk numerous. On histopathological examination showed the epithelium was placed hyperplasia, hyperkeratosis, acanthosis and appeared 'horn cysts' on epidermis and the dermis contains fibrocollagen connective tissue with capillaries and mild to moderate lymphocyte cell. The diagnosis of this patient was seborrheic keratoses.



A



B



C

Figure 1. (A), (B), (C) Multiple brown blackish papules, brown blackish plaques and papules skin colour on face, neck and trunk.



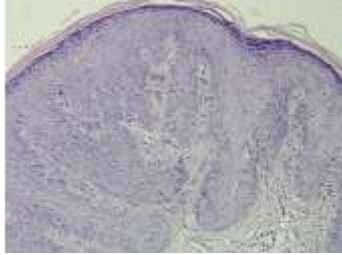



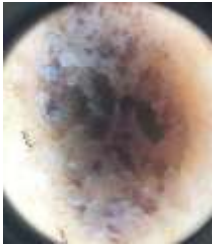



Lesion	Dermoscopy Features	Histopathological Features
		
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		-

Figure 2. Dermoscopy features showed sharp borders and numerous comedo-like opening, cerebriform pattern, linear hypopigmented ridges and globular pattern observed in melanocytic lesions on face and trunk numerous. Histopathological examination showed the epithelium was placed hyperplasia, hyperkeratosis, acanthosis and appeared ‘horn cysts’ on epidermis and the dermis contains fibrocollagen connective tissue with capillaries and mild to moderate lymphocyte cell.

Discussion

Patient was history of blackish spots that multiple on face and neck since 10 years ago. There was therapy with electrosurgery serial and complaint are disappeared when 2 years ago. Multiple blackish spots on face, neck and trunk that are increase in number reappeared since 1 years ago that feel itchy sometimes. He was diagnosed with seborrheickeratoses multiple.

Seborrheickeratoses (SKs) are the most common benign epidermal tumor of the skin and a frequent focus of patient concern because of their variable appearance. While the precise etiology of SKs is unknown, it is

atumor of keratinocytic origin. Genetics, sun exposure, and infection have all been implicated as possible factors. Viral infection has also been considered a possible cause of SKs based on occasional clinical similarities to warts¹.

Common SKs are classically described as verrucous stuck-on papules or plaques. Histopathologically, seborrheic keratosis is characterized by acanthosis, papillomatosis, hyperkeratosis, and horn cysts. Three major histological subtypes are acanthotic, hyperkeratotic, and adenoid seborrheic keratosis^{1,4}. On histopathological examination showed the epithelium was placed hyperplasia sprained, hyperkeratosis, acanthosis and appeared 'horn cysts', grouping of lymphocyte cells on dermis.

In the context of internal malignancy, individuals can develop multiple, eruptive SKs also known as the Leser-Trélat sign. Adenocarcinoma of the stomach is the most commonly associated malignancy. The seborrheic keratoses in the Leser-Trélat sign are the same as other seborrheic keratoses. Sudden increase in number and size of seborrheic keratoses; pruritic and inflamed, especially trunk area^{1,6}. In this patient, no history and examination found another malignancy after consult with internist.

Dermoscopic examination of seborrheic keratosis showed a circumscribed, brown in colour with a comedo-like opening, and milia-like cyst, fissures/ridges (brainlike appearance), light brown fingerprint-like structures, and sharply demarcated borders. Dermoscopy is a useful tool to confirm the diagnosis of seborrheic keratosis^{4,7,8}. On dermoscopy this patient showed sharp borders and numerous comedo-like opening, cerebriform pattern, linear hypopigmented ridges and globular pattern observed in melanocytic lesions on face and trunk numerous.

Histopathologically, comedo-like openings correspond to the concave, keratin-filled, invaginations of the epidermis. Dermoscopy has proved to be a valuable, noninvasive tool in the diagnosis of cutaneous pigmented diseases, as well as skin malignancies. Differential diagnosis can resemble seborrheic keratosis with epidermal nevus, verruca vulgaris, compound or intraepidermal melanocytic nevus. Dermoscopic examination of the verrucous lesion showed asymmetrical, circumscribed, white-grey papule with exophytic keratotic projection pattern. Most of the verruca has a mosaic pattern followed by a projection pattern of exophytic keratotic lower patterns, and blood vessels resembling hairpins^{4,5,9}.

Although there are many clinical variants of the lesions, these lesions usually begin as well-circumscribed, dull, flat, tan, or brown patches. As they grow, they become more papular, taking on a waxy, verrucous, or stuck-on appearance. For clearly benign, yet symptomatic or cosmetically undesirable lesions, destruction with cryotherapy, shave, electrodesiccation followed by curettage, curettage followed by desiccation, or laser ablation have all been shown to be effective¹. For this patient was treated with electrodesiccation and curettage serial at lesion.

Conclusion

- A case of seborrheic keratoses in 66 years old male was reported.
- Diagnosed was made with complete history, physical examination, dermoscopy examination and histopathological examination.
- Patient treated with electrodesiccation and curettage serial at lesion.

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