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Giant perianal Seborrhic keratosis: A case report

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ABSTRACT

INTRODUCTION: Seborrhic keratosis is one of the most common benign epidermal cutaneous lesions encountered by dermatologists and plastic surgeons in their daily practice.**PRESENTATION OF THE CASE:** A 66-year-old man was presented with a large verrucous mass on the sacrum and perianal area of 10 years duration. After the diagnosis of SK was confirmed, a complete excision of the lesion was done with coverage of the defect with a partial thickness skin graft, with a good outcome. **DISCUSSION:** Giant Seborrhic keratosis are very rare, and their location on the perianal area is rarer still, with no more than 10 published cases of genital area involvement.**CONCLUSION:** Giant perianal seborrhic keratoses is a very rare presentation, that may resemble many of the skin disease of that area and should be managed with excision and biopsy to confirm the diagnosis.© 2018 Published by Elsevier Ltd on behalf of IJS Publishing Group Ltd. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

1. Introduction

Seborrhic keratosis (SK) is a benign skin lesion that can be described to be the most common skin lesion in the elderly population; its formation is due to the rapid proliferation of the keratinocytes of the skin, usually at sun-exposed areas. Although it is a very common disease, the presentation of a perianal giant lesion is rare, contributing to limited options of treatments. Here we present a case of a giant Seborrhic keratosis located at the perianal area that was successfully treated with good outcomes. This work has been reported in line with the SCARE criteria [1].

2. Report of the case

A 66-year-old man was presented with a large verrucous growth on the sacrum and perianal area of 10 years duration. The lesion started as a small pigmented verrucous papule on the sacrum, which slowly increased in size to become a large verrucous mass and in extent to involve the external genitalia of the anus. There was no pain or discharge. There was no history of sexual promiscuity in either spouse. A family history showed no skin disease or malignancy in the family.

On physical examination, a large, pigmented verrucous mass (of size around 15 × 10 cm) (Fig. 1), no evidence of cellulitis nor skin color changes around the lesion. Unremarkable inguinal lymph node examination.

We considered differential diagnosis of condyloma acuminata, Buschke Lowenstein, verrucous carcinoma and giant SK. Dermoscopic examination was carried out, which showed cerebriform appearance, fissures, ridges, and comedo-like openings consistent with SK.

After the diagnosis of SK was confirmed, a complete excision of the lesion was done (Fig. 2) with coverage of the defect with a partial thickness skin graft (Fig. 3), with a good outcome (Fig. 4). The histopathologic examination of a biopsy sample showed epidermal hyperkeratosis and focal parakeratosis and extensive acanthosis and papillomatosis consistent of giant Seborrhic keratosis (Fig. 5). HPV was negative on biopsy material through the PCR method.

SK is a common benign epidermal proliferation, first described in 1869, present as a well-circumscribed, black, round, elevated, “stuck on” skin lesions, increases with age. The lesions are more common in the sun-exposed areas except of palms and soles [2].

According to the US National Health and Nutrition Examination Survey, about 23 million persons in the United States have seborrhic keratoses. The percentage of those affected is higher in the

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Fig. 1. a large, pigmented verrucous mass around the anus.

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