Seborrheic keratosis in the auricle

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Accepted 27 January 2021

DESCRIPTION

A 69-year-old woman presented to the otorhinolaryngology clinic with a mass in the left auricle that had been present for several years. She did not have itching or pain. She had no known history of trauma or excessive exposure of the auricle to ultraviolet light. A 1×0.5 cm brownish verrucous papillomatous lesion was observed in the cavum concha of the left auricle ([figure 1](#)).

On suspicion of malignancy, the lesion was excised completely under local anaesthesia; the resulting skin defect was minimal. Histopathologically, basaloid cell proliferation was evident in the epidermis, and acanthosis, papillomatosis and hyperkeratosis were observed ([figure 2](#)). Thus, we diagnosed seborrheic keratosis. The patient has experienced no recurrence over 1 year and 8 months.

Seborrheic keratosis is a benign cutaneous tumour that presents in the elderly as solitary or multiple round-to-oval coin-like plaques, commonly on the head, neck, trunk and extremities except the palms and soles.^{1–5} However, the tumour is rarely seen in the auricle and external auditory canal,^{1 3–5} and the prevalence does not differ by sex.^{4 5} Ultraviolet light exposure, human papillomavirus infection and hormonal effects are thought to be associated with tumour development.^{1 3 5}

The histological subtypes include acanthotic, hyperkeratotic, adenoid or reticulated, clonal, irritated, inverted follicular keratosis and melanoacanthoma.^{1–5} The tumour should be differentiated

Figure 2 Histopathological image showing acanthotic proliferation of basaloid cells with papillomatosis and hyperkeratosis.

from actinic keratosis, verruca vulgaris, solar lentigo, keratoacanthoma, papilloma and malignant tumours, such as basal cell carcinoma, squamous cell carcinoma and melanoma.^{2–5}

Treatment involves tumour removal via curettage, cryotherapy, or laser ablation, or complete excision.^{1 3–5} Close follow-up is required because it could recur and be associated with concomitant malignancy.^{3 5} With the continual ageing of society, seborrheic keratosis should be included in the differential diagnosis of papillomatous or verrucous auricle lesions in the elderly.

Learning points

- ▶ Seborrheic keratosis is a benign cutaneous tumour that presents in the elderly commonly on the head, neck, trunk and extremities except the palms and soles. However, the tumour is rarely seen in the auricle and external auditory canal.
- ▶ Treatment involves tumour removal via curettage, cryotherapy, or laser ablation, or complete excision. Close follow-up is required because it could recur and be associated with concomitant malignancy.
- ▶ With the continual ageing of society, seborrheic keratosis should be included in the differential diagnosis of papillomatous or verrucous auricle lesions in the elderly.

Contributors JJ: conception and design of the work; acquisition, analysis and interpretation of data for the work; drafting the article, revising the article critically; final approval for publication. JHK: conception and design of the work; acquisition, analysis and interpretation of data for the work; final approval for publication.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent for publication Obtained.

Figure 1 A 1×0.5 cm brownish verrucous papillomatous lesion in the cavum concha of the left auricle.

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To cite: Jeong J, Kie JH. *BMJ Case Rep* 2021;**14**:e241302. doi:10.1136/bcr-2020-241302

Provenance and peer review Not commissioned; externally peer reviewed.

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