

# Cutaneous Horn

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## A Case Study

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## Key Words

**Cutaneous:** The scientific name for the skin is cutis; cutaneous means of, or pertaining to, skin.

**Nevus:** Also called **birthmark**, **mole** is a colored skin spot that is usually harmless but may become cancerous. Any change in color, size, or texture or any bleeding or itching of a nevus should be checked.

**Molluscum contagiosum:** A disease of the skin and mucous membranes; it is caused by a virus found worldwide and marked by scattered white pimples.

**Seborrheic keratosis, acanthoma verrucosa seborrheica**, also called **seborrheic wart**: A harmless, well-defined, slightly raised, tan to black, wartlike bump of the skin of the face, neck, chest, or upper back. Itching is common.

**Epidermoid cyst**, also called **sebaceous cyst**, **wen**: A common, noncancerous swelling under the skin. It is lined by packed outer skin cells. The cyst is filled with oil and dead cells.

## Introduction

This is a clinical diagnosis. Horny plunges or outgrowths may be caused by various epidermal changes such as hard naevus, virus warts, molluscum contagiosum, kerato-acanthoma, seborrheic keratosis, or marsupialized trichilemmal or epidermoid cyst. In most of these cases the primary diagnosis is suggested by the appearance and clinical course and, in most, that horn has a friable quality. The gradual continuing development from relatively normal-looking skin of hard keratotic protusion resembling an animal horn in miniature, however, is the result of dysplastic epidermal changes. Histologically, there is no atypicality or loss of polarity of the epidermal cells but the granular layer is deficient or absent. In long-established lesions there may be budding from the basal layer, signaling transitions to a squamous cell carcinoma. Clinical examinations show a hard yellowish-brown excrescence, often curved and having circumferential ridges, which is surrounded either by normal-looking epidermis or by somewhat acanthotic collarette.

## Case Study

Mrs. Krishna Josh, Aged 30 yrs visited Homoeopathic clinic for the treatment of corn in Right Foot on 14<sup>th</sup> October 1998. Antim Crude 1M & Thuja 1M was prescribed, one dose daily empty stomach. On 11<sup>th</sup> August 1999 the Corn disappeared and wart like growth appeared on inner side of Right Thigh. She was asked to continue Thuja. The wart like growth was coming out from its site showing that medicine has started its effect. On 7<sup>th</sup> August 2000 Dulcamara 1M was prescribed but the size of the growth continue to grow. In between some pieces got separated from the main growth out of which patient handed over a few to clinic for evaluation. On 16<sup>th</sup> July 2001 Causticum 1M was prescribed which was followed with Sulphur 30 few doses on 1<sup>st</sup> October 2001. This makes the complete eradication of the growth. Later on one piece of the growth was sent to Pathology Department for Histopathology Report, which confirmed this was a case of Cutaneous Horn.

Homoeopathy Clinic thanks Mrs. Josh who co-operated for Photographs and handed over most of the diseased parts of the horn for investigation. Above all permitting this clinic to put this case between Homoeopathic Community.



Figure 1. Corn



Figure 2: Cutaneous Horn



Figure 3: Growth of Cutaneous Horn

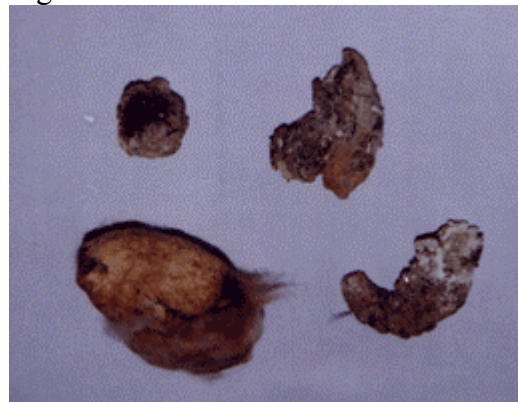


Figure 4. Separated Pieces of the Horn

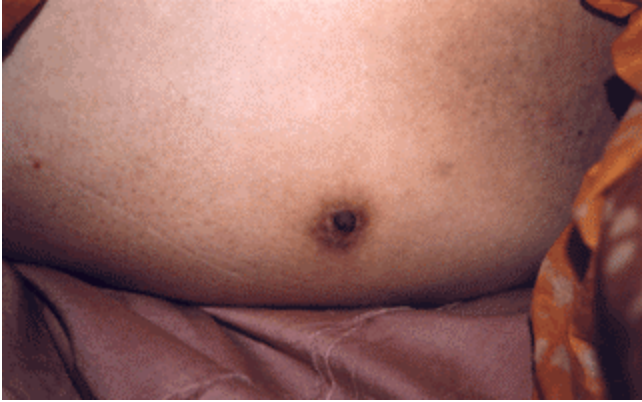


Figure 5: Complete Removal of the Horn

Histo-Pathology Report of the Growth Confirming the Diagnosis of growth as Cutaneous Horn. (See Figure 6)





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O. N. G. C. HOSPITAL, PATHOLOGY DEPARTMENT

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Date : 05/06/2002

Lab No : 14

Name : Mrs. Josh

Female

Ref. by : Dr. B. S. Sahani

## Histopathology Report

Gross : Received multiple soft tissue bits measuring 2 cm to 4 cm. which are greyish white

Microscopy : H& E stain section shows keratin material of epidermal type with few inflammatory cells. No evidence of malignancy or tuberculosis.

Diagnosis : Cutaneous Horn

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