Seborrheic keratosis of the external auditory canal in a 1-year-old boy

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Seborrheic keratosis is a common and benign cutaneous lesion occurring on the trunk, extremities, and head and neck of the elderly. It is rarely seen in the external auditory canal. We present a case of seborrheic keratosis in the external auditory canal of a one-year-old child. The patient was treated successfully with surgical excision.

Key words: seborrheic keratosis, external auditory canal, child.

Seborrheic keratosis is a common and benign cutaneous lesion occurring on the trunk, extremities, and head and neck region of elderly people. It is rarely seen in the external auditory canal (EAC) [1]. Only a few cases, all described in older individuals, have been reported. Here, we describe seborrheic keratosis in the EAC of a one-year-old boy.

Case Report

A one-year-old boy was referred to our Ear, Nose, and Throat clinic with a mass in his right EAC and a five-month history of bloody otorrhea. The patient's medical history was otherwise unremarkable. His parents did not recall any trauma to the child's ear. On otoscopy, a 1 × 1 cm reddish mass was seen on the superior wall of the EAC (Fig. 1). By manipulating the mass gently, the inferior part of the eardrum could be seen and was normal, although the manipulation caused mild bleeding. Magnetic resonance imaging showed a 14 × 12 × 11 mm well-demarcated nodular lesion in the superior wall of the EAC. The lesion was isointense on T1-weighted images and hyperintense on T2-weighted images. The lesion enhanced diffusely with contrast (Fig. 2).

An excisional biopsy was performed under general anesthesia. Histopathology revealed epidermal thickening in an acanthotic pattern, hyperkeratosis and a pseudohorn cyst. The diagnosis of acanthotic type seborrheic keratosis was established (Fig. 3). No recurrence was seen over six months. He is still under follow-up.

Discussion

Seborrheic keratosis usually occurs in the fifth decade of life and is seen mostly on the head, neck, trunk, and extremities[2]. Seborrheic keratosis rarely occurs in the EAC, and we found only a few reported cases in the literature[2-6]. The main histological feature of seborrheic keratosis is the accumulation of immature keratinocytes between the basal layer and surface of the epidermis[3]. Seborrheic keratosis is classified into several histological subtypes: acanthotic, hyperkeratotic, adenoidal, clonal, irritated, and inverted follicular keratosis, and melanoacanthoma[5].

The differential diagnosis of seborrheic keratosis ranges from various benign lesions, such as senile keratosis, papilloma, keratoacanthoma, and verrucous epidermal hyperplasia, to malignant lesions such as basal or squamous cell carcinoma[1,5]. Secondary malignant transformation of seborrheic keratosis may occur extremely rarely[2]. Complete surgical excision is the curative treatment method[3]. Other local destructive methods like cryotherapy and curettage can also be used[5].

The pathogenesis of seborrheic keratosis is not known, but advancing age is the most apparent predisposing factor[5]. Age-related factors, including human papilloma virus

infection, aberrant growth factors, enhanced susceptibility to proliferative stimuli, and ultraviolet light exposure, may play a role in the pathogenesis of seborrheic keratosis and should be examined[5]. Our case is unique for both his age and the location of the seborrheic keratosis. Seborrheic keratosis should be considered in the differential diagnosis of an EAC mass during childhood.

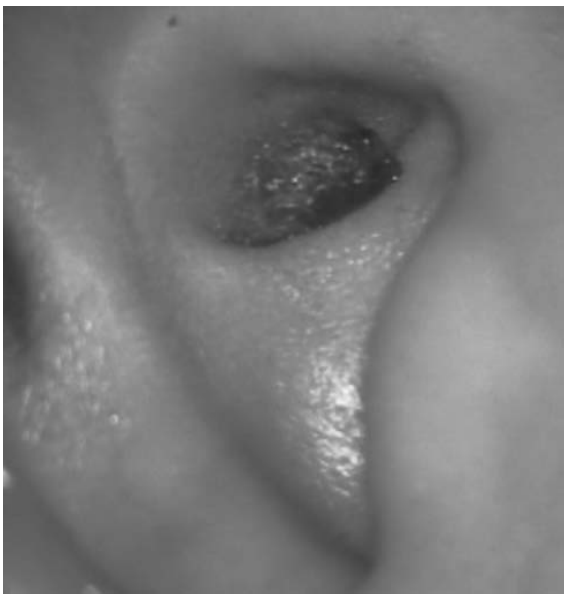

Figure 1. Well-demarcated, reddish, domelike lesion in the external auditory canal.

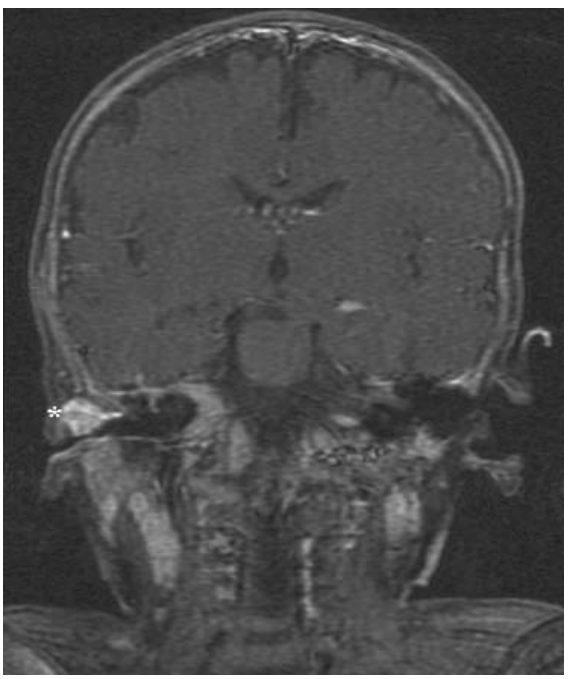

Figure 2. Coronal cranial magnetic resonance imaging of the patient shows a hyperintense lesion (*) in the superior wall of the right external auditory canal.

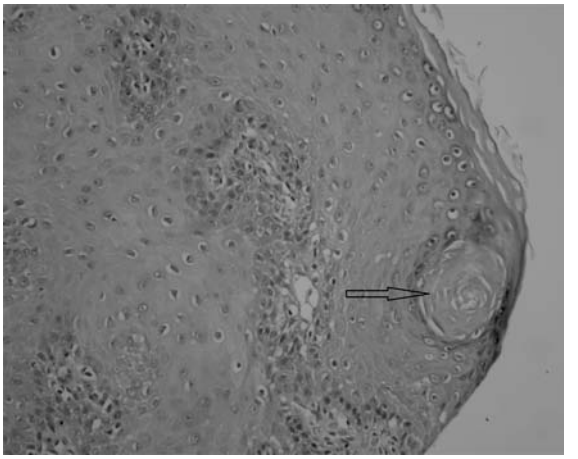

Figure 3. Seborrheic keratosis showing epidermal thickening in an acanthotic pattern, hyperkeratosis, and a pseudohorn cyst (arrow) in the lesion (hematoxylin & eosin stain, ×200).

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