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Assessment of cases of cases of seborrheic keratoses: A clinical study seborrheic keratoses

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Abstract

Background: Seborrheic keratosis is one of the most common benign epidermal tumors. The present study was conducted to record the cases of Seborrheic keratoses.

Materials & Methods: The present study was conducted on 62 patients of both genders. Family history, duration, site of lesions, number of lesions, size of lesions and morphology was also recorded. Dermoscopy was performed in all cases.

Results: Out of 62 patients, males were 42 and females were 20. Common seborrheic keratosis was seen in 30, Dermatitis papulosa nigra seen in 22 and Pedunculated seborrheic keratoses seen in 10. The difference was significant ($P < 0.05$).

Conclusion: Authors found that males were commonly involved than females. Lesions were common seborrheic keratosis, Dermatitis papulosa nigra and pedunculated seborrheic keratoses.

Keywords: Dermatitis papulosa nigra, pedunculated seborrheic keratoses, Seborrheic keratosis

Introduction

Seborrheic keratosis (SK) is one of the most common benign epidermal tumors that affects both sexes equally, and usually arises in individuals older than 50 years^[1]. It presents as sharply demarcated, slightly raised brownish patches or plaques, usually on sun-exposed surfaces of the skin. The clinical presentation can be quite variable and includes clinical variants, such as stucco keratosis and Dermatitis papulosa nigra^[3]. Despite the diverse clinical presentation of SK, diagnosis is most often clinically straightforward. However, the tumor may simulate other lesions, such as common warts, lentigines, melanocytic nevi, actinic keratosis, and Bowen disease, or occasionally more aggressive entities, such as basal cell and squamous cell carcinomas, or even cutaneous melanomas^[3].

Seborrheic keratoses are common, benign, pigmented epidermal tumors. Many terms such as senile wart, melanoacanthoma, basal cell papilloma, senile keratosis and seborrheic wart have been applied, but seborrheic keratosis is the most widely accepted term^[4]. Even though SK have been well characterized clinically and histopathologically, data regarding clinical and dermoscopic correlation of different types of SK are inadequate. Hence, this study is being carried out to determine the pattern of clinical variants of SK and to establish whether there is any correlation between the clinical variants of SK and their dermoscopic appearance^[5]. The etiology is not well-known, although heredity, sunlight and human papilloma virus (HPV) have been suggested as risk factors. Recent genetic studies have suggested that somatic mutations in Fibroblast Growth Factor Receptor 3 (FGFR3) gene are important in the development of these lesions^[6]. The present study was conducted to record the cases of Seborrheic keratoses.

Materials & Methods

The present study was conducted in the department of Dermatology. It comprised of 62 patients of both genders. The study was approved from institutional ethical committee. All participants were informed regarding the study and written consent was obtained.

Information such as name, age, gender etc. was recorded. Family history, duration, site of lesions, number of lesions, size of lesions and morphology was also recorded. Dermoscopy was performed in all cases. Results thus obtained were subjected to statistical analysis. P value less than 0.05 was considered significant.

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Results

Table: Distribution of patients

Total- 62		
Gender	Males	Females
Number	42	20

Table I, graph I shows that out of 62 patients, males were 42 and females were 20.

Table 2: Type of Seborrheic keratoses

Type	Number	P value
Common seborrheic keratosis	30	0.01
Dermatosis papulosa nigra	22	
Pedunculated seborrheic keratoses	10	

Table II, graph I shows that common seborrheic keratosis was seen in 30, Dermatosis papulosa nigra seen in 22 and Pedunculated seborrheic keratoses seen in 10. The difference was significant ($P < 0.05$).

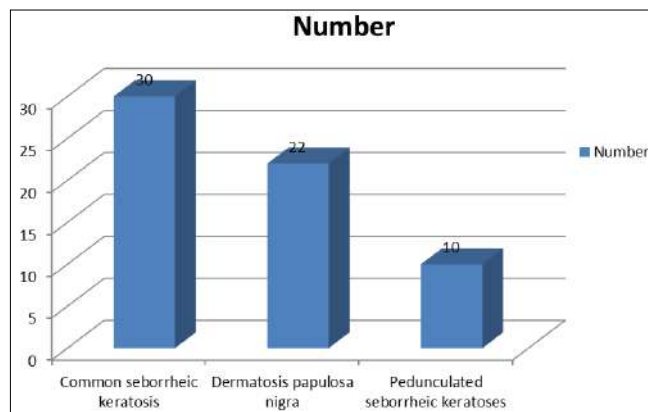


Fig 1: Type of Seborrheic keratoses

Discussion

Seborrheic keratoses are common, benign, pigmented epidermal tumors. Many terms such as senile wart, melanoacanthoma, basal cell papilloma, senile keratosis and seborrheic wart have been applied, but seborrheic keratosis is the most widely accepted term [7]. These usually develop after the age of 50 years although occasionally, seen in young adulthood without any sexual predilection. The common site of involvement includes the trunk, particularly the interscapular area, sides of the neck, the face and the arms. The tumors are not, however, seen on the mucous membranes [8].

Dermatopathology is the practice of assessing cutaneous diseases at the cellular level by performing microscopic examination of skin biopsy tissue samples. Histologic examination is a valuable diagnostic tool, frequently affecting treatment decisions. Basal cell papilloma containing melanin pigment producing macroscopically visible warty projections from epithelial surfaces. Commonly papilloma derived from the basal cells. Pigmented subtype may be clinically confused with other pigmented lesions, such as malignant melanoma and melanocytic nevus [9]. The present study was conducted to record the cases of Seborrheic keratoses.

In this study, out of 62 patients, males were 42 and females were 20. Common seborrheic keratosis was seen in 30, Dermatosis papulosa nigra seen in 22 and Pedunculated seborrheic keratoses seen in 10.

Rajesh *et al.* [10] conducted a study to establish any correlation between the clinical and dermoscopic appearance of SK and its variants. A total of 250 cases of SK were recruited. A male-to-female ratio was 1:1.04. The most common age group affected by SK was 60 years and above (40%). The most common clinical variant was common seborrheic keratosis (CSK) (60%). Comedo-like openings (CL) (80%), fissures and ridges (FR) (52%), and sharp demarcation (SD) (83%) were consistent finding on dermoscopy in CSK. Dermatosis papulosa nigra (DPN) and pedunculated seborrheic keratoses (PSK) had characteristic CL and FR in both of them. Fingerprint (FP) (55%) and network-like (NL) (88%) structures were commonly seen in flat SK. Stucco keratoses demonstrated SD (100%) and NL structures (100%).

Rashmi *et al.* [11] reported a case of a 67-year-old Indian female presented with the chief complaint of a painless mass below the left ear since last 15 years. The lesion showed slow growth and the patient reported no increase in size for past many years. On clinical evaluation, a single, well-circumscribed brownish black nodular mass was present about 1 cm below the left pinna, near the angle of mandible and just anterior to the sternocleidomastoid muscle. The pedunculated mass measured about 1 × 1 cm² in size and the overlying skin was rough and fissured with minute nodular surface projections. On palpation, the mass was firm in consistency with no tenderness or discharge.

Nam *et al.* [12] analyzed two hundred and seventy-one pathology slides of skin tissue from patients with clinically diagnosed SK and 206 cases of biopsy-proven SK. The most frequent histopathological subtype was the acanthotic type, followed by mixed, hyperkeratotic, melanoacanthoma, clonal, irritated, and adenoid types; an unexpectedly high percentage (9.2%) of the melanoacanthoma variant was observed. The adenoid type was more common in sun-exposed sites than in sun-protected sites. Premalignant and malignant entities together represented almost one-quarter (24.2%) of the clinicopathological mismatch cases (i.e., mismatch between the clinical and histopathological diagnoses). Regarding the location of SK development, the frequency of mismatch for the sun-exposed areas was significantly higher than that for sun-protected areas.

Conclusion

Authors found that males were commonly involved than females. Lesions were common seborrheic keratosis, Dermatosis papulosa nigra and pedunculated seborrheic keratoses.

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