Seborrheic keratosis (SK) is a benign skin lesion of the epidermal layer that tends to be extremely common in adults. It occurs especially on the trunk but can involve virtually any cutaneous surface except palms and soles. Seborrheic keratosis in the external auditory canal, however, is extremely unusual. We report a case of external auditory canal SK and discuss the important histopathologic aspects of this common skin disease.

CASE REPORT

An 86-year-old woman presented with a 36-month history of a slow-growing mass in the left external auditory canal associated with conductive hearing loss and ear pain. Examination under the microscope showed a verrucous mass, totally occluding the external auditory canal, with a wide base of implantation onto its floor and posterior wall. Superficially, the mass looked crusted and bled easily (Fig. 1). There were no clinical or radiologic signs of cervical lymphadenopathy or other similar skin lesions on the rest of the body. High-resolution computed tomography of the temporal bones showed a homogenous soft density mass that totally occluded the external auditory canal without any bony erosion. The tympanic membrane was intact, and the middle ear cavity was free of disease. An incisional biopsy was performed, which, on pathologic examination, confirmed the diagnosis of SK. Subsequently, the patient underwent a canalplasty and resection of the lesion. To avoid canal stenosis, we made a canalplasty plus a free partial-thickness skin graft covering a large denuded bone. The postoperative period was uneventful. On follow-up examination, there was no recurrent disease, and the patient remains free of disease at the site of excision.

DISCUSSION

Seborrheic keratosis is a rough-surfaced papule, nodule, or plaque that occurs especially on the trunk, face, neck, and extremities. Several clinical variants of SK have been described. Tag-like heavily pigmented lesions or multiple, small, slightly elevated, flesh-colored papules are frequently observed. Some lesions are friable and can easily bleed (1,2). The presence in the external auditory canal is considered rare and unusual (3,4). The etiology is not well understood and is multifactorial. Factors include ultraviolet light exposure, human papillomavirus infection, hormonal factors, hereditary factors, in association with internal malignancy, and chronic skin infection (3).

Pathologic findings in SK include varying combinations of hyperkeratosis, acanthosis, and papillomatosis. Acanthosis, in most instances, is due entirely to upward extension of the tumor. Thus, the lower border of the tumor is even and generally lies on a straight line that may be drawn for the normal epidermis at one end of the tumor to the normal epidermis at the other end. There are 7 histologic subtypes: acanthotic, hyperkeratotic, reticulated, nested or clonal, irritated, inverted follicular keratosis, and...
Seborrheic keratosis lesions may clinically mimic both premalignant and malignant lesions, and on close visual inspection, there are no clinical pearls that might differentiate from these lesions. In addition, they sometimes show histologic features that raise concern about malignancy and occasionally malignant cutaneous tumors such as squamous cell carcinoma and malignant melanoma (2). These facts underscore the importance of familiarity with the microscopic appearance of SK and its variants. Delay in the diagnosis of a malignancy should be avoided.

Although SK in the external auditory canal has not been reported to be associated with concomitant presentation of a malignancy, it has in other parts of the body (5). This lesion could be treated with incisional removal, curettage, electrofulguration, laser vaporization, or liquid nitrogen application (1,2). The lesions localized to the external auditory canal are usually associated with conductive hearing loss. It is recommended that they be excised totally with negative margins.

REFERENCES