

Keratoacanthoma / Cutaneous Horns

General points

Keratoacanthoma is a rapidly growing epidermal tumour that resembles squamous cell carcinoma both clinically and histologically

It is believed to arise from hair follicles

Age of onset typically greater than 60 years - males : females = 2-3:1

Clinical features

The tumour usually begins as a small erythematous nodule which rapidly expands over 3-4 weeks. The final size is often 1-2 cm in diameter

There is radial symmetry

Typically, resolution begins after about 6 weeks

Exposed, hair-bearing skin is most commonly affected, particularly the face and the dorsum of the hands.

The lesion is characterised by a central keratin-filled crater, which forms a plug, encircled by a heaped-up shoulder of epidermis. The epidermis is stretched over the edge of the tumour and telangiectasia may be visible beneath the surface. A keratin horn may form.

Untreated, the lesion usually involutes over 2-3 months to leave an often irregular and pitted scar however, a small proportion of seemingly typical KAs do persist in keeping with their histological identity as SCCs.



Management

We suggest referring these lesions via the 2 week wait pathway because they are clinically indistinguishable from SCC

If they are in the growing phase they will be excised

If they are regressing they might be observed

Reference

GP notebook