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## RESEARCH ARTICLE

### WHEN A SEBORRHEIC KERATOSIS SHOWS ITS CLAWS?!

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#### Abstract

Seborrheic keratoses are frequent and benign cutaneous tumors; their malignant transformation is rare but well known and increased by the immunosuppression of patients. We report three cases that illustrate this risk of degeneration of seborrheic keratoses.

#### Keywords:-

seborrheic keratosis, transformation,  
 degeneration

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#### Introduction:-

Seborrheic keratoses or seborrheic warts are benign and frequent skin lesions, especially in the elderly. They belong to the category of benign epithelial tumors and those are the most frequent of them.

#### Clinical cases:

**Case N°1:-** A 65-old-woman, of clear phototype, without medical history. Has consulted for an old lesion of the scalp that has become bleeding and resistant to the usual antibiotic and cicatrizing treatments. The dermatological examination showed a keratotic brownish lesion of three centimeters in its diameter compatible with seborrheic keratosis, with a fleshy bud of one centimeter in periphery (Figure 1). The examination of occipital and cervical loco regional lymph nodes was normal. The biopsy exeresis of the fleshy bud was in favor of a moderately differentiated and infiltrating squamous cell carcinoma. A large excision of the tumor with lateral margins of one centimeter and a deep margin carrying hypodermic and subcutaneous fat was performed. The histology of the operative specimen confirmed the initial diagnosis with healthy margins. The evolution was marked by a release of the sutures then a favorable evolution under directed cicatrization.

**Case N°2:-** A 68-year-old woman, who had undergone five years of treatment for right breast cancer treated with surgery, radiotherapy and chemotherapy, and who had hyper pigmented papular lesions with wart-like surface on the neck and face. Has consulted for one of these lesions that sat at the left retro auricular which became inflamed, oozing, extensive, bleeding on contact and resistant to usual treatments. The dermatological examination showed a tumor of three centimeters in its diameter, pearled at the periphery, ulcerated in the center with hyper pigmentations, an accentuation of the local vascularization and multiple seborrheic keratoses nearby (Figure 2). The diagnosis of basal cell carcinoma was clinically and dermoscopically suspected and confirmed histologically. The patient was referred to a plastic surgery department for surgical management.

**Case N°3:-** A 66-year-old man, gardener by profession who handled pesticides and who had a seborrheic wart of the scalp with a notion of repetitive traumas especially during the hairstyle. Has consulted for the same lesion that has

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become bleeding and resistant to the usual treatments. The dermatological examination showed a nodular tumor, of a centimeter and a half in diameter, ulcerated on the surface, pigmented peripherally, bleeding on contact (Figure 3). The clinical histology was in favor of basal cell carcinoma. The patient was referred in plastic surgery department with a favorable evolution.

**Comments:-**

Seborrheic keratosis or hyperkeratosis papillary seborrheic wart is a benign cutaneous tumor that mainly affects the elderly over 50 years of age. It affects men as well as women [1]. Clinically, the lesions are papular at first and then they become thick, keratotic, pigmented, and sometimes blackish, with a frankly warty aspect. Their clinical appearance is variable and can be confused with pigmented basal cell melanoma or carcinoma. Histologically, the appearance of the tumor may suggest pigmented basal cell or squamous cell carcinoma, but the basement membrane is still respected. Therapeutically, in typical cases, several destructive techniques may be used, depending on the seat, number, size and experience of the practitioner, electro coagulation, cryotherapy, trichloroacetic acid, Imiquimod ... etc. However, the suspected cases must provide a surgical exeresis with histological study. Indeed, numerous studies have previously highlighted the possibility of malignant transformation in seborrheic keratosis lesions. Frequently reported are melanoma, squamous cell carcinoma, keratoacantoma, Bowen's disease, eccrine carcinoma and basal cell carcinoma [2]. According to Conic et al. squamous cell carcinoma arising in seborrheic keratosis (SCC-SK) arises on the head and neck of elderly men with a history of immunosuppression, clinicians should be aware of the possibility of malignancy arising in seborrheic keratoses of transplant patients [3]. Similarly, multiple forms of seborrheic keratosis, sudden onset, rapidly extensive and which become itchy must search for underlying neoplasia: it is the sign of Leser-trelat which is a paraneoplastic dermatosis [4].

**Conclusion:-**

Seborrheic keratosis is a benign cutaneous tumor common in daily practice, however, its malignant transformation is rarely reported, hence the interest of early management of seborrheic keratoses especially in high-risk patients and in high locations risk.

**Conflicts of interest:-**

The authors do not declare any conflict of interest for this work.

**Authors' collaboration:-**

All authors were actively involved in the development of this work.

**Figure 1:-**Squamous cell carcinoma on seborheic keratosis of the scalp





**Figure 2:-**Basal cell carcinoma on seborrheic keratosis of the left retro auricular area.



**Figure 3:-**Basal cell carcinoma on seborheic wart of the scalp.

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