

Seborrheic keratosis

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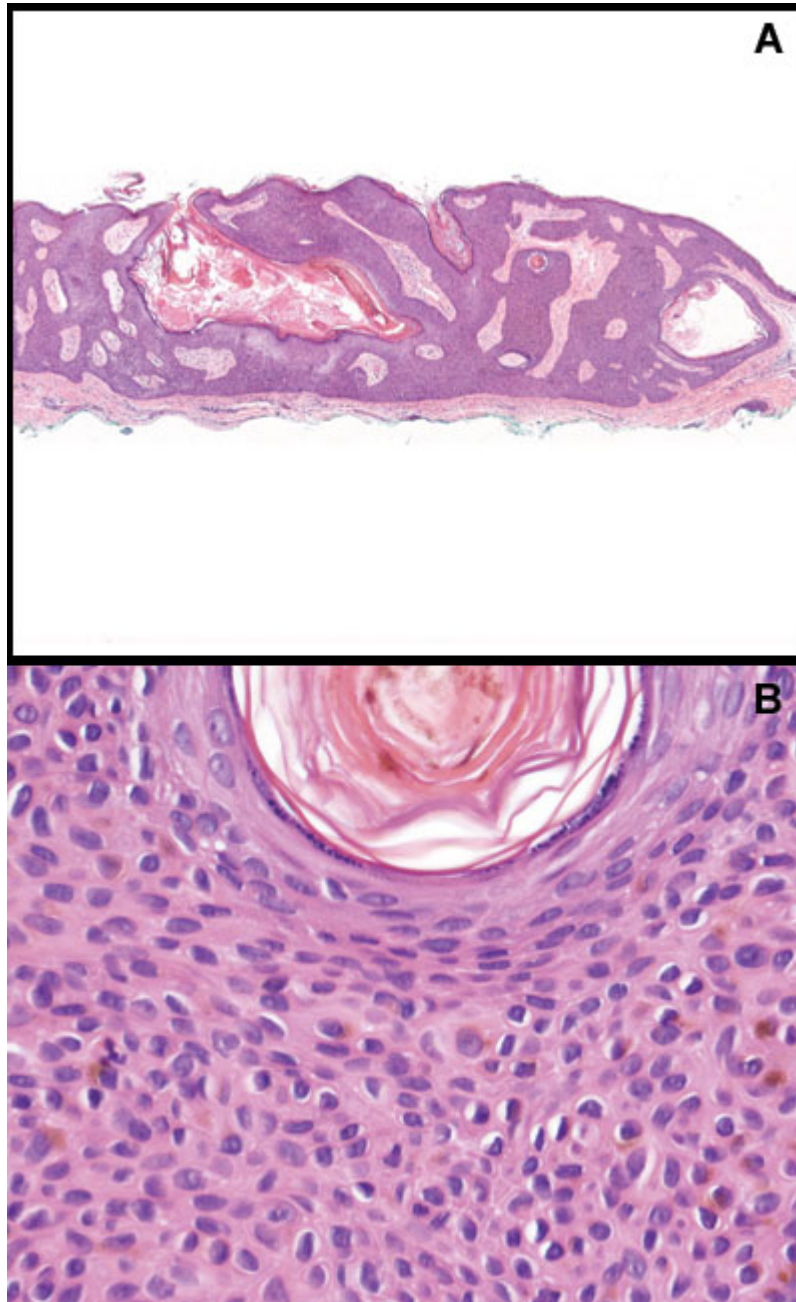


Figure. A: Low-power view demonstrates the "stuck-on" proliferation of keratinocytes with horn cysts. B: Nests of squamous cells arranged in a sheetlike distribution enclose a small horn cyst. Note the pigment within a few of the cells, resulting in the pigmented variant. There is no cytologic atypia.

Seborrheic keratosis is a benign proliferation of the epidermis. Many names are applied to this lesion (senile wart, melanoacanthoma), but seborrheic keratosis is the most widely accepted.

Considered one of the most common skin lesions, it usually occurs in older patients; there is no predilection for either sex. The lesions appear “stuck on” the skin, usually on sun-exposed skin. They can be tan, brown, or black. Frequent irritation or friction may cause a papule/nodule to become red and scaly and result in a clinical misdiagnosis. Many variants of seborrheic keratosis are recognized clinically and histologically, but they have no management implications.

Seborrheic keratosis is considered to represent a clonal expansion, so the lesion qualifies as a neoplasm. The keratinocytes proliferate to form a well-defined endophytic, flat, or exophytic nodule of tumor cells. There is usually a well-defined border with the underlying dermis. Broad sheets of small to medium cells are separated by horn cysts (figure, A). Surface keratinization (hyperkeratosis), papillomatosis (papillary projections), or acanthosis (wide rete pegs) are common features of seborrheic keratosis. Different patterns or histologic features result in variants, such as reticulated, pigmented (figure, B), clonal, irritated, hyperkeratotic, and flat. Occasionally, these benign tumors need to be separated from verruca vulgaris (wart), solar lentigo, squamous cell carcinoma, and melanoma, but separation is usually straightforward, relying on deeper levels cut into the block rather than on special studies. Shave biopsy, electrodesiccation, or cryotherapy result in cure.

Suggested reading

Andrews MD. Cryosurgery for common skin conditions. *Am Fam Physician* 2004;69:2365-72.

Elgart GW. Seborrheic keratoses, solar lentiginos, and lichenoid keratoses. Dermoscopic features and correlation to histology and clinical signs. *Dermatol Clin* 2001;19:347-57.