

# An Unusual Cause of External Auditory Canal Stenosis: Seborrheic Keratosis

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## Abstract

Seborrheic keratoses (KS) are benign skin tumors that start in middle-aged people and develop in the elderly. They are very limited pigmented lesions, single or multiple, with a warty surface. They most often sit on the head, neck, trunk and folds. Their size usually varies from a few millimeters to a few centimeters. We report a case of KS of the external auditory canal.

**Keywords:** External Auditory Seborrheic Keratosis.

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## INTRODUCTION

Seborrheic keratoses (KS) are benign epithelial tumors developing preferentially in seborrheic zones. Several atypical localizations of KS have already been reported in the literature.

## CASE REPORT

Patient of 75 years, admitted to the emergency room ENT for a painful stenosis of the right external auditory canal with purulent otorrhea, associated with a worsening of her right hearing loss. In his history we note a notion of high blood pressure under treatment.

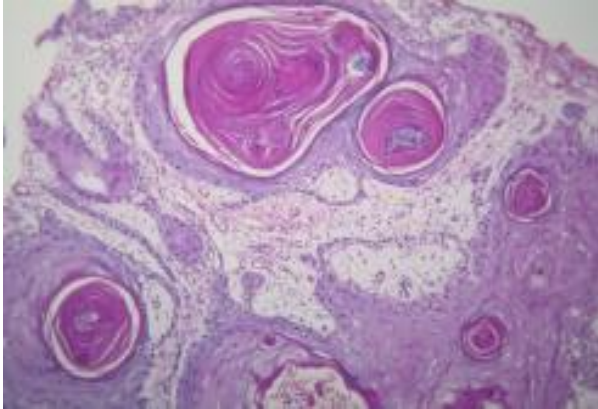
The history dates back to 3 months with the appearance of a lesion of the right external auditory canal, gradually increasing in size with episodes of recurrent otitis and intense otalgia. The otoscopic examination finds an inflammatory and stenosing appearance of the external auditory canal by a brownish budding mass and purulent otorrhea [Figure 1].

CT of the rocks revealed tissue filling of the external auditory canal and mastoid, with lysis of the tympanic bone in favor of necrotizing otitis externa. Bacteriological examination of pus revealed *Pseudomonas aeruginosa*. The patient was placed on intravenous antibiotic therapy adapted to the antibiogram, combining ciprofloxacin and quinolones intravenously for 3 weeks, then an oral relay for 2 weeks. Biopsy of the lesion with histological examination showed the appearance of seborrheic wart

[Figure 2]. The patient benefited from a complete surgical resection of the tumor with a metoplasty, under general anesthesia. Extemporaneous examination returned in favor of a benign tumor, however definitive histological examination showed a focus of squamous cell carcinoma associated with seborrheic keratosis. The patient refused lymph node dissection, which is why she was referred for radiotherapy for further management.



**Fig-1: Inflammatory and stenotic polypoid lesion of the right external auditory canal**



**Fig-2: Exo phytic exo phytic seborrheic keratosis with pseudo cysts**

## DISCUSSION

KS (formerly called seborrheic wart or hyperkeratotic papillary seborrheic wart) is a benign skin tumor, which occurs mainly in the elderly over 50 years [1]. It is common on the trunk and face, and rare in the genital area. In the study by Stern *et al.*, out of 527 KS, 2% were genital localization [2]. Localization at the level of the external auditory canal is rare.

The KS form lesions in relief, well limited, as placed on the skin, of squamo-keratotic appearance, of brown-gray to black coloration. They are easily detached with the help of a curette. They are often multiple and can reach several centimeters in size [3]. The main differential diagnoses are condylomas (genital warts), pigmented basal cell carcinoma and melanoma [4]. The etiology of KS is unknown, although there may be a certain familial predisposition, which has not been demonstrated in our patient [1]. They could also occur after inflammatory dermatosis or at a site of repeated rubbing [1, 3]. Indeed, KS that are located on sites of chronic friction, such as shaving areas, or the folds of obese patients, can reach significant dimensions of up to ten centimeters in diameter [5,6]. Histologically, KS is most often manifested by epidermal hyperplasia with acanthosis and papillomatosis. Hyperkeratosis is associated, which tends to form chimneys and pseudo-cysts [7]. The treatment of giant KS can combine several means at once, including cryotherapy and electrocoagulation-curettage; in some cases, he may resort to surgery [9, 12].

## CONCLUSION

Seborrheic keratosis is a very common benign tumor in the elderly. Its appearance is usually typical, but sometimes misleading. Its localization at the level of the external auditory canal is rare. It is always

necessary to think of a malignant association or transformation. Histology is necessary to confirm the diagnosis.

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