

# Seborrhoeic Keratosis; A Rare Cause of Conductive Deafness

BANAVASI S GIRISHA, KAMATH D SHRINATH P, PERMI S HARISH

## ABSTRACT

Seborrhoeic keratoses is commonly seen in the head and neck region, but it rarely causes functional impairment. When it is present at the external auditory canal, it can cause conductive hearing loss, which needs to be corrected by excision. We are

presenting a successfully treated case of seborrhoeic keratoses of the external auditory canal with a conductive hearing loss.

**Key Words:** Seborrhoeic keratoses ;external ear; conductive deafness.

## INTRODUCTION

Seborrhoeic keratoses are benign epidermal neoplasms which affect elderly people. They cause cosmetic disfigurement, especially when they occur on the face. Usually, their number is limited, but on rare occasions, they appear suddenly in large numbers and are associated with itching. Such a condition is termed as a Lesser Trelat sign, which is thought to be a cutaneous marker for an internal malignancy [1]. We are reporting here a case of large seborrhoeic keratosis of the external ear, which caused conductive deafness.

## CASE REPORT

A 62-year old female patient presented to skin department with complaints of lesions in the left pinna and on the face. The lesion in the pinna was the first to appear 10 years ago, which had started as a small area of colour change on the concha, about the size of a pin head and it had gradually increased in size as well as in thickness. She developed facial lesions 2 years ago, which were also solid lesions. No associated symptoms were noted. She also complained of hearing loss in the left ear since 1 year. No other significant medical or surgical history was noted. On examination, a hyperpigmented verrucous plaque which involved the medial surface of the tragus, the inter tragal notch, the antitragus, the medial half of the concha, the anterior wall and the floor and the posterior wall of the cartilaginous part of the external auditory canal was observed, which was found to cause complete obliteration of the external auditory canal on the left side. Multiple, hyperpigmented, verrucous plaques and papules were present on both the cheeks, which had a stuck on appearance [Table/Fig 1a & 1b]. Tuning fork tests revealed a conductive hearing loss of about 512Hz, which was confirmed by a pure tone audiogram (40 dB). An incision biopsy of the ear lesion was done and it was sent for histopathological studies. The histopathological examination revealed hyperkeratosis, papillomatosis, acanthosis and pseudohorn cysts which were suggestive of acanthotic seborrhoeic keratosis [Table/Fig 1c]. The lesions on the pinna and the external auditory canal were excised with a diode laser under local anaesthesia and

the raw area was allowed to heal by secondary intention. Following the excision, there was a dramatic improvement in the patient's hearing and after 6 months of follow up, the patient did not show any signs of recurrence.

## DISCUSSION

Seborrhoeic keratoses commonly appear in the head and neck region. The variants of seborrhoeic keratoses include dermatitis papulosa nigra, stucco keratoses and melano acanthoma [1]. The occurrence of seborrhoeic keratoses (melanoacanthoma) in unusual sites like the genital and perianal areas has been reported [2]. Our patient had seborrhoeic keratosis which was situated in the pinna, with an extension to the external auditory canal. Though cosmetic disfigurement is the main symptom, on rare occasions, they can cause functional impairment, as in our patient. At the onset of the lesion, our patient did not have any hearing loss. When the lesion acquired sufficient size, it acted like a space occupying lesion to cause obstruction of the external auditory canal, leading to conductive hearing loss. As these lesions can be easily removed by electro-cautery/radio-surgery/shave excision, the removal of the same will result in improvement in the patient's hearing. There are reports of basal cell carcinoma, squamous cell carcinoma and melanoma which were associated with seborrhoeic keratosis [3]. The suspicious lesions should be subjected to a biopsy and they should be sent for a histopathological evaluation.

## CONCLUSION

Seborrhoeic keratosis of the external auditory canal which leads to conductive hearing loss is very rare and it can be successfully treated with laser excision.

## REFERENCES

- [1] MacKie RM, QuinnAG. Non melanoma skin cancer and other epidermal skin tumors. In Burns T, Breathnach S, Cox N, Griffiths C (ed). Rook's Text book of Dermatology, 7th edition. Massachusetts, Blakwell publishing, 2004; 36.1-36.50.
- [2] Shenoy MM, Teerthnath S, Bhagavan KR. Genital and perianal melanoacanthomas. *Indian J Dermatol* 2007;52:109-10.
- [3] Lim C. Seborrhoeic keratoses with associated lesions: A retrospective analysis of 85 lesions. *Australasian J Dermatol* 2006;47:109-13.

**AUTHOR(S):**

1. Banavasi S Girisha
2. Kamath D Shrinath P
3. Permi S Harish

**PARTICULARS OF CONTRIBUTORS:**

1. Assistant professor, Department of Dermatology,
2. Assistant professor, Department of ENT,
3. Assistant professor, Department of Pathology,  
KS Hegde Medical Academy, Deralakatte,  
Mangalore, India.

**NAME, ADDRESS, E-MAIL ID OF THE CORRESPONDING AUTHOR:**

Dr. Shrinath D Kamath P,  
Assistant professor, Department of Otorhinolaryngology,  
KS Hegde Medical Academy, Deralakatte,  
Mangalore, Pin-574160, India.  
Phone:0824-2204471  
E-mail:drshrinath.kamath@gmail.com

**FINANCIAL OR OTHER COMPETING INTERESTS:**

None.

Date of Submission: **Nov 20, 2011**  
Date of Peer Review: **Mar 29, 2012**  
Date of Acceptance: **Mar 30, 2012**  
Date of Publishing: **Jun 22, 2012**