Seborrhoeic Keratoses

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47.1 Definition

Seborrhoeic keratosis (plural *seborrhoeic keratoses*) is the commonest benign keratocytic tumour of hair-bearing skin of fair-skinned (skin photo-types 1–3) adults. Seborrhoeic keratoses occur on non-mucosal genital skin, mostly the penile shaft.

47.2 Aetiology

The aetiology of seborrhoeic keratoses is unknown but genetic and environmental factors have been implicated. Seborrhoeic keratoses are more common with increasing age. Somatic mutations have been associated. Some patients have a strong family history of seborrhoeic keratoses (familial form). Seborrhoeic keratoses are more common on exposed sites, suggesting sun exposure as a factor but seborrhoeic keratoses also occur on sun-protected sites. The role of human papillomavirus (HPV) is debated but HPV has been associated with some non-genital seborrhoeic keratoses. Friction may be a factor in genital seborrhoeic keratoses.

47.3 Clinical Features

Seborrhoeic keratoses are seen on people of all skin phototypes, mostly as a disease of middle age, increasing in number with age. Seborrhoeic keratoses occur on any hair-bearing skin site, sparing mucosae, palms, and soles. The most common sites include the chest, back, forehead (hairline), and waist. Seborrhoeic keratoses occur in the male genital region, including the groins and penile shaft but spare the glans. Contrary to the opinion of some, seborrhoeic keratoses are not rare on the male genitalia. Seborrhoeic keratoses are mostly asymptomatic, solitary, well-defined, flat, waxy-looking tumours that become more exophytic and multiple with increasing age. Seborrhoeic keratoses vary considerably in colour, from pink, yellow, light tan, dark brown to black (Figs. 47.1, 47.2, and 47.3). Seborrhoeic keratoses are occasionally arranged in linear fashion beneath the breasts in women and groins in both sexes. Multiple genital seborrhoeic keratoses may be clinically identical to genital warts (condyloma acuminata) (Figs. 47.4, 47.5, and 47.6). Papules of bowenoid papulosis tend to be smoother, occurring on the mucosal aspect of the foreskin and the glans of uncircumcised

Fig. 47.1 Pigmented seborrhoeic keratoses at base of penile shaft

A. Hall, *Atlas of Male Genital Dermatology*, https://doi.org/10.1007/978-3-319-99750-6_47

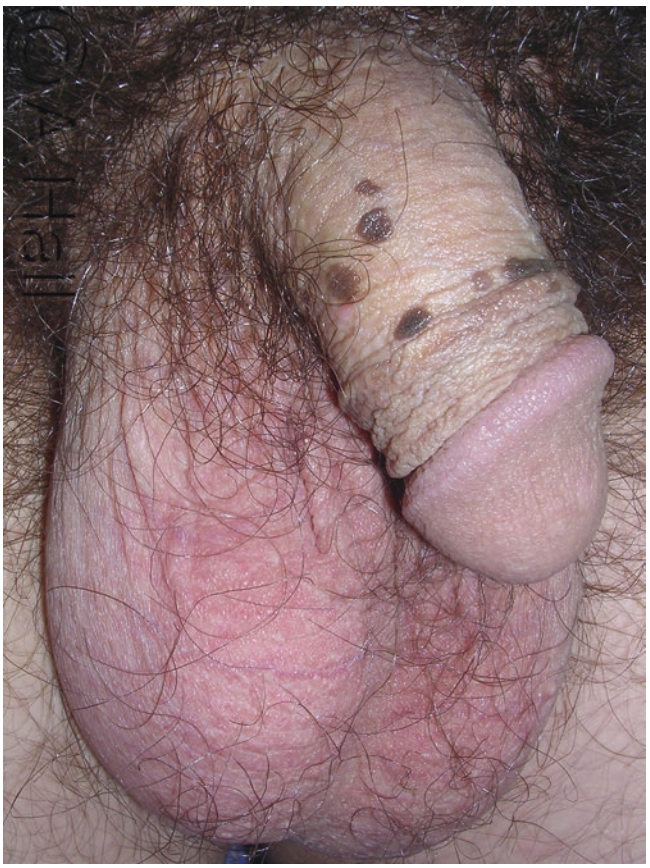

Fig. 47.2 Multiple pigmented seborrhoeic keratoses on penile shaft

Fig. 47.3 Multiple pale verrucous seborrhoeic keratoses on penile shaft

Fig. 47.4 Pigmented verrucous seborrhoeic keratosis on penile shaft

Fig. 47.5 Annular seborrhoeic keratosis treated for years as a genital wart

males. Rarely, seborrhoeic keratoses can grow to considerable size and may be confused with Buscke-Lowenstein tumour [1]. Other variants of seborrhoeic keratoses include dermatosis papulosis nigra and stucco keratoses. Dermatosis papulosis nigra are small, pigmented papules on the face or chest of darker-skinned (skin of color) people. Stucco keratoses are small, keratotic white papules around the ankles and feet of fairer-skinned (skin photo-types 1–3) people. Neither dermatosis papulosis nigra nor stucco keratoses are seen on male genitalia. The very rare variant of eruptive seborrhoeic keratoses on the trunk associated with internal cancers (sign of Leser-Trélat) is not reported occurring on male genitalia.

Fig. 47.6 Common appearance of multiple verrucous seborrhoeic keratosis on back

47.4 Diagnosis

Seborrhoeic keratoses are usually diagnosed clinically, but clinical diagnosis is not always easy. The differential diagnosis of genital seborrhoeic keratoses includes genital warts, melanocytic nevi, melanoma, bowenoid papulosis (penile intraepithelial neoplasia) and pigmented basal cell carcinoma. Multiple genital seborrhoeic keratoses are often wrongly diagnosed and incorrectly treated as genital warts. Rarely, seborrhoeic keratoses can grow to considerable size, so differentiation from Buscke-Lowenstein tumour may be difficult (1). Making a correct diagnosis is very important for management. Dermoscopic examination may aid clinical diagnosis to differentiate seborrhoeic keratosis from melanocytic nevus, melanoma, pigmented basal cell carcinoma and other pigmented lesions. Dermoscopic features of seborrhoeic keratosis include milia-like cysts (pseudo-horn cysts), comedo-like openings, brain coral appearance ("sulci and gyri" of cerebral cortex) and "moth-eaten" border. If clinical diagnosis of a genital seborrhoeic keratosis is difficult, biopsy for histological examination is necessary. Shave excision or curettage with a sharp, disposable curette are the preferred biopsy techniques. Histologic features include a well-defined exophytic tumour with acanthosis consisting of a mixture of basaloid and squamous cells, papillomatosis, and hyperkeratosis with keratin-filled invaginations (pseudo-horn cysts).

47.5 Treatment

Treatment of a genital seborrhoeic keratosis usually is not necessary if the diagnosis is confidently made. Wrongly diagnosing genital seborrhoeic keratoses as a sexually transmissible infection (STI) creates guilt, emotional distress and has a negative impact on sexual quality of life. Reassurance that a genital seborrhoeic keratosis is not a sexually transmissible infection (STI) is enormously important. Male patients may carry long-term guilt and shame, with relationships damaged by a wrong diagnosis of an STI made years earlier. Verrucous seborrhoeic keratoses are best treated by shave excision or curettage with a sharp, disposable curette and minimal cautery under local anaesthesia. The wound base may need further treatment with a chemical hemostatic agent (*eg*, aluminium chloride hexahydrate) after electrocautery. Shave excision and curettage have the advantages of both being diagnostic and therapeutic procedures. Alternative treatments for flat genital seborrhoeic keratoses include cryotherapy, trichloroacetic acid and laser destruction. Cryotherapy is less effective for thicker, verrucous seborrhoeic keratoses.

Pearls

- Genital seborrhoeic keratoses may be misdiagnosed as genital warts.
- Histological differentiation of seborrhoeic keratoses from genital warts can be difficult.
- Wrongly diagnosing a seborrhoeic keratosis as a genital wart leads to a negative impact on sexual quality of life and inappropriate treatment.

Reference

1. Sudhakar N, Venkatesan S, Mohanasundari PS, Thilagavathy S, Elangovan P. Seborrheic keratosis over genitalia masquerading as Buschke Lowenstein tumor. Indian J Sex Transm Dis. 2015;36:77–9.