

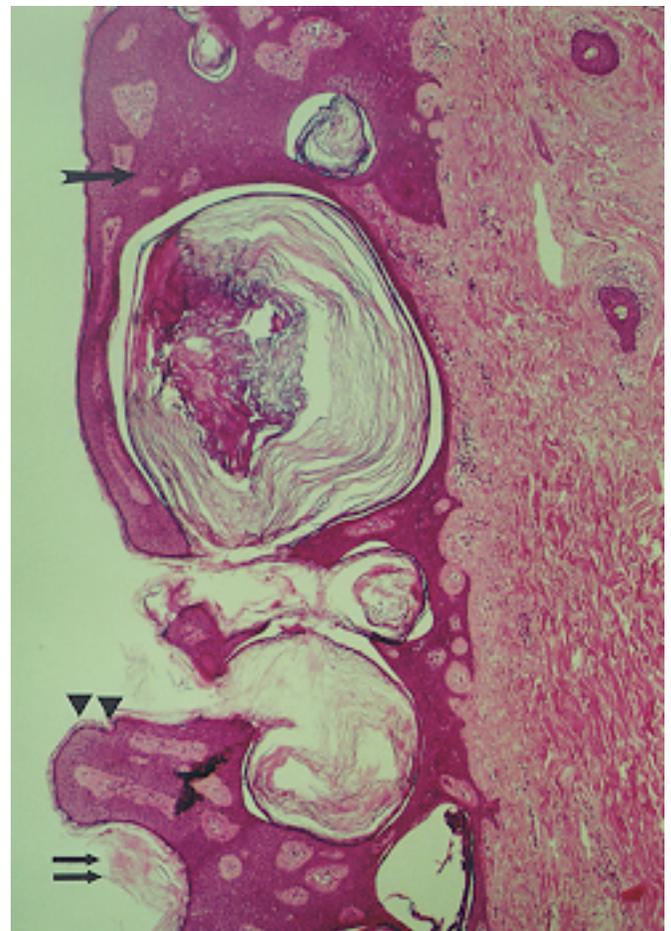
SEBORRHEIC KERATOSIS (BASAL CELL PAPILLOMA, SENILE KERATOSIS, SEBORRHEIC WART)

These lesions, often multiple, and occurring for the most part after 50 years of age, are most common on the face and upper body. They are brownish to black, slightly greasy, slightly raised, with either a smooth or mildly verrucous surface and a “stuck-on” appearance. They measure from a few millimeters to several centimeters in diameter.

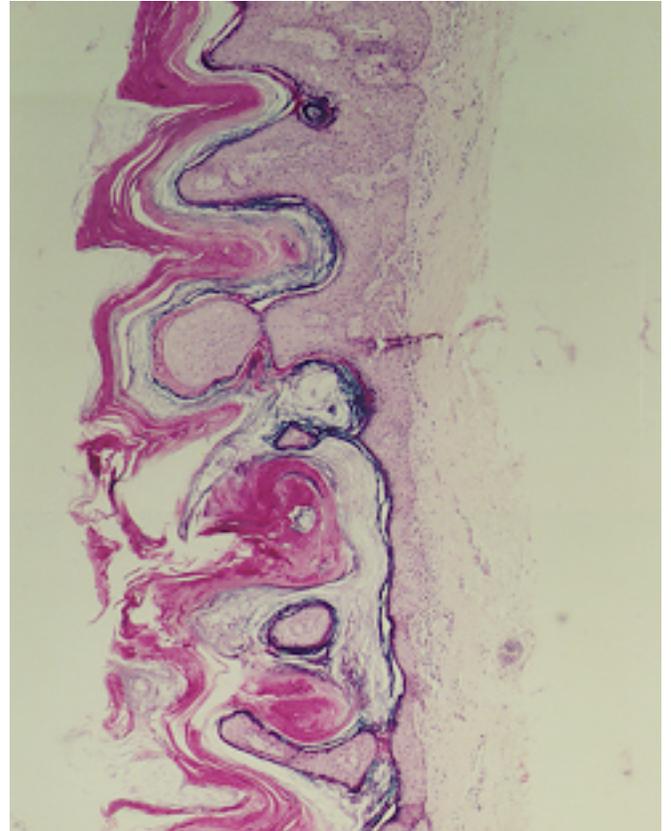
Microscopically, there is variance in appearance but all types show hyperkeratosis, acanthosis (thickening of the epidermis) and a papillary formation sharply demarcated from the adjacent epidermis. Generally a straight line drawn from one edge of the lesion to the other will pass just under the deeper part of the tumor.

Horny invaginations from the epidermis appear on cross-section as pseudohorn cysts and there are also true horn cysts. Both of these cysts show complete keratinization, concentrically arranged, and only a thin granulosal cell layer. Melanin is prevalent in many tumors and accounts for the dark appearance as seen clinically. Both squamous and basal (“basaloid”) cells are seen in this lesion and they are arranged in sheets. In some types of seborrheic keratoses there are interwoven tracts of basal cells and in others the basal cells are in nests. Intercellular bridges are common.

Seborrheic keratosis, showing how the tumor tends to have a straight edge along its deep margin. Also seen are acanthosis (large arrow), papillary projections (triangles), and hyperkeratosis (small arrows). Several cysts are present with keratin concentrically arranged. Most of the epithelial cells here are dark and, having the appearance of epidermoid basal cells, are called basaloid cells. Cysts of horny material are called horn cysts if within the tumor, and pseudohorn cysts when they appear to be the result of invagination. Both types are seen here.



Seborrheic keratosis, similar to lesion at upper left. Note straight line appearance of basal area, papillary formations, and extreme keratinization. There is inflammation in the dermis.



Seborrheic keratosis, showing melanin (arrow), and a large and small horn cyst.

