Our Dermatology Online

Case Report

Giant seborrheic keratosis of the nose mimicking a malignant tumor: A case report

Adama Yameogo

Department of Otorhinolaryngology and Head and Neck Surgery, Regional Hospital Center of Ziniaré, Ziniaré, Burkina Faso

Corresponding author: Adama Yameogo, MD, E-mail: yamdama@gmail.com

ABSTRACT

Seborrheic keratosis is a common benign epidermal tumor that may occasionally mimic malignant lesions, particularly in atypical presentations. We report the case of a 28-year-old woman presenting with a large, pigmented, exophytic lesion of the right nasal ala evolving over five years. Clinical examination raised suspicion of malignancy, particularly melanoma or pigmented basal cell carcinoma. Histopathological analysis confirmed seborrheic keratosis. The patient underwent complete surgical excision followed by reconstruction using a superiorly based nasolabial flap, with a favorable functional and aesthetic outcome and no evidence of recurrence. This case highlights the importance of histopathological examination in atypical lesions to establish a definitive diagnosis and avoid misdiagnosis.

Key words: Seborrheic keratosis, Nasal ala, Skin tumor, Differential diagnosis

INTRODUCTION

Pigmented facial skin lesions may pose a significant diagnostic challenge, particularly when their clinical presentation is atypical. Seborrheic keratosis is the most common benign epidermal tumor in adults, characterized by a well-demarcated proliferation of keratinocytes [1,2]. Although typically easily recognizable, it may occasionally mimic malignant lesions, leading to diagnostic uncertainty.

Nasal involvement is uncommon and may present atypical clinical features, raising suspicion for malignancy, particularly melanoma or pigmented basal cell carcinoma [3]. Accurate diagnosis is essential due to the functional and aesthetic importance of this anatomical region.

We report a rare case of a giant seborrheic keratosis of the nasal ala clinically mimicking a malignant tumor, emphasizing the importance of histopathological examination in establishing the diagnosis.

CASE REPORT

A 28-year-old woman with no significant past medical history presented with a pigmented lesion on the right nasal ala, progressively increasing in size over a five-year period. Her general condition was preserved, with no associated systemic symptoms.

Clinical examination revealed a large exophytic, ovoid mass measuring approximately 6 cm in its greatest diameter. The lesion was verrucous, hyperkeratotic, and intensely pigmented, with a firm consistency. It was painless and did not bleed on contact (Fig. 1). The margins were well defined, with no evidence of infiltration of surrounding tissues. The lesion had a pedunculated base arising from the right nasal ala and caused partial obstruction of the ipsilateral nasal cavity. No signs of inflammation, ulceration, or suppuration were noted, and no cervical lymphadenopathy was detected.

Based on these findings, the lesion was clinically suggestive of malignancy, particularly melanoma or pigmented basal cell carcinoma. A punch biopsy was

How to cite this article: Yameogo A. Giant seborrheic keratosis of the nose mimicking a malignant tumor: A case report. Our Dermatol Online. 2026;17(4):512-514.

Submission: 06.04.2026; **Acceptance:** 07.06.2026
DOI: 10.7241/ourd.20264.14

© Our Dermatol Online 4.2026

performed. Histopathological examination revealed marked hyperkeratosis, acanthosis, and multiple horn cysts without cytological atypia, consistent with seborrheic keratosis.

The patient subsequently underwent complete surgical excision of the lesion, followed by reconstruction using a superiorly based nasolabial flap (Fig. 2). Histopathological analysis of the excised specimen confirmed the diagnosis.

Postoperative follow-up was uneventful, with a satisfactory functional and aesthetic outcome and no evidence of recurrence after 6 months.

DISCUSSION

Seborrheic keratosis is a common benign epidermal tumor, typically occurring in middle-aged and elderly individuals. It usually presents well-demarcated, pigmented lesions with a characteristic "stuck-on" appearance [4].

In the present case, several atypical features were observed, including young age, unusual nasal localization, large size, and marked pigmentation. These features expand the differential diagnosis to include melanoma, pigmented basal cell carcinoma, squamous cell carcinoma, Bowen's disease, and melanocytic nevi.

Figure 1: Exophytic, hyperkeratotic, pigmented lesion of the right nasal ala partially obstructing the nasal cavity.

Figure 2: Postoperative aspect at month 6 showing satisfactory aesthetic outcome after reconstruction of the right nasal ala.

The pathophysiology of seborrheic keratosis remains incompletely understood. Recent studies suggest a role for genetic alterations, particularly involving FGFR3 and PIK3CA mutations, as well as environmental factors such as ultraviolet exposure and skin aging [5].

Although seborrheic keratosis is benign, its association with malignant tumors has been reported. However, this relationship is generally considered to represent a coincidental coexistence (collision tumors) rather than true malignant transformation [6,7].

Histopathological examination remains the gold standard for diagnosis, especially in atypical presentations.

Various treatment options are available, including cryotherapy, curettage, electrocautery, laser therapy, and chemical peeling. However, in cases of diagnostic uncertainty or large lesions, complete surgical excision is preferred, as it allows both definitive diagnosis and treatment [8].

In our case, surgical excision combined with immediate reconstruction using a nasolabial flap provided satisfactory functional and aesthetic outcomes and allowed definitive histological confirmation.

CONCLUSION

Giant seborrheic keratosis of the nasal ala is a rare and atypical presentation that may clinically mimic malignancy. This case underscores the importance of histopathological examination in atypical lesions and highlights surgical excision as an effective diagnostic and therapeutic approach.

Consent

Written informed consent was obtained from the patient for publication of this case report and accompanying images, in accordance with the Declaration of Helsinki.

REFERENCES

1. Chander RV, Jajaganesh P, Sekhar G, Chitra S. Multiple pigmented seborrheic keratosis with sebaceous differentiation - a case report.

Turk J Pathol. 2018; 34:108-11.
2. El Amrani F, Meknassi I, Bouaddi M, Raffas W, Kettani F, Senouci K, et al. Kératoses séborrhéiques géantes de siège inhabituel. Ann Dermatol Vénéréol. 2012;139:723-6.
3. Yap WM, Tan PH, Ong BH. Malignancy arising in seborrheic keratosis: a report of two cases. Ann Acad Med Singapore. 1997;26:235-7.
4. Opoko U, Sabr A, Raiteb M, Maadane A, Slimani F. Seborrheic keratosis of the cheek simulating squamous cell carcinoma. Int J Surg Case Rep. 2021;84:106175.
5. Li Y, Wang Y, Zhang W, Jiang L, Zhou W, Liu Z, et al. Overexpression of Amyloid Precursor Protein Promotes the Onset of Seborrhoeic Keratosis and is Related to Skin Ageing. Acta Derm Venereol. 2018;98:594-600.
6. Kyrmizakis DE, Vrentzos EE, Papadakis CE, Chroniaris NE, Bizakis JG, Amanakis ZE. Seborrheic keratosis of the auricle: report of an unusual case. Ear Nose Throat J. 2002;81:107-9.
7. Salim S, Bouhelab J, Khalaayoune M, Hassam B. Kératose séborrhéique en transformation bowénoïde: quand la bénignité se mêle à l'atypie. Ann Dermatol Vénéréol. 2017;144(12, Supplement):S166-7.
8. Gorai S, Ahmad S, Raza SSM, Khan HD, Raza MA, Etaee F, et al. Update of pathophysiology and treatment options of seborrheic keratosis. Dermatol Thér. 2022;35:e15934.

Copyright by Adama Yameogo. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Source of Support: This article has no funding source.

Conflict of Interest: The authors have no conflict of interest to declare.