Topic- Keratoacanthoma

By

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KERATOACANTHOMA

- *Self healing carcinoma, Molluscum Sebaceum*

- Self limiting epithelial proliferation with a strong clinical and histopathologic similarity to well differentiated squamous cell carcinoma

- Cutaneous lesions common, intraoral lesions rare

- Etiology: HPV 26 or 37, sun damage, genetic predisposition, carcinogens

- Hereditary predisposition for multiple lesions

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**CLINICAL FEATURES**

- Male predilection
- 50-70 yrs
- 90% tumours on sun exposed skin (cheeks, nose, dorsum of hands)
- Intraoral lesions rare
- Lesion: elevated, umbilicated/ crateriform with depressed central core/ plug
- Often painful
- Regional lymphadenopathy may be present
- Small firm nodule full size (6-8 wks) static lesion (4-8 wks) regression, expulsion of keratin core

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HISTOLOGIC FEATURES

- Hyperplastic squamous epithelium growing into underlying connective tissue
- Surface: thick para/ortho keratin with central plugging
- Epithelial cell: sometimes dysplasia
- Invasion
- Margins: normal adjacent epithelium elevated towards adjacent central portion of crater
- Abrupt change to hyperplastic, acanthotic epithelium

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HISTOLOGIC FEATURES

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REFERENCES