Medical Memoranda

A Case of Cutaneous Horn of the Arm

Cutaneous horns of varying sizes are described in the literature. The largest that I have found recorded is the case of Dr. Herman Carache, mentioned in Sutton and Sutton's *Introduction to Dermatology*. This was a scalp horn 8 in. (20 cm.) long, complete, but with a small base. The interest of the following case lies in the large size of the horn, together with its history and the unusual site from which it grew.

CASE REPORT

The patient, a man aged 53, sustained burns of the whole extent of the dorsum of the left upper arm and parts of the leg and back by a German flame-thrower in the 1914-18 war. The greatest loss of tissue was from the arm area, which was skin-grafted (heterogeneous Thiersch) from a nursing sister's thigh. He was in hospital for 18 months.

FIG. 1.—Showing extent and attachment of the horn.

The graft remained healed for twenty years, until 1938, when a minor injury to the arm broke the skin. This healed with simple treatment, but after a few months a tumour began to form at the site of this latter skin lesion. At first it was small—"the size of a hazel-nut"—but it steadily grew in base area and length. The direction of the growth was downwards in a curved manner. The tumour was painless, and when it became embarrassingly large the patient or his wife periodically cut off a piece with a hacksaw. Last year the medial side of the base became painful and forced the patient to seek medical advice.

FIG. 2.—Radiograph faintly showing the horn.

On presenting himself at the out-patient department of this hospital the clinical findings were as follows: A large hard horny mass (Fig. 1) growing from a scarred area at the back

of the left upper arm, tapering from an oval base; greasy surface longitudinally ridged; yellowish buff in colour; circumference of base 13 in. (32.5 cm.), length of horn 5½ in. (13.75 cm.), but it had been pared down. The cut surface had areas of dark discoloration and was similar in appearance to a sponge. The medial side of the junction of horn and skin was inflamed and tender and had signs of new extensions of the horn. The growth was movable over the deep structures of the arm. Skin-scarring extended in the posterior axillary fold and back of shoulder and elbow. Shoulder abduction was limited to 90 degrees; other movements were full. No axillary glands were felt. The patient brought with him a small bag containing the pieces he had sawn off. These numbered 17 and were of various sizes and similar in appearance and consistency to the main mass. A radiograph (Fig. 2) faintly showed the horn.

The growth was removed by Mr. N. Ross Smith and a skin flap was fashioned from the chest wall, which has healed well by first intention. At operation the base was found to be quite smooth and there was no infiltration.

The specimen has been accepted by the Museum of the Royal College of Surgeons, where the horn was patiently reconstructed from the main mass and the fragments (Fig. 3).

FIG. 3.—The reconstructed horn.

showing what it might have looked like had it not been pared down by the patient.

I am greatly indebted to Mr. N. Ross Smith, under whose care the patient was admitted, for help and advice and permission to publish this case. My thanks are due to Mr. L. S. Allison for the first photograph, to the Curator of the Royal College of Surgeons Museum for the photograph of the reconstructed horn, to Miss M. Gall for the radiograph, and also to the patient for his helpful co-operation.

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Calcified Cyst of the Spleen

In the *British Medical Journal* of December 25, 1948 (p. 1106), Donovan described a case of calcified cyst of the spleen and stressed the rarity of the condition. It therefore seems worth while to record the following case.

CASE REPORT

The patient was a man aged 62 with no significant past history. He stated that for the last 12-15 months he had had a feeling of lassitude and gradually deepening depression. This was the feature of his illness which most affected him. His appetite was very poor and he thought he had lost several stones in weight in the past few months.

On examination he was seen to be grossly anaemic (haemoglobin 5.8 g. per 100 ml., red cells 4,100,000). In the right iliac fossa and hypogastrum a rather vaguely outlined fixed mass was palpable. No glandular enlargement could be made out. On deep inspiration the tip of his spleen could just be felt. It was firm in consistency. Radiologically the result of a barium enema was rather indefinite, but suggested a