Cutaneous horns hard conical projections from the skin, whose height need to be at least half the widest diameter of its base. A 46-year-old female presented with a long keratotic, solitary outgrowth on lower-eyelid for 5 months (Figure 1). The lesion is asymptomatic. It is removed by surgical operation. The histological sections showed it is made of compact keratin. The surrounding epidermis with vacuoles is suggestive of viral origin. Cutaneous horn is common in the older population with a peak incidence in those between 60 and 70 years. Horny projections may be caused by various epidermal changes, such as Epidermal Naevus, Virus Wart, Molluscum Contagiosum, Keratoacanthoma (KA), Seborrhoeic Keratosis or Marsupialized Trichilemmal or Epidermoid Cyst. There is a possible association with HPV family, particularly HPV-2 subtype. They are commonly single. Cutaneous horn is a clinical and not pathological diagnosis. Surgical excision is usually advised to rule out malignancy.