



SKIN CANCER (OTHER THAN MELANOMA)

## PIGMENTED BOWEN'S DISEASE

L Zhou<sup>(1)</sup> - N Mistry<sup>(2)</sup>

*University Of British Columbia, University Of British Columbia, Vancouver, Canada<sup>(1)</sup> -  
University Of Toronto, University Of Toronto, Toronto, Canada<sup>(2)</sup>*

**Background:** Pigmented Bowen's Disease (pBD), an uncommon variant making up less than 2% of all Bowen's disease cases, typically presents as a slow-growing, flat, hyperpigmented, well-demarcated scaly plaque.<sup>1</sup> Though it can affect any area of the body, it is most frequently found in sun-exposed areas.<sup>1</sup> While the majority are asymptomatic, itching or burning may be present.<sup>1</sup> Risk factors include fair skin, increased age, chronic sun exposure, radiotherapy, arsenic exposure, trauma, and HPV infection.<sup>1</sup> The clinical differential diagnosis includes a melanocytic lesion including melanoma, pigmented basal cell carcinoma, pigmented actinic keratosis, seborrheic keratosis, and solar lentigo.<sup>2</sup> As pBD shares many clinical features with other pigmented lesions, dermoscopic findings have been used to aid diagnosis<sup>3</sup> though histopathology remains the gold standard for diagnosis.<sup>2</sup> As pigmented Bowen's disease can commonly be mistaken for a pigmented benign lesion, its diagnosis is critical as its progression into invasive disease is highly preventable.

**Observation:** A 64-year-old South Asian woman presented with a slowly enlarging lesion on the forehead of three years duration. On inspection, a 1.1x1.4cm well-demarcated hyperkeratotic thin brown plaque was noted. A punch biopsy revealed epidermal hyperkeratosis, parakeratosis, irregular acanthosis, and atypical heavily pigmented keratinocytes. There was complete loss of polarity of all layers of the epithelium, aside from the basal layer, without evidence of dermal invasion. These features led to a diagnosis of pigmented Bowen's disease.

**Key message:** This case highlights the importance of consideration of this diagnosis in darker skin types where non-melanoma skin cancers are less frequent. Though treatment is highly successful in the majority of cases, BD remains a squamous cell carcinoma in-situ with the potential to develop into invasive disease.<sup>4</sup> Management options include topical 5-fluorouracil, topical imiquimod, cryotherapy, electrodesiccation and curettage, laser ablation, photodynamic therapy, and surgical excision.<sup>3</sup>

