UNUSUAL CLINICOPATHOLOGICAL PRESENTATIONS OF BOWEN’S DISEASE IN SKIN OF COLOR: A CASE SERIES OF 7 PATIENTS

C Krishna(1) - N Parmar(1)

Pondicherry Institute Of Medical Sciences, Dermatology, Venereology And Leprosy, Pondicherry, India(1)

Background & Objective: Bowen’s disease (BD) is an intraepithelial carcinoma or squamous cell carcinoma (SCC) in situ of the epidermis. Classically, BD presents as an erythematous scaly plaque on the head and neck area of elderly individuals. We performed a prospective analysis of patient data, clinical findings, and histopathological and immunohistochemistry features in patients diagnosed with Bowen’s disease. Herein, we describe unusual clinicopathological variants of Bowen’s disease in four men and three women.

Observation: Clinical findings included a single, scaly crusted plaque on the trunk in the first patient. Histopathology was consistent with pagetoid BD. The second patient presented with a cone-shaped protruberance over the left side of upper back. A diagnosis of cutaneous horn with invasive squamous cell carcinoma arising from BD was made. The third patient had a single crusted plaque on the inner side of right buttock. Lower end of the plaque had a shallow ulcer with an elevated and indurated border. Histopathology was consistent with BD with invasive SCC. The fourth patient had a dark brown to hyperpigmented plaque on the trunk. A diagnosis of pigmented BD was made. The fifth patient presented with multiple scaly crusted plaques over trunk and extremities. There was no palmoplantar keratoderma or areas of guttate hypopigmentation. A diagnosis of multifocal BD was reached after histopathological confirmation. Sixth patient had a linear pigmented plaque on the perianal area. Histopathology confirmed the diagnosis of perianal BD. Seventh patient had a plaque on the vulva histopathology confirmed the diagnosis. In addition she was found to be HIV positive. Immunohistochemistry with cytokeratin 7 and S-100 was negative in all the cases, which ruled out extramammary Paget’s disease and melanoma respectively.

Key message: Awareness of these unusual presentations of Bowen’s disease for prompt diagnosis and treatment is important to prevent morbidity and mortality.