



GENTIL BOWEN'S DISEASE IN PSORIASIS VULGARIS- A CASE REPORT

Dermatology

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ABSTRACT

Bowen's disease is a pre-malignant condition. We report a case of a 65 years old man who is a known case of psoriasis vulgaris with Bowen's disease presenting with shiny scaly erythematous plaque over perianal area. Histopathological examination was done to confirm the diagnosis of Bowen's disease.

KEYWORDS

Bowen's disease, psoriasis, SCC

Introduction:

Genital Bowen's disease is a Squamous cell carcinoma in situ. It can progress into SCC. The causes could be UVR, PUVA, immunosuppression, ionizing radiation, HPV infection. Bowen's disease is a high risk marker for non-melanoma skin cancer. It may be asymptomatic or may present with discharge, bleeding, pain and pruritus. Dermatologists play a major role in diagnosing the lesions over perianal skin and starting on the initial treatment. Treatment modalities significantly differ in these cases. In the past, such patients have been treated successfully with topical immunosuppressive agents like 5-Fluorouracil (5% cream), 5% imiquimod (for 16 weeks).

Case report:

A 65 year old man presented to our OPD with complaints of red shiny lesion over anal area which is present from the past 7 years. There was a history of on and off treatment with liquid paraffin and potent steroids for the same complaint which was diagnosed as psoriasis in other private clinic but there is no regression or relief. Patient also gave a history of pain while passing stools and bleeding per rectum from the past 6 years. No history of any new drug intake prior to onset of skin lesions. No history of loss of weight or loss of appetite. There was no history of similar complaints in the family members. No history of any co-morbidities. Dermatological examination revealed well circumscribed erythematous, shiny scaly plaque over the peri anal area including the anus spreading towards the natal cleft. There are also healed psoriatic plaques over bilateral elbows. Systemic examination was normal. A clinical diagnosis of Bowen's disease in a known case of psoriasis vulgaris was made. Hematological and biochemical parameters were normal. Two skin biopsies were taken from the erythematous plaque over the anal area which revealed disarray of squamous cells with tendency to loss of polarity and dense inflammatory infiltrate admixed with the squamous cells. [Figure 2], confirming a diagnosis of Bowen's disease.

Discussion:

Bowen disease was described as SCC in situ in 1912 by John. It is a pre-malignant condition affecting both skin and mucous membrane which can progress to SCC. Bowen's disease occurs typically in persons more than 60 years of age with equal gender incidence. It occurs both in protected and unprotected areas of the body. The etiology of Bowen's include sun exposure, HPV-16 infections, immunosuppression, arsenic, ionizing radiation, PUVA. Clinical variants of Bowen's disease include intertriginous Bowen's, periungual Bowen's [2], mucosal surfaces, anogenital variant. Squamous cell carcinoma is described as epidermal keratinocyte tumor. It is the most common non melanoma skin cancer (NMSC) occurring in psoriasis followed by basal cell carcinoma [4]. In patients treated with topical coal tar, arsenic, cyclosporine and methotrexate acts as precipitating factors for developing NMSC [3]. There is 5% chance of this Bowen's disease progressing into invasive SCC.

Histopathology displays Borst-Jadassohn phenomenon where there is intraepidermal nesting of atypical cells. These cells show loss of maturation and polarity giving "wind-blown appearance".

Differential diagnosis include psoriasis, eczema, Lichen planus, superficial BCC, irritated seborrheic keratosis, SCC, extra mammary pagets disease, hailey-hailey disease, podophyllin induced changes in wart, Bowenoid papillomatosis, Ano-genital wart, Coudylomata acuminatum.

Treatment of Bowen's disease in psoriasis vulgaris patients is usually should rule out HIV and HPV status, 5% imiquimod, local excision, Mohs micrographic surgery, Liquid nitrogen Cryosurgery, laser therapy, photo dynamic therapy.

For prevention, HPV vaccination could help to some extent.

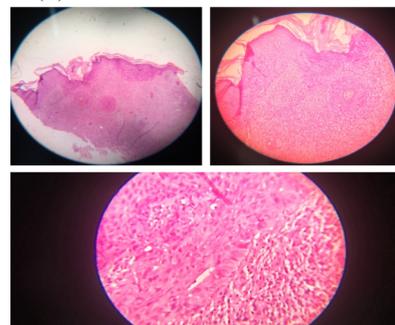
Figure 1

Clinical photograph showing Shiny erythematous plaque over perianal



Figure 2

Photomicrograph showing squamous hyperplasia with inflammatory infiltrate in scanner view (A), disarray of squamous cells with tendency to loss of polarity in low power (B) and dense inflammatory infiltration is seen admixed with the squamous cells in high magnification (C)



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