

## Read Item - Bowen's Disease

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## Bowen's Disease

### Introduction

Bowen's disease is *in situ* squamous cell carcinoma. It may occur on any part of the skin. On the scalp it presents most frequently in fair skinned people on areas heavily exposed to solar radiation by balding. Sunlight and arsenic ingestion are other known precipitants. Rarely multicentric Bowen's disease occurs hairy scalp.

### Clinical Features and Investigation

Bowen's disease presents as a persistent, asymptomatic, scaly or crusted, well demarcated plaque(s) on a bald scalp. It may resemble psoriasis except that it remains unchanged or enlarges slowly over many years. Invasive squamous cell carcinoma develops after a number of years in around 5 to 10% of cases and can metastasise.

Histologically there is full thickness cytological and architectural epidermal atypia that extends down hair follicles and eccrine ducts. In addition there is an increase in the number of suprabasal mitoses and atypical mitoses are present. The granular layer is lost and there is overlying parakeratosis and hyperkeratosis. Bowenoid solar keratoses also occur on the scalp and on biopsy show full thickness epidermal atypia, that spares the pilosebaceous units.

### Management

Cryosurgery with a 30 second single timed spot freeze will cure 98% of Bowen's disease. Because follicular destruction with permanent alopecia would be produced by this dose of liquid nitrogen, excision is more suitable for Bowen's disease occurring on a hairy scalp.

## **Key Points**

Intraepidermal squamous cell carcinoma (Bowen's disease) of the scalp most commonly occurs on sun-exposed bald areas and if left untreated may develop into invasive carcinoma.

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