Bowen's disease involving the dorsal and volar aspects of left thumb: An unusual site diagnostic entity

Shagufta Rather, Peerzada Sajad, Iffat Hassan

ABSTRACT

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CASE REPORT

Herein, we report a case of a 40-year-old normotensive, non-diabetic, euthyroid male patient who presented with a non-healing erythematous slightly scaly plaque involving the volar and dorsal aspects of left thumb from last eight months (Figures 1 and 2). There was history of pruritus and slight burning sensation. There was a history of application of potent topical steroids for few months with no response. A punch biopsy was done which confirmed the diagnosis of eczema psoriasis and Bowen's disease. On histopathology, the patient showed thickened epidermis with full thickness dysplasia of squamous epithelium and atypical keratinocytes with numerous mitotic figures. The basement membrane was intact with no focus of invasion or solar elastosis (Figures 3 and 4). Thus a diagnosis of Bowen's disease was made. The patient was put on topical 5-fluorouracil and is doing well.

Figure 1: Bowen's disease involving the volar aspect of left thumb.

Figure 2: Bowen's disease involving the dorsal aspect of left thumb.

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Figure 3: Histopathological picture (x400) of Bowen's disease .

Figure 4: Histopathological picture (x100) of Bowen's disease.

DISCUSSION

Bowen's disease (BD) is a form of intra-epidermal or in-situ squamous cell carcinoma with a small potential for invasive malignancy, and commonly involves chronically photo-exposed areas, especially head and neck region. Commonly a persistent, non-elevated erythematous scaly and crusted plaque is seen. Bowen's disease may occur at any age in adults, but is rare before the age of 30 years; most patients are aged over 60. Any site may be affected, although involvement of palms or soles is uncommon. Bowen's disease occurs predominantly in women in whom about 60-85% of patients have lesions on the lower leg, usually in previously or presently sun-exposed areas of skin. Chronic ultraviolet radiation exposure, arsenic exposure, human papillomavirus and immunosuppression are the various aetiological factors [1-3].

Histopathology is characterized by full-thickness dysplasia of the epidermis, with loss of the normal maturation of its components. Keratinocytes are atypical and disorderly, often described as having a windblown appearance. Basement membrane is intact. Topical 5-fluorouracil, imiquimod, photodynamic therapy, cryotherapy and excision are the various treatment modalities [4].

CONCLUSION

The head, neck, and extremities are the most commonly affected anatomic locations in men, while the lower limbs and cheeks are most commonly affected in women. Involvement of palms and soles is an unusual site of occurrence, but it should be considered in the differential diagnosis of non-healing erythematous scaly plaques.

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Author Contributions

Shagufta Rather – Substantial contributions to conception and design, Acquisition of data, Analysis and interpretation of data, Drafting the article, Revising it critically for important intellectual content, Final approval of the version to be published

Peerzada Sajad – Analysis and interpretation of data, Revising it critically for important intellectual content, Final approval of the version to be published

Iffat Hassan – Analysis and interpretation of data, Revising it critically for important intellectual content, Final approval of the version to be published

Guarantor

The corresponding author is the guarantor of submission.

Conflict of Interest

Authors declare no conflict of interest.

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