

# Bowens Disease

## General points

- Bowen's disease is an intra-epidermal SCC of the skin
- Incidence 15 per 100 000 (UK)
- Mean age 60-70y
- Female:male = 3:1

## Clinical features

- slow-growing, erythematous scaly pink skin plaques that cause few, if any, symptoms
- NO improvement with topical steroid – a useful diagnostic test
- lesions usually solitary and, in general, have a diameter of less than 5cm at diagnosis
- most lesions occur on sun-exposed areas (e.g. head and neck, and lower leg)
- not unusually there are associated sun exposure related lesions such as BCC, SCC, actinic keratosis
- differential diagnosis of red scaly leg lesions:
  - Bowen's disease
  - Eczema
  - Psoriasis
  - Tinea
  - Superficial spreading BCC
  - Granuloma annulare

## Prognosis

- if left untreated, Bowen's disease will progress to invasive squamous cell carcinoma in 3-5% of patients

## Management

- confirm diagnosis with in-house punch biopsy
- thorough skin examination for associated sun-exposure lesions

## Treatment

- Efudix (topical 5-fluorouracil)
- bd for 4 weeks
- it often causes a quite severe inflammatory reaction which is a normal part of the treatment and patients need to be warned of this
- information leaflet [here](#)
- if inflammation is brisk and severe – space out applications
- soothing emollients can be used

## *Curettage and Cautery*

## **Referral criteria**

Concerns about SCC/malignant change