

Bowen's disease

Bowen's disease is a type of slow-growing and scaly skin patch. These patches are considered to be pre-cancerous and Bowen's disease can rarely develop into a type of skin cancer called squamous cell cancer.

Bowen's disease can occur on any part of the body. The lower legs are most commonly affected. It is easily mistaken for psoriasis, another skin complaint characterised by scaly patches. Exposure to sunlight is a known risk factor, yet the actual cause of Bowen's disease is unknown. Women are more susceptible than men and age seems to be a factor, as most cases occur in people over 40 years. The condition isn't contagious and treatment is usually successful.

Symptoms

The signs of Bowen's disease include:

- Flat, scaly, red and slightly raised red patches appear.
- A single patch or a number of patches may be present.
- The edges of each patch are irregular but distinct from the surrounding skin.
- The patch or patches grow very slowly.
- The patches present no symptoms, so they are often overlooked.
- The patches can affect any part of the body, but commonly occur on the lower leg.
- Occasionally, the patches can be sore, irritated or bleed.

Bowen's disease may turn cancerous

In most cases, Bowen's disease remains confined to the upper layer of the skin (epidermis). However, there is a small risk that the affected cells may migrate deeper into the skin layers. Once Bowen's disease escapes the epidermis, it can become a more aggressive form of skin cancer. If a patch of Bowen's disease becomes raised, tender or bleeding then it may have turned cancerous and will need medical attention.

Risk factors

The cause of Bowen's disease is unknown, but suspected risk factors include:

- **Gender** – the condition is more common in women.
- **Age** – the condition is more common in people over 40 years. Elderly women are particularly prone.
- **Sun exposure** – Bowen's disease is more common in sunny countries. However, since areas of the body that are not normally exposed to sunlight (such as the genitals or anus) can be affected, sun exposure can't be the sole risk factor.
- **Arsenic** – people who are exposed to arsenic are at increased risk.
- **Human papilloma virus (HPV) infection** – the research is not entirely clear, but this virus may play a role in the development of Bowen's disease.

Diagnosis

Bowen's disease is easily overlooked because the lesions present no symptoms. It is not unusual for Bowen's disease to be diagnosed during medical investigations for other complaints. For example, a person with Bowen's disease of the genitals or anus may have the condition identified during an examination of their haemorrhoids.

Diagnosis methods include:

- Physical examination
- Medical history
- Biopsy of lesion, including laboratory examination of the tissue sample.

Treatment

Almost all cases are successfully treated and recurrences of Bowen's disease are rare. Treatment options include:

- **Cryosurgery** – the lesion is destroyed with intense cold. This type of treatment has a moderate success rate.
- **Curettage** – the lesion is scraped off the skin. It may also be used with cauterisation, where the skin is lightly burnt with an electric current. Recurrence is slightly more likely than with surgery.
- **Photodynamic therapy (PDT)** – a special type of light is used to destroy the lesion.
- **Topical creams** – applied to the lesion to kill its cells. These include 5-fluorouracil cream and imiquimod cream.
- **Surgery** – the lesion is cut out and the wound sutured closed. This treatment has a near 100 per cent success rate, but may lead to significant scarring.
- **Radiation therapy** – this is rarely used now.
- **Combination therapy** – in many cases, the patient undergoes two or more forms of treatment, depending on their individual needs.

Where to get help

- Your doctor
- Dermatologist.

Things to remember

- Bowen's disease is a type of slow-growing and scaly skin patch.
- It is generally considered to be a pre-cancerous condition, with a small risk of turning into a skin cancer.
- The condition typically affects elderly women.
- Treatment options include cryosurgery, curettage, photodynamic therapy, medicated ointments and surgery.

This page has been produced in consultation with, and approved by:

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