

Bowen's disease

Bowen's disease is a very early form of skin cancer that appears as a slow-growing, red and scaly skin patch. In Bowen's disease, the skin cancer is located only in the epidermis, the uppermost layer of the skin. Rarely, the skin cancer can invade into the dermis and then it is called an invasive squamous cell carcinoma.

Bowen's disease can occur on any part of the body, although the lower legs are most commonly affected. It is easily mistaken for psoriasis, another skin complaint characterised by scaly patches.

Fair skin and exposure to sunlight are the main risk factors for Bowen's disease. Women are more susceptible than men and most cases occur in people over 40 years. The condition isn't contagious and treatment is usually successful.

Signs of Bowen's disease

The signs of Bowen's disease include:

- Flat, scaly, red and slightly raised 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, if left untreated, the affected cells may migrate deeper into the skin layers. If a patch of Bowen's disease becomes raised, tender or is bleeding, then it will need immediate 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.
- **Systemic immunosuppression** - required by organ transplant recipients to prevent organ rejection.

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 a routine skin examination.

Diagnosis methods include:

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

Treatment

Treatment options include:

- **Cryosurgery** – the lesion is destroyed with intense cold. This type of treatment has a success rate of around 90% when conducted by specialists.
- **Curettage** – the lesion is scraped off the skin. It may be used with cauterisation, where the skin is lightly burnt with an electric current. It has a success rate of around 90% when performed by dermatologists.
- **Photodynamic therapy (PDT)** – a special type of light is used to destroy the lesion. Success rates are in the order of 80% with a specialist.
- **Topical creams** – applied to the lesion to kill its cells. These **include 5-fluorouracil cream** and imiquimod cream. Success rates are similar to PDT.
- **Surgery** – the lesion is cut out and the wound sutured closed. This treatment has a near 100 per cent success rate, but will leave a surgical scar.
- **Radiation therapy** – is rarely used now.

Where to get help

- Your doctor
- Dermatologist

Things to remember

- Bowen's disease is a type of slow-growing and red, 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:

St Vincent's Hospital - Department of Dermatology

Content on this website is provided for education and information purposes only. Information about a therapy, service, product or treatment does not imply endorsement and is not intended to replace advice from your doctor or other registered health professional. Content has been prepared for Victorian residents and wider Australian audiences, and was accurate at the time of publication. Readers should note that, over time, currency and completeness of the information may change. All users are urged to always seek advice from a registered health care professional for diagnosis and answers to their medical questions.

For the latest updates and more information, visit www.betterhealth.vic.gov.au

Copyright © 1999/2011 State of Victoria. Reproduced from the Better Health Channel (www.betterhealth.vic.gov.au) at no cost with permission of the Victorian Minister for Health. Unauthorised reproduction and other uses comprised in the copyright are prohibited without permission.