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Case Reports

Dermoscopic Features of Vulvar Bowen's Disease

Ouiame EL Jouari[1]*, Ahmed Anas Zaougui[2], Hanane Baybay[1], Cheymae Saadani Hassani[1], Sara Elloudi1, Moulay Hassan Farih[2] and Fatima Zahra Mernissi[1]

[1]Department of Dermatology CHU Hassan II, Fez, Morocco

[2]Department of Urology CHU Hassan II, Fez, Morocco

***Corresponding Author:** Ouiame EL Jouari, Department of Dermatology CHU Hassan II, Fez, Morocco.

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Abstract

Bowen's Disease is the in situ form of squamous cell carcinoma. The purpose of this study was to describe the dermoscopic findings of vulvar Bowen's disease, which are rarely described in the literature. These aspects differ from those of cutaneous Bowen's disease, showing brown dots, and diffuse, scattered glomerular vessels. The scattered nature of glomerular vessels and the peripheral brown structureless area are the mains findings observed in this study. We report a correlation between every dermoscopic and histologic features. Glomerular vascularization, whitish deposits, Gray-brown blood cells and pigmented areas without structures corresponded respectively to dilated blood vessels in the papillary, parakeratotic hyperkeratosis, melanophage in the superficial dermis and pigmented keratinocytes or melanocytes in the basal layer. Dermoscopy may be useful to diagnose mucosal Bowen's disease and to rule out other acantholytic dermatosis.

Keywords: *Bowen's Disease, Vulva, Dermoscopy, Histopathology*

Introduction

Bowen's Disease is the in situ form of squamous cell carcinoma, often occurring in the chronically UV-damaged skin of elderly people [1]. It is most frequent in women and occurs on the lower extremities in about three-quarters of patients [2]. Bowen's Disease typically presenting as a slowly enlarging, well demarcated erythematous to pink patch or plaque with irregular boarders and surface scale or crust [3]. That may be eroded or ulcerated. The dermoscopic findings of vulvar Bowen's disease are rarely described in the literature.

Clinical Presentation

A 59-, 47- and 57-year-old woman presented with one-year history of intense vulvar pruritus complicated with cutaneous ulceration. Clinical examination revealed a large sclerotic erythematous placard of the genital region with partial effacement of the lips. With a 2 cm erythematous plaque recovered by a whitish coating, non-peelable in two patients (Figure 1, A and Figure 2, A) a 2 cm ulceration surrounded by a pigmented peripheral hallo in the third patient (Figure 3, A).

Dermoscopic appearance

Dermoscopy revealed a glomerular vessels characterized by diffuse distribution in all cases, with witish desposits in two cases (Figure 1, B and Figure 2, B) and brown homogeneous pigmentation and some globules in the third patient (Figure 3, B).

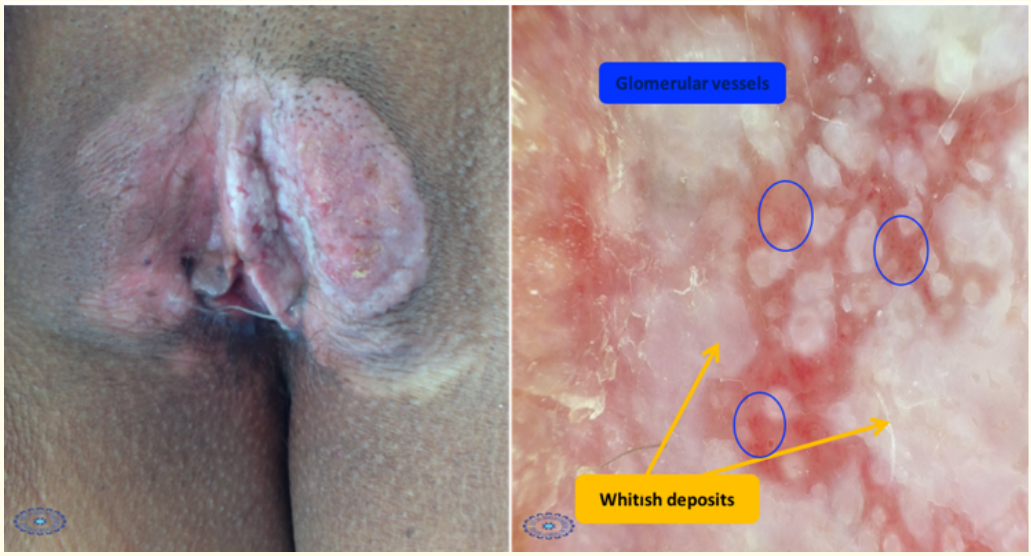

Figure 1: *Bowen's disease, patient 1. Erythematous placard of the genital region with partial effacement of the lips and a 2 cm erythematous plaque recovered by a whitish coating, non-peelable (A). Dermoscopy showing a diffuse distribution of glomerular vessels with witish desposits (B).*

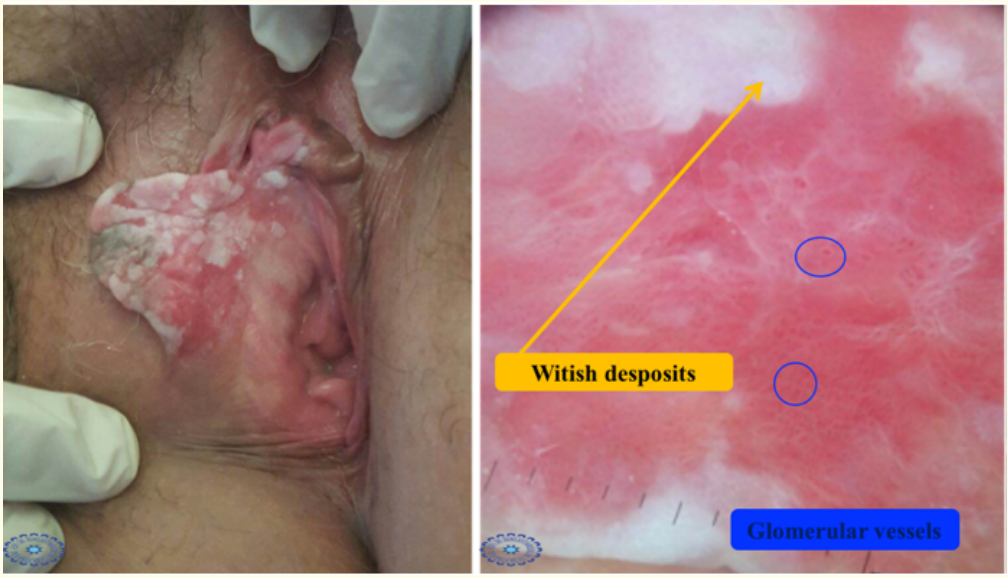

Figure 2: *Bowen's disease, patient 2. The same features as patient 1 (A). Dermoscopy showing the same dermoscopic findings as patient 1 (B).*

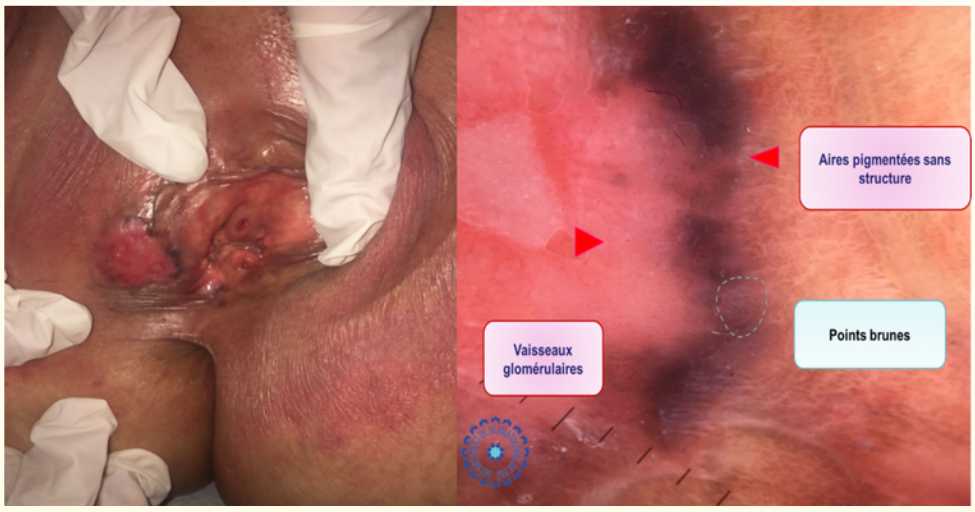

Figure 3: *Bowen's disease, patient 3. a 2 cm ulceration surrounded by a pigmented peripheral hallo (A). Dermoscopy showing glomerular vessels with brown homogeneous pigmentation and some globules (B).*

Histopathologic examination

The histologic examination revealed parakeratotic hyperkeratosis, a cytoarchitectural disorganization with anarchic disposition of atypical keratinocytes and many mitoses. The basement membrane was intact. The dermis was edematous and seat of telangiectasia (Figure 4).

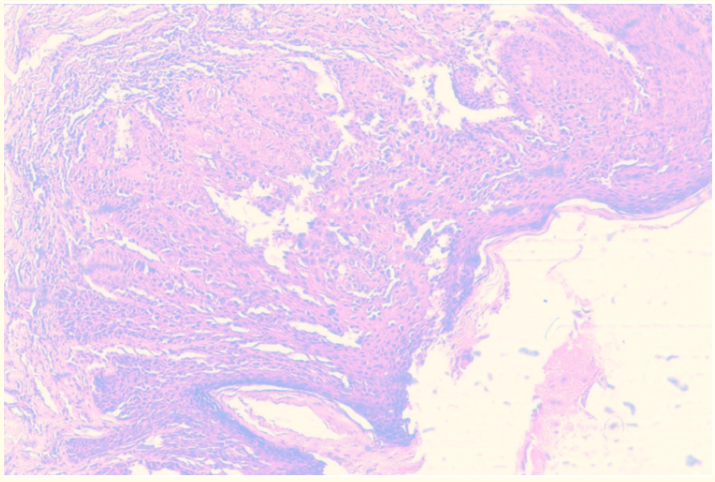

Figure 4: *Bowen's disease, histologic findings. parakeratotic hyperkeratosis and a cytoarchitectural disorganization with anarchic disposition of atypical keratinocytes and melanophages in the papillary dermis.*

Key messages

Glomerular vessels with a scaly surface represent the most frequent dermoscopic finding of cutaneous bowen's disease. In pigmented bowen's disease, small brown, black globules, homogenous pigmentation, pigmented streaks and pigmented network are supplementary features [4]. Morever, the dermoscopical features of mucosal bowen's disease are lacking in the literature, showing brown dots, and diffuse, scattered glomerular vessels [5]. Correlated to histologic features glomerular vascularization corresponded to dilated blood vessels in the papillary, and whitish deposits to parakeratotic hyperkeratosis. Gray-brown blood cells, pigmented areas without structures, may be correlated with the presence of melanophage in the superficial dermis and pigmented keratinocytes or melanocytes in the basal layer.

Conclusion

We believe that the scattered nature of glomerular vessels and the peripheral brown structureless area the main dermoscopic findings of mucosal bowen's disease. which improves the diagnosis and management of vulvar mucosal tumors.

Bibliography

1. Zalaudek I., *et al.* "Dermoscopy of Bowen's disease". *British Journal of Dermatology* 150 (2004): 1112-1116.

2. Cox NH., *et al.* "Guidelines for the management of Bowen's disease". *British Journal of Dermatology* 141 (1999): 633-641.

3. Mun., *et al.* "Dermoscopic features of Bowen's disease in Asians". *Journal of the European Academy of Dermatology and Venereology* 24 (2010): 805-810.

4. Mun., *et al.* "Dermoscopic features of Bowen's disease in Asians". *Journal of the European Academy of Dermatology and Venereology* 24 (2010): 805-810.

5. Friedman and Kohen. "A case of pigmented penile intraepithelial neoplasia: Dermoscopic and clinicohistopathologic analysis". *Journal of the American Academy of Dermatology* 72 (2015): S71-S72.

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