

Letter to the Editor

Pigmented Bowen Disease in a Black Patient: Novel Dermoscopic Findings

To the Editor:

Although Bowen disease (BD) is a fairly common condition, pigmented BD is a rare form of the disease characterized by a hyperpigmented appearance. The disease represents less than 2% of all lesions.¹ Despite its relative infrequency, the disease remains in the differential diagnosis of specific hyperpigmented lesions along with superficial spreading melanoma, pigmented basal cell carcinoma, and melanocytic nevus. Bowen disease has been described in black individuals and can present as a pigmented lesion that can mimic melanoma. Our case is unique because the use of dermoscopy aided in the diagnosis.

A 50-year-old black man presented to us with an asymptomatic and slowly enlarging lesion on the posterior scalp. He had no history of skin cancer, radiation exposure, trauma, or exposure to arsenicals. Physical examination revealed a 1×5-cm pigmented macule with slightly irregular borders and uniform pigmentation (Figure 1). Dermoscopy using

polarized light without oil immersion revealed an asymmetrically pigmented lesion with areas of regression and a slight blue-gray veil that was highly suspicious for melanoma (Figure 2). Excision biopsy was



Figure 1. Gross appearance of a uniformly pigmented macule with irregular borders on the posterior neck.

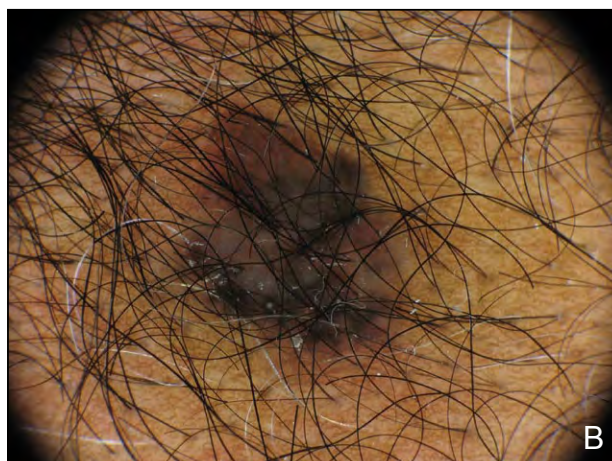
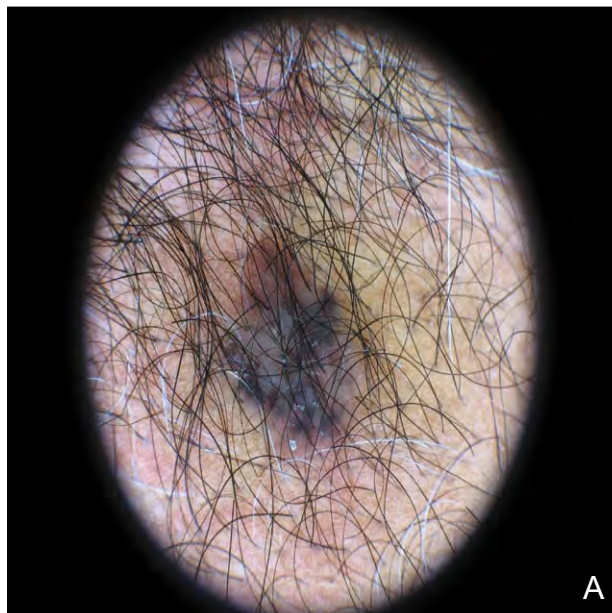


Figure 2. Dermoscopy without oil immersion revealed an asymmetric lesion with areas of regression and a blue-gray veil, suspicious for melanoma (A and B).

performed, which revealed acanthosis, hyperkeratosis, focal hypergranulosis, and diffuse full-thickness keratinocyte atypia with many mitotic figures and vacuolization. Melanin was diffusely noted within tumor cells as well as within melanophages in the papillary dermis (Figure 3). These histologic features were consistent with pigmented BD. A reexcision with 5-mm margins was performed and the defect closed

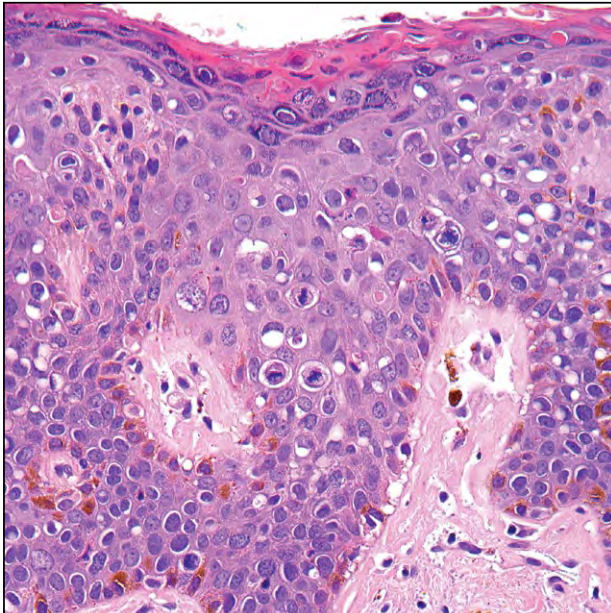


Figure 3. Histology demonstrated melanin within tumor cells as well as within melanophages in the papillary dermis (H&E, original magnification $\times 400$).

side-to-side in layers. The wound healed uneventfully, and 8 months later there was no clinical evidence of recurrence.

This case is unusual in that a squamous cell carcinoma (SCC) in situ arose de novo in a sun-exposed area without the usual predisposing infectious, chronic, inflammatory processes that are present in the majority of black patients with SCC or SCC in situ. This case also is instructive because it demonstrates the novel dermoscopic findings of SCC in situ in black individuals. Although pigmented BD has been described in white individuals, the rarity of de novo SCC in situ in black patients may prevent collection of dermoscopic findings for a large number of patients. Therefore, this case illustrates the importance of considering this diagnosis in black individuals.

Sincerely,
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The authors report no conflict of interest.

REFERENCE

1. Ragi G, Turner MS, Klein LE, et al. Pigmented Bowen's disease and review of 420 Bowen's disease lesions. *J Dermatol Surg Oncol.* 1988;14:765-769.