



BOWEN'S DISEASE: A CASE REPORT



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**Karolina Alencar Bandeira¹, Andressa Rharenna Araújo², Evandra Costa Campos³,
Layza Roberta Lima de Farias⁴ and Leandro de Freitas Garcia Filho⁵**

ABSTRACT

INTRODUCTION: The present study aims to describe and analyze a clinical case of Bowen's disease in a patient whose evolution culminated in the diagnosis of intraepithelial neoplasia, highlighting the clinical, histopathological and therapeutic aspects involved. In addition, it seeks to discuss the relevance of early diagnosis, the influence of comorbidities and risk factors on prognosis, and the importance of a multidisciplinary approach in the management of potentially malignant lesions, based on up-to-date scientific evidence and reports in the specialized literature.

Keywords: Dermatology. Bowen's disease. Neoplasm.

¹Specialist in gynecology at Santa Casa da Misericórdia do Rio de Janeiro
Instituto Tocantinense Presidente Antônio Carlos

Email: karolinalencar.med@gmail.com

ORCID: 0009-0000-0376-2682

LATTES: <https://lattes.cnpq.br/9995062408481036>

²Medical Student

Instituto Tocantinense Presidente Antônio Carlos

E-mail: rharenna10@gmail.com

ORCID: 0000-0002-5163-9002

LATTES: <http://lattes.cnpq.br/2658113843086331>

³Medical Student

Instituto Tocantinense Presidente Antônio Carlos

E-mail: evandramed@gmail.com

LATTES: <http://lattes.cnpq.br/1583181169030598>

⁴Medical Student

Instituto Tocantinense Presidente Antônio Carlos

E-mail: layzarfarias@gmail.com

LATTES: <http://lattes.cnpq.br/6049111100282591>

⁵Medical Student

Instituto Tocantinense Presidente Antônio Carlos

E-mail: leandrodefreitasgarcia@gmail.com

ORCID: <https://orcid.org/0009-0009-2623-4909>

INTRODUCTION

OBJECTIVE

The present study aims to describe and analyze a clinical case of Bowen's disease in a patient whose evolution culminated in the diagnosis of intraepithelial neoplasia, highlighting the clinical, histopathological and therapeutic aspects involved. In addition, it seeks to discuss the relevance of early diagnosis, the influence of comorbidities and risk factors on prognosis, and the importance of a multidisciplinary approach in the management of potentially malignant lesions, based on up-to-date scientific evidence and reports in the specialized literature.

METHODOLOGY

The study was based on the clinical follow-up of a patient complaining of pruritus and persistent anal pain. The information was obtained through medical consultations, including anamnesis, physical examination, and analysis of complementary tests. To contextualize the case, a narrative review of the literature was carried out, with a search for scientific articles and case reports in databases such as PubMed and SciELO, using descriptors such as "Dermatology", "Bowen's Disease" and "Neoplasia". The integrated analysis of clinical data and literature allowed us to discuss the importance of early diagnosis, multidisciplinary management and regular follow-up.

RESULTS

A 57-year-old female patient presented to the consultation reporting anal pruritus for one year, which evolved with local pain, without the presence of secretions or bleeding. She reported improvement of symptoms with baths, water washing, and use of ointments, with no worsening factors identified. A month ago, she was treated at a Basic Health Unit (UBS), where she was prescribed multiple medications, without complete resolution of symptoms. The patient is married, with a single partner, menarche at 14 years of age, sexarche at 17 years of age, G4P4A0 (four pregnancies, four normal deliveries, no abortions), and underwent total hysterectomy 20 years ago. She denies breast tenderness, but has a history of systemic arterial hypertension (SAH), diabetes mellitus, osteoporosis, arthritis, arthrosis, anxiety disorder, cataracts, cholelithiasis and gastric ulcer. Her mother has a history of breast cancer.

He uses multiple medications, such as metformin, losartan, amlodipine, hydrochlorothiazide, clonazepam, propranolol, ASA, valproic acid, simvastatin, escitalopram, and pantoprazole. She denies alcoholism and quit smoking five months ago.

He reports voluminous urinary leakage after hysterectomy. On physical examination, the patient weighed 67.5 kg, was 1.56 m tall, had a BMI of 27.7 (overweight), had a blood pressure of 140/120 mmHg, had a HR of 67 bpm, and had an SpO2 of 99%. Cardiac auscultation revealed normophonetic rhythmic heart sounds, without murmurs, and pulmonary auscultation showed a vesicular murmur present, with no adventitious sounds. It has a lesion in the perineal region, surrounding approximately 3/4 of the perianal perimeter, measuring about 4cm in its longest axis. It has irregular but well-defined edges, darkened color, with no signs of flaking. Associated with severe pruritus. At a certain point, it has a small change in color (pinkish) due to the location for sample collection for anatomopathological evaluation.

A biopsy of the anal lesion was performed, the result of which revealed Low-Grade Anal Intraepithelial Neoplasia (AIN 1) / Low-Grade Anal Squamous Intraepithelial Lesion associated with Condyloma Acuminata, with histological findings of papillomatosis, acanthosis, parakeratosis, koilocytosis and low-grade dysplasia. The patient was referred for evaluation by a coloproctologist for surgical removal of the lesion and started topical treatment with Psorex (clobetazole) twice a day. She was instructed to return for preventive collection, aiming at screening for lesions associated with HPV.

The case highlights the importance of histological investigation in persistent anal lesions, especially in patients with risk factors for HPV infection, such as multiple pregnancies, hysterectomy, and comorbidities such as diabetes and SAH. The multidisciplinary approach, including coloproctologist and gynecologist, is critical for the proper management and prevention of complications, such as progression to high-grade neoplasms or invasive carcinoma. Control of comorbidities and regular follow-up are essential to ensure a good prognosis.

Appendix 1 - Photo of the perianal lesion.



CONCLUSION

Bowen's disease, characterized by erythematous and well-demarcated lesions, is a condition of multifactorial etiology, often associated with factors such as radiation, immunosuppression, viral infections (such as HPV) and chronic lesions. Although it is more common in areas exposed to the sun, the occurrence in the perianal region is rare and can be associated with other pathologies, such as HPV infection, inflammatory bowel diseases, and colon neoplasms. In the case of the patient in question, a 57-year-old woman with multiple comorbidities and use of immunomodulatory medications, the histological investigation of a persistent anal lesion revealed Low-Grade Anal Intraepithelial Neoplasia (AIN 1) associated with Condyloma Acuminata, highlighting the importance of early and accurate diagnosis. Although low-grade lesions have a lower risk of progression to squamous cell carcinoma, the presence of factors such as diabetes and immunosuppression in the patient requires extra attention. The approach adopted reflects the need for a multidisciplinary and individualized approach, reinforcing the importance of early management and regular follow-up in patients with risk factors, aiming to prevent complications and ensure a favorable prognosis. Attention to clinical detail and integration between different specialties are essential for the success of treatment and the improvement of the patient's quality of life.



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