



ISSN: 0975-833X

Available online at <http://www.journalcra.com>

International Journal of Current Research  
Vol. 15, Issue, 01, pp.23421-23422, January, 2023  
DOI: <https://doi.org/10.24941/ijcr.44499.01.2023>

INTERNATIONAL JOURNAL  
OF CURRENT RESEARCH

## RESEARCH ARTICLE

# BOWEN'S DISEASE ON A SURGICAL DRAIN SCAR

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### ARTICLE INFO

#### Article History:

Received 11<sup>th</sup> October, 2022  
Received in revised form  
15<sup>th</sup> November, 2022  
Accepted 14<sup>th</sup> December, 2022  
Published online 30<sup>th</sup> January, 2023

#### Key words:

Bowen's Disease,  
Drain, Dermoscopy.

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Citation: *Siham boularbah, Meryem Soughi, Sara Dahouki, Soukeina chhiti, Zakia Douhi, Sara Elloudi, Hanane Baybay and Fatima Zahra Mernissi. 2023. "Bowen's disease on a surgical drain scar". International Journal of Current Research, 15, (01), 23421-23422*

### ABSTRACT

Bowen's disease is an in situ squamous cell carcinoma. The condition affects the skin and mucous membranes and carries a risk of transformation into invasive squamous cell carcinoma after several months or years of development. The risk factors for the development of Bowen's disease are sun exposure, exposure to ionizing radiation, immunosuppression, chronic dermatoses, papillomavirus and arsenic. We report a case of Bowen's disease occurring on a surgical drain scar, which underlines the importance of monitoring any delayed healing after removal of a surgical drain.

## INTRODUCTION

Bowen's disease is a form of intraepidermal (in situ) squamous cell carcinoma, is a type of non-melanocytic intraepidermal malignancy (1). we report a case of Bowen's disease in the right hypochondrium occurring on a scar from a surgical drain of a hydatid cyst of the liver.

### Case Presentation

59-year-old patient who underwent surgery 4 years ago for a hydatid cyst of the liver with placement of a drain, who presented a lesion at the level of the drain scar that had been progressively increasing in size for 4 years (after removal of the drain). The examination showed a slightly infiltrated erythematous plaque covered with scales and crusts located on a drain scar in the right hypochondrium (Figure 1). Dermoscopic examination showed glomerular vascularization and crusting (Figure 2). Histological study found a tumor confined to the epidermis with papillomatosis, atypical cells, mitosis with an intact basal membrane. We retained the diagnosis of Bowen's disease (BD) and the patient underwent surgical removal of the lesion with non-tumor resection margin.

The evolution was favorable with a 2-year follow-up without recurrence.

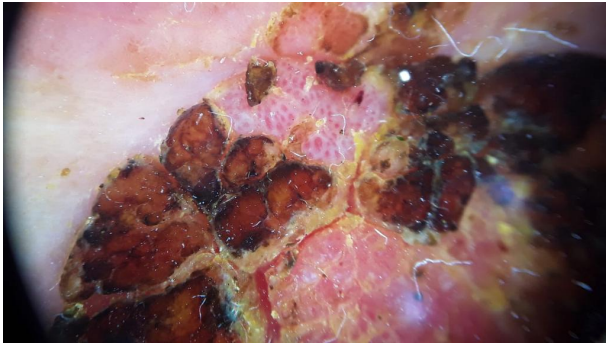
## DISCUSSION

Bowen's disease usually forms an asymptomatic, slowly progressive solitary plaque with sharp but irregular outlines covered with scales of varying thickness at a sun-exposed site (usually the head, neck, or limbs). Rarer variants of Bowen's disease can present as pigmented plaques (1). The head and neck are the most frequently affected anatomical locations, followed by the limbs. Dermoscopy reveals a characteristic vascular pattern associating "glomerular" vessels grouped into clusters and scales of variable thickness (2).

The risk factors for the development of Bowen's disease are mainly sun exposure, exposure to ionizing radiation, immunosuppression, chronic dermatoses, papillomavirus and arsenic (3). Rare cases of Bowen's disease on BCG VACCINATION SCARS (4) or burn scars have been described in the literature. The incidence of tumors in scars and the pathogenesis of malignancy in chronic scars is unknown.



**Figure 1. Clinical picture showing an infiltrated erythematous plaque covered with scales and crusts located on a drain scar in the right hypochondrium**



**Figure 2. Dermoscopic image showing glomerular vasculature and scabs**

Our patient reports inflammatory episodes (erythema and pain) during and even after drain removal, which may explain the possibility of the occurrence of Bowen's disease on chronic inflammatory states.

## Conclusion

This new observation recalls the need for regular clinical, dermoscopic monitoring of any delay in healing after removal of a surgical drain, with the need to perform a biopsy in the slightest doubt in order to make an early diagnosis and early therapeutic management.

**Consent:** The examination of the patient was conducted according to the Declaration of Helsinki principles.

**Conflicts of interest:** The authors do not declare any conflict of interest

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