



Scaly Plaque

Jessica Corbin, BSc, and Dr. Richard Langley, MD FRCPC

A 71-year-old male presents for assessment of a lesion on the left side of his forehead. Upon examination, the lesion was described as a scaling, erythematous, minimally raised plaque. The patient falls under skin phototype II and has had moderate sun exposure in the past.

1. What is the most likely diagnosis?

- Psoriasis
- Bowen's carcinoma
- Chronic eczema
- Actinic keratosis
- Superficial basal cell carcinoma

2. How would you manage this lesion?

- Cryosurgery
- Immune response modifiers
- Electrodesiccation and curettage
- Surgical excision
- All of the above

Bowen's carcinoma, also referred to as squamous cell carcinoma (SCC) in situ, is known to affect skin and mucous membranes and can potentially progress into invasive SCC. Bowen's carcinoma generally manifests as a slowly growing erythematous, thin plaque with well-defined, irregular borders and surface scale. The characteristic lesions of Bowen's carcinoma may be misdiagnosed as a result of their resemblance to amelanotic melanoma, psoriasis, chronic eczema, actinic keratosis, seborrheic keratosis, and superficial basal cell carcinoma. Bowen's carcinoma may occur in adults of any age, but it is most often seen in individuals greater than sixty years of age. It may be found on any region of the body; however, it occurs frequently



on sun-exposed regions, such as the head and neck. Numerous factors have been implicated in the etiology of the disease, including a history of significant sun exposure, exposure to arsenic and ionizing radiation, immunosuppression, and particular types of HPV.

Surgical excision is the recommended treatment in this particular case. Other treatments, including cryosurgery, electrodesiccation and curettage, laser ablation, topical chemotherapy, radiotherapy, and Mohs micrographic surgery, have been used. Recurrences are common, so close follow-up with patients is required. ■