Dermoscopy of a hyperkeratotic pigmented lesion on the pubis

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Key words: Bowen disease; carcinoma in situ; dermoscopy.

CLINICAL PRESENTATION

A 58-year-old north-Moroccan man presented with an asymptomatic pigmented lesion on the pubis that had increased in size for several years. Clinical examination showed a hyperkeratotic heterogeneous pink-brown poorly demarcated 5 × 7-cm plaque (Fig 1). No regional lymphadenopathy was present. Squamous cell carcinoma and seborrheic keratosis were mentioned as differential diagnoses.

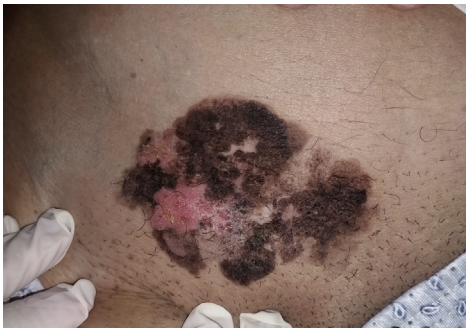

Fig 1. A pink-brownish, hyperkeratotic, heterogeneous, and poorly demarcated plaque.

DERMOSCOPIC APPEARANCE

Dermoscopic examination revealed horn pseudocysts, brown structureless areas, linear pigmented dots, glomerular vessels, and some dotted vessels surrounded by a whitish halo. There were also yellow crusts. The classical dermoscopic findings of melanocytic lesions were absent (Figs 2 and 3).

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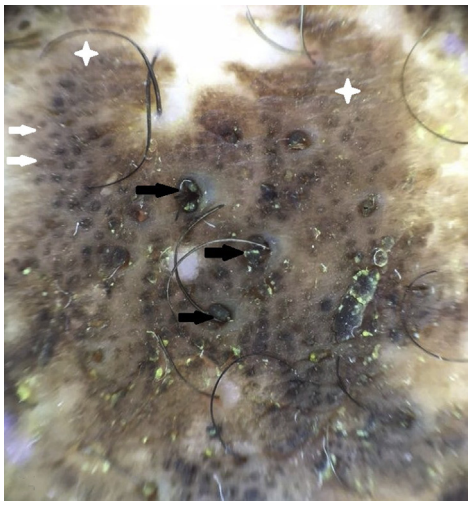

Fig 2. Dermoscopic image showing brown structureless areas (*white asterisk*), pigmented dots (*white arrows*), and horn pseudocysts (*black arrows*).

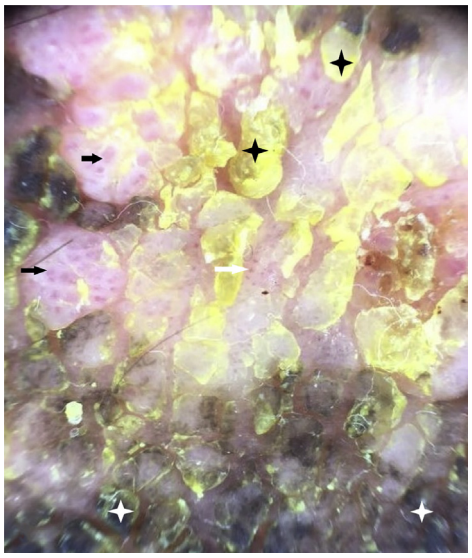

Fig 3. Dermoscopic image showing dotted vessels (*white arrows*), glomerular vessels (*black arrows*), yellow crusts (*black asterisk*), and horn pseudocysts (*white asterisk*).

HISTOLOGIC DIAGNOSIS

Histologic evaluation showed an epidermis composed of atypical, pigmented keratinocytes with nuclear atypia, involving the full thickness of the epidermis without evidence of dermal invasion. These features were compatible with Bowen disease (Fig 4).

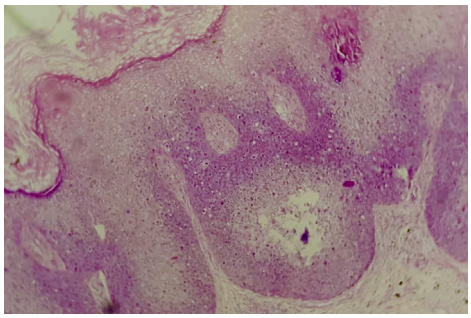

Fig 4. Histologic image (Hematoxylin-eosin–stain; original magnification, ×20). An epidermis composed of atypical keratinocytes showing cytonuclear atypia inter-passing the entire epidemic height without evidence of dermal invasion.

KEY MESSAGE

Bowen disease is an in situ squamous cell carcinoma. The pigmented form is rare, constituting a challenging diagnosis. It can be confused with melanocytic lesions or seborrheickeratoses. The pubic localization is infrequent.[1] Human papillomavirus infection was strongly suspected in this case, given the occurrence in the pubic region. Dermoscopic features can direct the diagnosis. Indeed, the presence of scales and glomerular vessels are the most specific features of Bowen disease.[2] Its pigmented form is characterized by the presence of structureless areas, globules, and/or dots. The color is most often heterogeneous, brownish, or grayish-brown. More rarely, horn pseudocysts or pseudocomedones are present. The vascularization is most often monomorphic, glomerular, or dotted. Histologic analysis remains key to confirming the diagnosis.[1,2]

Conflicts of interest

None declared.

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