

Bowen's Disease

What is Bowen's Disease/Intra-Epidermal Carcinoma (IEC)?

These are small patches of red, dry, scaly skin, which may cause itching and irritation. They commonly occur on the lower legs, face and arms. The term Bowen's Disease is used when multiple ones are present. They are also called Intra-Epidermal Carcinoma's, which refers to the fact that the skin lesions are made up of early pre-cancerous cells that are situated within the surface layers on the skin.

What causes Bowen's Disease/IEC's to develop?

Bowen's Disease tends to develop in fair-skinned people and is caused by over-exposure to sunlight (ultraviolet light). They are especially common in people that have lived abroad, worked outdoors, or in those that enjoy sunbathing. Ultraviolet light damages the outer layer of the skin causing cells to overgrow and this produces the small red scaly lesions. Ultraviolet light is also responsible for producing *premature ageing, wrinkles, flat brown pigmented skin lesions ("sun spots"), and skin cancers*. Exposure to the chemical arsenic may also produce Bowen's Disease. Many children were given a tonic called Parisher's Food in the 1930's-1950's.

Are IEC's harmful?

Small IEC's are generally not very harmful and can be left untreated if they are not causing any symptoms. However, patients should be aware that they are at an increased risk of developing coexistent skin cancer because they also develop in sun-damaged skin. The risk of an individual IEC turning into a skin cancer is very low (about than 1 in 200 lesions). You should see your GP if any of them develop into raised lumps or change (bleed, ulcerate, increase in size).

Is treatment necessary?

IEC's do not generally go away by themselves. However, treatment is only necessary if they cause distressing symptoms or cosmetic embarrassment.

What treatments are effective?

Patients are encouraged to apply a simple moisturiser containing a sunblock (SPF 15 or above). Persistent lesions may require treatment and your local GP can normally recommend a cream that is effective. Efudix (5-Fluorouracil) cream produces a chemical burn that will destroy the harmful cells affecting the skin surface. It is applied once daily each morning for 3-4 weeks. Sometimes, we also recommend an application of a mild steroid cream called Fucibet to settle down the redness and irritation that may be produced. If creams prove to be ineffective, you may require cryotherapy (freezing with liquid nitrogen), surgery (curettage/scraping/excision) under a local anaesthetic, or carbon dioxide laser therapy. Another method of treatment is called Photodynamic Therapy. This involves the application of a special cream that is absorbed by abnormal skin cells and then activated by light.

Do I need to be seen regularly by a dermatologist?

No, your GP can normally review your skin and recommend treatment. If they are unhappy with your progress they may refer you for a further opinion.

Can I do anything to help the skin problem?

Studies have shown that avoidance of further exposure to sunlight reduces the number of new skin lesions. It is advisable to avoid sun exposure by covering up with light clothing, use of a hat, and by wearing a high Sun Protection Factor (SPF>25) sunscreen.

MANAGEMENT OF INTRA EPIDERMAL CARCINOMA/BOWEN'S DISEASE
DAILY MOISTURISER WITH SPF>15 AND SUN EXPOSURE AVOIDANCE



EFUDIX CREAM 5g ONCE DAILY EACH MORNING WITH FUCIBET 30g EACH
EVENING FOR SIX WEEKS



CRYOTHERAPY/SKIN SURGERY/PHOTODYNAMIC THERAPY