

Bowenoid transformation of seborrhoeic keratosis

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Abstract

Seborrhoeic keratosis is the most common benign tumour in the elderly population. Malignant transformation of these lesions is rare. Herein we report a case of bowenoid transformation of a long standing seborrhoeic keratosis. Awareness among the dermatologists and pathologists of such transformation is important for the detection of these lesions.

Case report

A 70-year old male complained of an asymptomatic hyperkeratotic lesion on left thigh for four years. On examination a pigmented hyperkeratotic plaque with a well defined raised border was found in his left thigh (Figure 1). There was no ulceration, bleeding or irregular pigmentation. Systemic examination was normal with no cutaneous features suggestive of exposure to Arsenic.

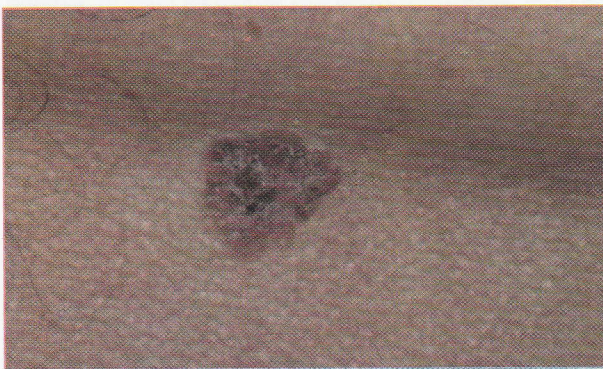


Figure 1

Bowens disease, basal cell carcinoma and seborrhoeic keratosis were thought as the differential diagnosis and an excision biopsy was performed.

The histology revealed a central acanthotic lesion composed of buds of squamous cells of varying sizes together with some cysts containing keratin. These

changes were compatible of a seborrhoeic keratosis (Figure 2). In high power magnification these epidermal buds were composed of haphazardly arranged squamous cells with focal areas of dyskeratosis, mitotic activity and nuclear atypia (Figure 3). The atypical cells were confined to the epidermis with no invasion of the basement membrane.

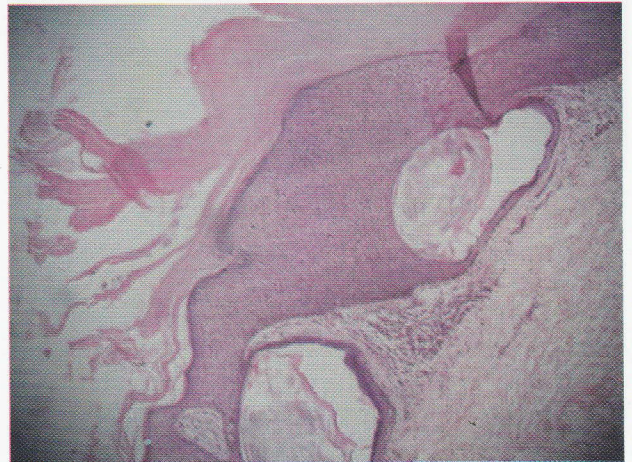


Figure 2

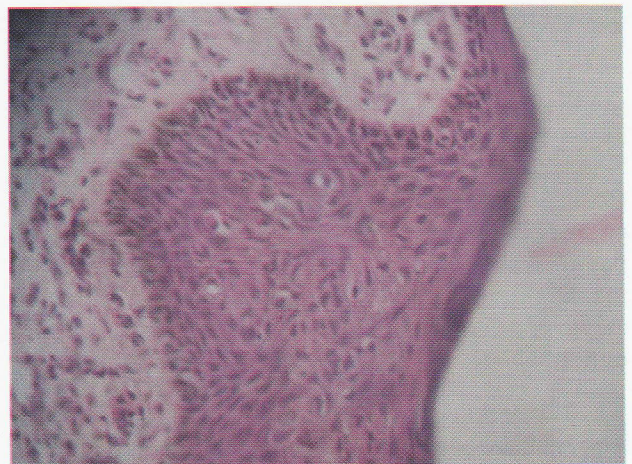


Figure 3

Discussion

Seborrheic keratosis is the commonest benign tumour of the elderly population with a range of 20–90% with racial variation¹. It is relatively uncommon in black skin. The number increase with age and the lesions do not regress with time. These are only of cosmetic importance and treatment is according to the patient's concern. However, seborrheic keratosis is one of the differential diagnosis of malignant melanoma and pigmented basal cell carcinoma. Melanoma is rarely diagnosed in lesions submitted for histological examination with a clinical diagnosis of seborrheic keratosis². Apart from this clinical misdiagnosis seborrheic keratosis is considered as benign lesion irrespective of its long course.

Malignant lesions occurring within seborrheic keratosis are reported rarely. Bowens disease, invasive squamous cell carcinoma, basal cell carcinoma and malignant melanoma are all described³. Many of these transformations may be undetected because the residual seborrheic keratosis is difficult to identify⁴.

Usually these malignant changes occur in areas of sun exposure due to actinic damage. It can be clinically suspected by recent rapid enlargement or ulceration. But asymptomatic changes as in our patient are reported⁵.

References

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