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in Environmental and
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PROGRAM BOOK & ABSTRACT



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PD-113

**BASAL CELL CARCINOMA MIMICKING POROKERATOSIS:
A CASE REPORT OF 30-YEAR-OLD FEMALE**

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Background: Basal cell carcinoma (BCC) is the most common malignant tumor of the skin in some countries. BCC usually develops on sun-exposed areas of the head and neck but can occur anywhere on the body. Clinical features of BCC may vary for different clinical sub-types, which can mimic the appearance of other skin disorders including porokeratosis.

Case: A 30-year-old female presenting to our clinic with solitary annular hyperpigmented plaque with a raised border on right maxilla since 1 year ago. From physical examination, the clinical finding mimicked porokeratosis due to raised border of the lesion. Dermoscopic findings showed arborizing vessels and multiple blue-gray globules. Total point of ABCD criteria showed malignancy. Histopathologic result from skin biopsy supported nodular and pigmented BCC. Total excision with "H" shaped flap procedure was performed in this patient and gave satisfying result.

Discussion: The presence of non-healing hyperpigmented papule or plaque with telangiectasias should raise the suspicion of BCC, however the raised border of the lesion may resemble porokeratosis. Dermoscopy play the important role to support the diagnosis of BCC. Diagnosis of BCC is accomplished by accurate interpretation of histopathologic examination as the gold standard. Misdiagnosis of BCC may lead to inappropriate management and may increase mortality rate due to the disease.

Keywords: *basal cell carcinoma, porokeratosis, dermoscopic, histopathologic*

PD-114

PIGMENTED BOWEN DISEASE

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Background : Pigmented Bowen disease (pBD) is an intraepidermal squamous cell carcinoma (in situ) that affect skin and mucous membrane, characterized by dark brown, well-defined, flat or elevated plaque with scaly or crusted surface. It is a keratinocyte precancer condition with atypical histopathology feature within epidermis. Pigmented Bowen Disease is rarely found, with incidence about 1,7% of all BD. Various risk factors that implicated in the development of disease, including chronic exposure to Ultra Violet (UV) and arsenic, ionizing radiation, immunosuppression and human papillomavirus (HPV) infection.

Case report : A 62 year-old woman presented with a six years of a gradually enlarging dark brown plaque and scaly surface. The lesion has no bleed and pain, sometimes itchy. On the physical examination, there was a solitary, hyperpigmentation, irregular, well-defined plaque measured 3x1x0,5 cm in size, verrucous and scaly surface with erythematous around it. Dermoscopy examination fine squama, brown globules and homogenous pigmentation. Histologic examination showed epidermal dysplasia with abnormal keratinization. Acanthosis with elongation and thickening of rete ridges. Hyperkeratosis, parakeratosis of stratum corneum, atypical multinucleat keratinocyte, mitoses were seen in all the layers of epidermis. Moderat melanin in stratum basale was irregularly distributed, throughout epidermis layers. Wide surgical excision is used treatment to preventif of recurrence.

Discussion : Pigmented bowen disease is clinically difficult to distinguish from pigmented basal cel carcinoma (BCC) and melanoma maligna. Dermoscopy is used in the differential diagnosis of melanocytic tumors and increases the diagnostic sensitivity up to 95%. Definite diagnosis based on histopathological finding with Hematoxilin Eosin and Fontana-masson stained. Age, location and size of lesion used to consider surgical excision treatment. Found low recurrence rate of pBD, is about 10%, and to evaluation suggested follow-up after 3-6 month.

Keywords: *pigmented bowen disease, dermoscopy, histopathological findings, excision*