

EP-103

수술 계획의 변경을 초래한 안와  
확장을 동반한 급속 진행성 안면부  
보웬병: 증례 보고

Rapid Progression of High-Risk Facial Bowen's Disease  
Resulting in Loss of Surgical Feasibility and Orbital  
Preservation through Palliative Radiotherapy



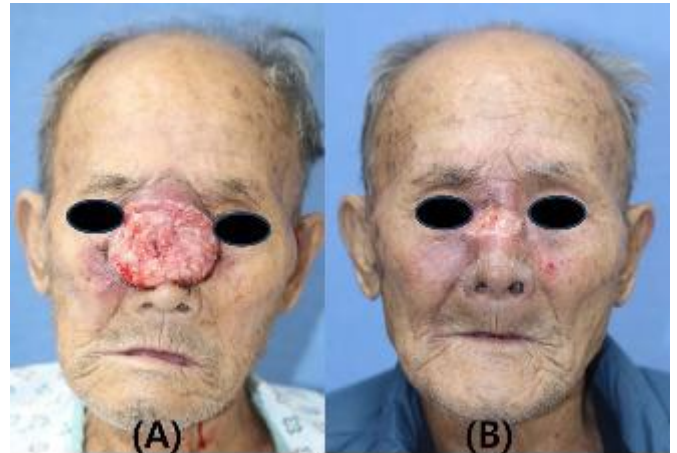
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**Purpose:** Bowen's disease is generally regarded as a slowly progressive carcinoma in situ; however, facial lesions in elderly patients may demonstrate aggressive clinical behavior. We report a case in which rapid progression during surgical preparation resulted in loss of surgical feasibility.

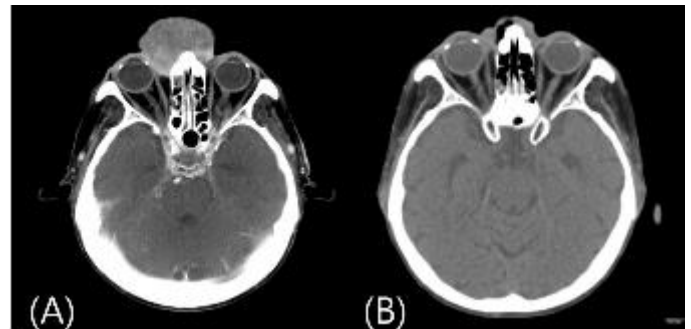
**Methods:** An 89-year-old man with multiple comorbidities presented with a 2 × 2 cm exophytic mass on the nasal dorsum. A punch biopsy performed at an outside hospital suggested squamous cell carcinoma in situ with blurring of the basement membrane. Histopathologic slides reviewed at our institution showed positivity for p53, Ki-67, and p63, indicating a high-risk lesion. Limited palliative excision with skin grafting was initially considered feasible. However, extensive preoperative medical evaluation was required due to advanced age and comorbidities, resulting in an unavoidable delay before surgery.

**Results:** During the preoperative period, the tumor progressed rapidly. Imaging revealed enlargement to a 5.7 × 4 cm enhancing mass with nasal bone erosion and invasion of the medial extraconal orbital space. Complete resection would have required orbital exenteration. Given the anticipated morbidity, surgery was deemed infeasible. Conventional fractionated radiotherapy (66 Gy in 33 fractions) achieved marked tumor regression with preservation of the globe.

**Conclusion:** High-risk facial Bowen's disease may progress rapidly and compromise surgical options. When treatment delay is unavoidable, timely reassessment and consideration of non-surgical modalities may help preserve function and avoid mutilating surgery.



**Figure 1.** Clinical findings before and after radiotherapy.  
(A) Pre-treatment photograph demonstrating a large exophytic mass involving the nasal dorsum and periorbital region.  
(B) Post-radiotherapy photograph showing marked tumor regression with preservation of the globe.



**Figure 2.** Radiologic findings before and after radiotherapy.  
(A) Pre-treatment contrast-enhanced CT showing a 5.7 × 4 cm enhancing mass with invasion of the medial extraconal orbital space.  
(B) Post-radiotherapy CT demonstrating significant tumor reduction and resolution of orbital invasion.