BOWENOID PAPULOSIS TURNING TO SQUAMOUS CELL CARCINOMA

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Bowenoid papulosis is clinically a benign appearing genital lesion that shows histologic features of squamous cell carcinoma-in-situ. Bowenoid papulosis of the scrotum turning to invasive squamous cell carcinoma is reported in an elderly male.

Key words : Bowenoid papulosis, Squamous cell carcinoma

Introduction

In 1978, Wade, et al described a unique dermatological condition occurring in the penis of eleven patients and named it as bowenoid papulosis.[1] Since then many reports of this disease appeared from various parts of the world. The biological behaviour of such lesions are unknown.[2] There are only a few reports in literature stating the occurrance of invasive squamous cell carcinoma in bowenoid papulosis.[3] We are describing a patient with long standing bowenoid papulosis which has turned into invasive squamous cell carcinoma.

Case Report

A 60-year-old man was referred for evaluation of recent increase in size and ulceration of the lesion in the scrotum. Patient was a sailor and he noticed multiple papules over the scrotum, penis and pubic region from the age of 38. A few increased in size and became plaques in a few years. All the lesions were asymptomatic during most of the time. For the last few months one of the larger lesions of the scrotum started increasing in size and was associated with pain. There was also oozing from the lesion.

Examination revealed multiple hyperpigmented broad based papules and plaques with verrucous surface. They were non tender and non indurated. The lesion over the scrotum was 5x3 cm in size with well defined margins. The surface was verrucous and ulcerated. The lesion was tender and indurated. There was no regional lymphadenopathy.

Systemic examination revealed no abnormality.

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Haemogram and uninalysis were within normal limits. Blood VDRL test and HIV screening tests were non reactive. Liver function tests and renal function tests were normal. Skiagram of chest was normal.

Skin biopsies were taken from the asymptomatic papule and from the edge of the ulcerated scrotal lesion. The papule showed near absence of maturation and moderate atypia of the squamous cells. Mitotic figures were seen above the basal layer. The histology was consistent with squamous cell carcinoma-in -situ; thus conforming to a clinicopathological diagnosis of bowenoid papulosis. The biopsy from the ulcer of the scrotum showed a tumour invading the deeper dermis and consisting of atypical squamous cells forming squamous pearls. A diagnosis of well -differentiated squamous cell carcinoma was made.

Discussion

Bowenoid papulosis is clinically a benign appearing genital lesion showing histologic features of squamous cell carcinoma-in-situ. The biological behaviour of these lesions is controversial.[3] But most of the authors believe that the disease is confined to the epidermis and never progress to invasive carcinoma. But in literature there are a few case reports showing the invasiveness of bowenoid papulosis.[4,5] Our patient is a male who is apparently nonimmunocompromised. There is another report citing an instance of bowenoid papulosis progressing to Bowen's disease.[3] According to Wade there is a potential for bowenoid papulosis to become invasive squamous cell carcinoma and he advises complete removal of the lesion.[3]

From the earlier description onwards the etiology of bowenoid papulosis was thought to be viral. Viral particles have been noted in the lesions of bowenoid papulosis by electron microscopy and viral antigens have been found using both immunofluorescence and antibody peroxidase-antiperoxidase techniques.[3] Human papilloma virus DNA has also been detected in lesions of bowenoid papulosis using DNA hybridization procedure.[3] The most frequent human papilloma virus found has been HPV type 16.[3]

In our patient the lesions were present for the past 20 years. Only recently one of the plaques showed pain, increase in size, ulceration and oozing. This compelled the patient to take medical advice.

There was no clinical evidence for any type of immunosuppression. From these facts we can presume that the lesions were turning malignant on its own. This also endorses the view of Wade that all lesions of bowenoid papulosis should be removed completely.

References

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