

FP1119 GENITAL BOWEN DISEASE

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First described in 1912 by John T. Bowen, Bowen disease is an in situ squamous cell carcinoma with lateral development. There are several etiologic factors involved: genetic, viral factors (HPV is responsible for many cases with genital localization) chronic sun exposure or Roentgen exposure, trauma, chemical carcinogen agents (arsenic), etc. Bowen disease can develop in any place, on the skin or mucous membrane. There are still some authors that prefer to name the Bowen disease placed in the genital region as erythroplasia of Queyrat. This term is used by tradition meaning that Queyrat had described this condition before Bowen had.

Clinically it is characterized by erythematous and scaly plaques, sharp defined, ranging in diameter from several millimeters to several centimeters. There has also been described a pigmented form. Erythroplasia of Queyrat is an erythematous patch or plaque with sharp borders, with a velvety surface and non-tender to palpation. It is placed on the glans penis in non-circumcised patients. The ulceration of the plaque or the development of nodules represents a sign of invasion. The diagnosis is based on histopathological exam. Approximately 10% of the cases evolve to aggressive squamous cell carcinoma.

The treatment consists of topical application of 5% 5 fluorouracil or 5%, imiquimod surgical excision with border examination, electrocoagulation, cryotherapy, radiotherapy, CO2 laser therapy, photodynamic therapy, etc. Periodic examination of the patients is mandatory. We present several cases with impressive clinical findings of genital Bowen disease.