

FP1649 ERYTHROPLASIA OF QUEYRAT IN IN A HIV-POSITIVE MALE SUCCESSFULLY TREATED WITH IMIQUIMOD 5% CREAM

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Background: Erythroplasia of Queyrat (EQ), described in 1911 as "erythroplasie du gland", is an in situ squamous cell carcinoma (SCC) affecting the mucosal surfaces of the penis. The cause is unknown, and a role for oncogenic human papillomavirus (HPV) 8, 16, 39 or 51 has been proposed. HPV has been hypothesized to cause in situ carcinoma via multiple mechanisms including cell immortalization and cell cycle disruption. Progression to SCC occurs in up to 33% and coinfection with HIV is associated with greater risk of malignancy. The treatment is often difficult and involves removal or destruction of the lesion; however, no therapy is standard. Treatment modalities have included topical 5-fluorouracil cream, electrodesiccation and curettage, deep fulguration, cryosurgery, radiotherapy, laser ablation, local excision, Mohs surgery and partial or total penectomy. Limitations of these treatment options include high recurrence rates, significant morbidity, and risk of scarring resulting in possible deformity and impaired function. Imiquimod, a topical immune response modifier that potentiates local innate and possible adaptive immunity without measurable effects on systemic immunity, is effective in the treatment of various skin disorders, including in situ carcinoma of the skin (Bowen's disease). Objectives: To report a HIV-positive male with EQ successfully treated with imiquimod 5% whilst preserving function and cosmesis.

Methods: A 41-year-old etherosexual man, who had been HIV positive for 20 years, presented with a 2-month history of persistent red lesion on the penis, histologically consistent with EQ (HPV 16-positive by in situ hybridization). Examination found a 1,5-cm diameter, oval, shiny, and erythematous plaque located at the coronal sulcus of his penis. There was no induration, erosion, or ulceration. He was clinically well and had been on antiretroviral therapy. Our patient was treated overnight with self-applied imiquimod cream 4 consecutive times a week for 12 weeks. Efficacy and safety evaluations were performed at monthly clinic visits during the treatment period by physical examination, photographic documentation, as well as documentation of local skin reactions and other adverse events.

Results: At the end of the treatment cycle, the lesion was clinically clear. From the third day of therapy, the patient experienced local irritation with redness and swelling, but he was able to tolerate the cream despite the local skin reaction. No evidence of recurrence was seen during 10 months of follow-up. The cosmetic result was excellent with a good functional outcome

Conclusions: This case report suggests imiquimod 5% cream as an alternative therapy in the treatment of EQ in HIV-positive patients, with the advantage of avoiding surgery.

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