



## Bowenoid Papulosis: About a Case with Review of the Literature

Belaazri S., Lamine F.Z., Siati A., Baidada A., and Kharbach A.

Gynecology and obstetrics Service M1-M3, Maternity Souissi, University Hospital Ibn Sina, Rabat, Morocco.

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### ABSTRACT

Described for the first time by Wade and Kopf in 1978, The Bowenoid papulosis is a vulvar intraepithelial neoplasia of high grade, due to an infection of oncogenic HPV. This affection affects essentially the young adult with a mean age of 30 years. The classic clinical aspect is a pigmented or pinkish papule, but it can also be polymorphic, often multifocal, which could affect the perineal and perianal areas. The evolution is often mild with a possibility of spontaneous regression, but there is a probability of a transformation into an invasive carcinoma especially by the immunosuppressed. The treatment is essentially conservative by local destruction of the lesions. We report the case of a female patient of 31 years, without pathological individual history, and who presented papular isolated vulvar lesions for which she presented for consultation of Maternity Souissi, University Hospital Ibn Sina, Rabat

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### I. Introduction

Described for the first time by Wade and Kopf in 1978 [1], the Bowenoid papulosis is characterized by papular genital lesions essentially occurring in young adults, and linked to infection with oncogenic human papillomavirus. It is a vulvar intraepithelial neoplasia of high grade but benign course. It is with Bowen's disease of the vulva and say VIN3 confluent classic VIN (formerly undifferentiated VIN) in the VIN nomenclature amended by ISSVD in 2004 [2, 3, 4].

### II. Observation

We report the case of a female patient of 31 years, gravida, primipare without specific pathological antecedents, and which was sent to us in consultation papular isolated vulvar lesions up to a month without any sign associated.

Clinical examination objectified a patient in fairly good condition, with the inspection of the vulva the presence of lightly pigmented papules spread on the labia and vulva anal-range. The rest of the gynecological examination and physical examination was unremarkable.

A skin biopsy was performed which was in favor of a papulose Bowenoid. Colposcopy performed looking for signs of infection HPV extension was normal. A local treatment with 5-fluorouracil was administered with good response.

### III. Discussion

#### 1. Epidemiology and risk factors

Bowenoid papulosis is a disease of the young woman of 20 and 40 years. [5] Its incidence has increased sharply in recent decades, like another classic VIN generally [4, 5]. HPV is found in 90% of VIN classic, this is the type 16 in 80% [4, 6]

The offending risk factors in the development of Bowenoid papulosis are: early sexual activity, multiple sexual partners, a history of warts or cervical neoplasia of grades, smoking, immune deficiency [4]. According to an Austrian study, an HIV-positive patient for HIV are four times more likely to be infected with HPV and prevalence of VIN can reach 37%. [7]

#### 2. Clinical picture

Papulosis Bowenoid is often asymptomatic, and sometimes responsible for a vulvar itching told banal or discomfort per coital [5]. It is manifested by polymorphic lesions, papular or macular pigmented or not, red, purple, brown or leukoplakic ... A smooth, rough or flaky same ... These different types of clinical lesions can coexist in the same patient [8]. They sit on the vulva but often spill on the perineum with a characteristic bilateral distribution [9], and can be better visualized with application of acetic acid in 3 or 5 p. 100 [8]

#### 3. Differential diagnosis

Papulosis Bowenoid is essentially confused with benign warts. [8] However, due to the polymorphism of his injuries, it can also differential diagnosis of the problem with many skin conditions including lichen planus, nevi, seborrheic warts [5].

Definitive diagnosis is made, as was the case with our patient, by both the clinical aspect and the results of the histological examination.

#### 4. Histology

Bowenoid papulosis shares with Bowen's disease of the vulva and VIN3 say confluent with traditional VIN, the same histological appearance but different clinical and developmental aspects. [10]

This is one of severe dysplasia, with severe atypia layered throughout the thickness of the epithelium and monstrous cells and binucleated [8, 10].

So, Histological examination is necessary, but not sufficient for the diagnosis of Bowenoid papulosis, based on both clinical and histological picture evocative.

#### 5. Lesional assessment

Papulosis Bowenoid being linked to infection with the human papillomavirus sexually transmitted oncogenic stock complement of sexually transmitted infections (STIs) is required [8].

An infection extension balance HPV is also useful, including a full gynecological examination, colposcopy, smear and anoscopy. Indeed, over 40% of vulvar lesions are associated with a CIN3, an VagIN3, and / or AIN3 [8, 11, 12, 13,14].

#### 6. Treatment

Due to the often-benign course with a possibility of spontaneous regression, treatment is essentially conservative by local destruction of the lesions by electrocautery, by application of 5-fluorouracil (5-FU), and especially CO2 laser [5, 8].

The vulvectomy does not protect against recurrence and are not permissible in the absence of associated invasion. [8]

Imiquimod may be used as adjunctive therapy in preventing recurrence after local destruction. [8].

#### 7. Evolution and Monitoring

The evolution of Bowenoid papulosis is benign in most cases, even with possibility of spontaneous regression. [9] Invasive evolution is rare. Only in certain immune deficiency situations, one can see an invasion, there are also diffuse lesions called papulomatose Bowenoid confluent whose prognosis is reserved. [15] These confluent and extensive forms are the prerogative of immunocompromised [15] in whom recurrences are particularly common, hence the need to offer them a close surveillance (every 3 to 6 months) and make new biopsies in case occurrence of suspicious lesion [8].

#### IV. Conclusion

Papulosis Bowenoid is a neoplasia vulvar intraepithelial high grade often benign but often under diagnosed due to the polymorphism of his injuries. However, its recognition is of particular importance especially in immunocompromised patients in whom the risk of recurrence and invasive development is high. Its treatment must be conservative because of the often-benign course.

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