Anogenital Flat Papules

J. T. Carpenter-Kling, MD, W. K. Jacyk, MD; University of Pretoria, Republic of South Africa

REPORT OF A CASE

A 19-year-old woman presented with a 1-year history of genital and perianal lesions. Physical examination revealed multiple flat papules with a velvety texture forming small plaques in the perivulvar and perianal areas (Figure 1 and Figure 2). On colposcopic examination of the cervix, white plaquelike lesions were present at 12 o’clock. A biopsy specimen of the perivulvar lesion (Figure 3, left) showed hyperkeratosis with parakeratosis and papillomatosis. Cellular atypia was marked in the acanthotic epidermis with several cells showing abnormal mitoses (Figure 3, right). In a biopsy specimen from the cervix, many atypical cells and koilocytes were seen (Figure 4).

What is your diagnosis?
Anogenital Flat Papules

**DIAGNOSIS:** Bowenoid papulosis of the genitalia.

**DISCUSSION**

Immunohistochemical staining with human papillomavirus (HPV) group-specific antigen was positive in both the perivulvar and cervical biopsy specimens. Hybridization studies demonstrated HPV type 16 DNA in the perivulvar and cervical lesions.

Bowenoid papulosis was originally described by Lloyd. He coined the term multicentric pigmented Bowen's disease of the groin as his patient, a 22-year-old man, had involvement of the groin with papular wartlike hyperpigmented lesions in a distribution suggesting multicentric origin.

Since then, the condition has been reported under several names: reversible vulvar atypia, Bowenoid atypia of the vulva, vulvar intraepithelial neoplasia, and Bowenoid papulosis of the genitalia. The last term appears to be the most appropriate as it describes the papular morphologic appearance of the lesions, their localization, and their histologic characteristics. Bowenoid papulosis is a disease of young sexually active adults. In women, the lesions are usually bilateral, hyperpigmented, and confluent with involvement of the labia minora and majora, clitoris, inguinal folds, and perianal area.

In men, the lesions are mostly located on the glans, the shaft, and the preputium and are frequently less conspicuous, consisting of small discrete papules. In spite of the clinical differences, the histologic appearance in both sexes shows the similar features of Bowen's disease.

The viral origin has been well documented. Human papillomavirus DNA sequences have been detected in a vast majority of cases, with HPV type 16 DNA being the most often found. Bowenoid papulosis has also been associated with a variety of other HPV types: 18, 31, 32, 34, 35, 39, 42, 48, and 51 through 55.

Women with Bowenoid papulosis are at high risk for cervical carcinomas.

The course of Bowenoid papulosis is variable. Sometimes lesions regress spontaneously, especially in young women. It is believed that management of Bowenoid papulosis should be conservative (e.g., electrodesiccation, laser surgery, and cryosurgery). Interferon alfa is reported effective. More aggressive treatment is required in immunocompromised patients as their lesions had been found to be refractory to multiple methods of treatment.

Selected from Arch Dermatol. 1994;130:1311-1316. Off Center Fold.

**REFERENCES**