Introduction
Bowenoid Papulosis (BP) was described in 1977 by Drs Kopf and Bart as papules on the penis. Bowenoid papulosis is now most commonly known to occur on the genitalia of both sexes in sexually active people. Bowenoid papulosis is manifested as papules that are induced virally by human papillomavirus (HPV) and demonstrate a distinctive histopathology (bowenoid dysplasia).

Many Bowenoid papulosis lesions appear to run a benign course, although a number of case reports associate Bowenoid papulosis with malignant invasive transformation (becoming cancerous).

Bowenoid papulosis (BP) is a distinct clinicopathologic entity characterised by multiple, small skin-coloured to reddish brown papules, primarily occurring on the genitalia of young adults. BP is strongly associated with human papilloma virus (HPV) infection and is difficult to differentiate clinically and histopathologically from squamous cell carcinoma in situ. It is often considered as low grade in situ carcinoma. (Shastry, et al; Medscape).

Bowenoid Papulosis (BP)
Bowenoid Papulosis (BP) is considered as a Premalignant condition. Other terms used to describe the condition are: Erythroplasia of Queyrat, Squamous cell carcinoma in situ and Bowen’s disease. The term "Bowenoid papulosis" was coined in 1977 by Kopf and Bart and is named after dermatologist John Templeton Bowen.

The term “intraepithelial neoplasia” defines an intraepithelial change within anogenital epithelium that is premalignant. On the vulva it is termed VIN (vulvar or vulval intraepithelial neoplasia).
neoplasia); on the penis, PIN (penile intraepithelial neoplasia); and on or around the anus, AIN (anal intraepithelial neoplasia).

The terminology has been very confusing and it is now recommended that the terms Bowen’s disease, erythroplasia of Queyrat, and bowenoid papulosis should not be used for lesions in the anogenital area. However, dermatologists still recognise a distinct clinical variant, bowenoid papulosis, characterised by discrete papules in a younger age group and a tendency for spontaneous regression. Additionally, some authorities believe that erythroplasia of Queyrat and Bowen’s disease remain useful terms in men. (Wikipedia).

At Risk Population
Sexually active people may be at risk of getting Bowenoid papulosis (BP). As in genital warts, HPV transmission is most often passed through direct skin-to-skin sexual contact. So partners of patients with BP should be screened for other forms of intraepithelial neoplasia (cervical, penile, vulvar and anal).

Men and women are equally at risk and the peak incidence is in sexually active persons under 30 years of age.

Diagnosis of Bowenoid Papulosis (BP)
Bowenoid papulosis is initially diagnosed based on the appearance of the affected area. A biopsy will then be performed to confirm the diagnosis and rule out other, similar-appearing conditions.

Treatment of Bowenoid Papulosis (BP)
Treatment options for bowenoid papulosis may include:

- surgery
- laser surgery
- cryosurgery
- topical chemotherapy (given as a cream which is applied to the skin)
  - 5-fluorouracil (Adrucil, 5-FU)
  - podophyllin (Pod-Ben-25, Podofin)
  - retinoic acid
- topical biological therapy
  - imiquimod (Aldara)
  - interferon
- curettage and electrodessication
(Canadian Cancer Society).

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Sources and References

**Canadian Cancer Society**

**Female Bowenoid Papulosis**
http://www.dermnetnz.org/site-age-specific/bp-imgs.html

**Male Bowenoid Papulosis**

**Medscape**


**Wikipedia**
http://en.wikipedia.org/wiki/Bowenoid_papulosis