

# Cancer Association of South Africa (CANSA)



## Fact Sheet on Bowenoid Papulosis

### 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).



[Picture Credit: Female Bowenoid Papulosis]

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).

[Picture Credit: Male Bowenoid Papulosis]



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*).

### Bowenoid Papulosis (BP)

Bowenoid Papulosis (BP) is considered as a Pre-malignant condition. Other terms used to describe the condition are: Erythroplasia of Queyrat, Squamous cell carcinoma *in situ* and Bowen's disease.

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**Chamli, A. & Zaouak, A. 2019.**

“Bowenoid papulosis (BP) is an uncommon sexually transmitted condition. It was first described in 1977 by Kopf and Bart as penile papules. However, it occurs at both sexes. It tends to affect young sexually active people. This condition was also termed “vulvar intraepithelial neoplasia (VIN)” in the vulva and termed penile intraepithelial neoplasia (PIN) in the penis. The classification of this disease was confusing and including three clinical entities: BP, Bowen’s disease, and erythroplasia of Queyrat. Now it is recommended that these three entities not be used to describe lesions in the anogenital area. But, dermatologists still recognize BP as a distinct clinical variant. In fact, BP is induced virally by human papillomavirus (HPV) and presents as solitary or multiple skin-colored papules in the anogenital area. It can last from two weeks to several years. Clinically BP is assimilated to genital warts while histologically it has a close resemblance to squamous cell carcinoma in situ (Bowen’s disease). Treatment is generally conservative. BP lesions are generally considered benign with a spontaneous regress leaving no sequelae in immunocompetent persons, although a small number may transform into invasive squamous cell carcinoma.”

**Hoekstra, R.J., Trip, E.J., Ten Kate, F.J., Horenblas, S. & Lock, M.T. 2019.**

**OBJECTIVE:** To determine the incidence of penile intraepithelial neoplasia in the Netherlands using a nationwide histopathology registry and to discuss the nomenclature of premalignant penile lesions.

**METHODS:** Data from patients in the Netherlands diagnosed with a premalignant penile lesion between January 1998 and December 2007 were collected from the nationwide histopathology registry (PALGA); this database covers all pathology reports of inhabitants in the Netherlands. The premalignant lesions included were erythroplasia of Queyrat; Bowen's disease; bowenoid papulosis; mild, moderate and severe dysplasia; and carcinoma in situ of the penis. The terminology used in the pathological reports was translated to penile intraepithelial neoplasia. The grading was made analogous to that of vulvar premalignant lesions.

**RESULTS:** The PALGA database enrolled 380 patients with premalignant penile lesions. Severe premalignant lesions, penile intraepithelial neoplasia III, were found in 254 patients (67%), penile intraepithelial neoplasia II in 84 (22%) and penile intraepithelial neoplasia I in 42 patients (11%). Most lesions were located on the prepuce (45%), followed by glans (38%) and shaft (3%). The median age of patients with penile intraepithelial neoplasia was 58 years. Progression to malignant disease occurred (2% for penile intraepithelial neoplasia I vs 7% for penile intraepithelial neoplasia III) in 26 patients.

**CONCLUSIONS:** Penile intraepithelial neoplasia is a rarely diagnosed condition. Because of the wide variation of terms used for premalignant intraepithelial neoplasia of the penis, we recommend restricting this nomenclature to penile intraepithelial neoplasia.

### **Incidence of Bowenoid Papulosis in South Africa**

The National Cancer Registry (2014) does not furnish any information about the incidence of Bowenoid Papulosis in South Africa because it is not a cancerous condition in itself, although it may become cancerous.

### **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)
- topical biological therapy
- curettage and electrodesiccation

### **About Clinical Trials**

Clinical trials are research studies that involve people. They are conducted under controlled conditions. Only about 10% of all drugs started in human clinical trials become an approved drug.

Clinical trials include:

- Trials to test effectiveness of new treatments
- Trials to test new ways of using current treatments
- Tests new interventions that may lower the risk of developing certain types of cancers
- Tests to find new ways of screening for cancer

The [South African National Clinical Trials Register](#) provides the public with updated information on clinical trials on human participants being conducted in South Africa. The Register provides information on the purpose of the clinical trial; who can participate, where the trial is located, and contact details.

For additional information, please visit: [www.sanctr.gov.za/](http://www.sanctr.gov.za/)

## Medical Disclaimer

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## Sources and References Consulted or Utilised

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<https://www.cancer.ca/en/cancer-information/cancer-type/penile/penile-cancer/precancerous-conditions/?region=on>

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### Female Bowenoid Papulosis

<http://www.dermnetnz.org/site-age-specific/bp-imgs.html>

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### Male Bowenoid Papulosis

<http://www.danderm.dk/atlas/9-15.html>

### Medscape

<http://emedicine.medscape.com/article/1131696-overview>

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**Wikipedia**

[http://en.wikipedia.org/wiki/Bowenoid\\_papulosis](http://en.wikipedia.org/wiki/Bowenoid_papulosis)

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Page 5