

ETIOLOGY AND DIAGNOSIS OF BOVENOID PAPULOSIS

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Annotation: Bovenoid papulosis is a sexually transmitted disease caused by the human papillomavirus, which manifests itself as erythematous spots, papules or plaques and occurs with lesions of the skin of the genitals, perineum, perianal area or thighs. Bovenoid papulosis refers to precancerous skin conditions. Diagnosis of bovenoid papulosis is based on the clinical picture, PCR detection of human papillomavirus, negative serological reactions to syphilis, and the results of histological examination. Treatment of bovenoid papulosis consists of general antiviral therapy and removal of cutaneous elements by laser, electrocoagulation, excision or cryodestruction.

Key words: Bovenoid papulosis , diagnosis of bovenoid papulosis, treatment.

Bovenoid papulosis was initially described as a pigmented multiple form of Bowen's disease. Then its connection with the human papillomavirus was revealed. Men and women, mostly aged 17-40 years, are susceptible to bovenoid papulosis. In clinical venereology, there have also been isolated cases of bovenoid papulosis in children, including newborns whose mothers had this disease.

Bovenoid papulosis is a relatively rare disease. However, recently there has been a tendency to increase the number of cases, which is associated with the growth of promiscuous sexual relations in society.

Causes of bovenoid papulosis

The etiological factor of bovenoid papulosis is the human papillomavirus (HPV), which also causes the appearance of warts, warts and papillomas. Most authors point to the association of the disease with HPV types 16, 18, 31, and 33. Separate studies indicate the detection of other types of HPV in patients with bovenoid papulosis.

Infection with bovenoid papulosis, like other sexually transmitted diseases (gonorrhea, syphilis, chlamydia, ureaplasmosis, etc.) occurs sexually. The incubation period can take from 2-3 months to several years.

Rashes of bovenoid papulosis can be represented by red spots, pigmented or lichenoid papules, plaques similar to leukoplakia. Elements can have multiple or single characters, ranging in size from a few millimeters to 3-5 cm. Usually they are not accompanied by subjective sensations, in some cases patients complain of itching. With the development of inflammation, soreness appears.

Pigmented papules of bovenoid papulosis have a red-brown, pink, purple or yellowish color. Their consistency is slightly doughy, the surface is usually smooth, sometimes warty. Lichenoid papules of bovenoid papulosis are local thickenings of the skin with a

reinforced and rough skin pattern. They often have the color of ordinary skin and a rough surface, and may be covered with serous crusts. Individual papules merge together to form plaques. Leukoplakia-like plaques are milky white or grayish-white in color, their edges are clearly delineated from healthy skin.

The most typical arrangement of elements of bovenoid papulosis in men is on the penis, in women - on the clitoris and labia. Localization is possible in the groin area, on the skin of the thighs and perineum, around the anal opening, on the mucous membrane of the mouth and pharynx. As a rule, pigmented papules are noted on the shaft of the penis in men, in the vulva and around the anus in women, and lichenoid papules are noted on the head of the penis.

Simultaneously with the manifestations of bovenoid papulosis, warts and genital warts are often observed in patients. In women, a combination of bovenoid papulosis and cervical dysplasia occurs.

Bovenoid papulosis is characterized by a long course without progression of the process with periods of spontaneous remissions. In some cases, spontaneous resolution of the disease was observed. However, despite the apparent harmlessness of bovenoid papulosis, it belongs to precancerous skin diseases. There is always the possibility of transformation of its elements into squamous cell carcinoma of the skin of the genitals, Bowen's disease, penile cancer in men or vulvar cancer in women. In this regard, patients with bovenoid papulosis should be registered with a venereologist or dermatologist and regularly undergo examinations.

Diagnosis of bovenoid papulosis

Elements of bovenoid papulosis can be detected during an examination at the consultation of a gynecologist, urologist or andrologist. In such cases, the patient is referred to a venereologist, who makes a diagnosis based on clinical data, the results of PCR diagnostics, cytological and histological examination of the material obtained from the affected skin area. PCR studies are aimed at detecting and typing human papillomavirus. They are performed with scrapings, the patient's blood, or swabs taken from the genitals. To exclude the syphilitic nature of the skin elements, they are examined for pale treponema, serological diagnostics (RPR-test, RIBT, RIF).

Cytological examination of a scrape or smear-print of elements of bovenoid papulosis reveals the presence of coilocytosis — a large number of epithelial cells with a characteristic clearing around the nucleus, as well as cells with doubled nuclei. The histological picture of bovenoid papulosis corresponds to cancer in situ. Keratinocyte proliferation and atypical mitosis are observed. Polymorphic atypical cells with hyperchromic nuclei characteristic of bovenoid papulosis are diffusely dispersed throughout the entire thickness of the epidermis, while in Bowen's disease such cells are located in compact groups.

Differential diagnosis of bovenoid papulosis is performed with syphilis, genital warts, psoriasis, lichen planus, Bowen's disease, and common warts.

Treatment of bovenoid papulosis

The need for treatment of bovenoid papulosis is dictated by the probability of its malignancy. Cryodestruction, laser removal, electrocoagulation or surgical excision of bovenoid papular elements is performed. It is also used to apply cytostatics (prospidium chloride, fluorouracil) to the affected areas of the skin or prick them with interferon. Local treatment of bovenoid papulosis is accompanied by general antiviral therapy.

It should be noted that bovenoid papulosis is prone to frequent recurrence and even its complex treatment is not always effective enough.

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