



SEXUALLY TRANSMITTED INFECTIONS, HIV/AIDS

## MULTIPLE PIGMENTED BOWEN'S DISEASE OF THE PERINEAL REGION IN A PATIENT WITH AIDS

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Introduction: Patients with HIV have higher risk of developing squamous cell carcinoma of the skin given the increased risk of HPV infection. Pigmented Bowen's disease (BD) is an uncommon form of squamous cell carcinoma in-situ characterized by pigmented lesions, multiple lesions occur in only 10–20% of patients. We report a case.

Observation: A 39-year-old man, with a acquired immunodeficiency syndrome (AIDS), present for 9 months , slowly progressive, a hyperpigmented condylomatous lesions of the perineal region. there was no history of exposure to radiation, tar , arsenic or family history of skin cancer. On physical examination showed a multiple condylomatous lesions, unevenly pigmented, with a verrucous surface. The clinical differential diagnosis included pigmented basal cell carcinoma, melanocytic nevi, superficial spreading melanoma and fungal infection. A histopathological examination had confirmed BD. The patient was treated with electro dissection with good evolution.

Key message: Pigmented BD, an uncommon variant constituting less than 2% of all cases of Bowen disease, typically presents as a slow-growing, flat, hyperpigmented, well-demarcated scaly plaque. Although it can affect any area of the body, it is most frequently found in those exposed to the sun. Our patient present the lesions in genital area. Management options include topical 5-fluorouracil, topical imiquimod, cryotherapy, electrodesiccation and curettage, laser ablation, photodynamic therapy and surgical excision. However multiple BD is a therapeutic challenge with a tendency to recur. For multiple lesions, guidelines given else where state cryotherapy as a good choice followed by curettage, photodynamic therapy, and topical 5-fluorouracil as a fair choice.

