ABSTRACT BOOK ABSTRACTS



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GENITAL BASAL CELL CARCINOMA, A DIFFERENT PATHOGENESIS FROM SUN-EXPOSED BASAL CELL CARCINOMA? A CASE-CONTROL STUDY OF 30 CASES

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Background: Genital basal cell carcinoma (BCC) accounts for less than 1% of all BCCs. This study aims to elucidate genital BCC pathogenesis.

Methods: We retrospectively evaluated pathologically diagnosed genital BCC cases between 1990 and 2016 in an Asian tertiary referral center. The control group was composed of consecutive cases, from 2016, of sun-exposed area BCCs. The presence of human papillomavirus (HPV) was evaluated by polymerase chain reaction (PCR). Immunohistochemical p16 and p53 staining was performed and analyzed.

Results: A total of 33 genital BCCs (33/1837, 1.8%) were found over 26 years. The mean follow-up duration was 30.0 ± 33.2 months. Genital BCC had larger size (14.05 mm vs 8.92 mm, p=0.014), greater presence of ulcers (61.3% vs 32.0%, p = 0.035), shorter epidermal p53 clone (0.33 mm vs 1.20 mm, p=0.007), and more p53 expression. There were no significant differences in patient age, tumor depth, presence of pigment, and histology subtype. Thirty genital BCCs were all negative for HPV, with 96.7% (29/30) were p16 negative or showed only spotty p16 positivity.

Conclusion: HPV infection is mostly likely not involved in genital BCC pathogenesis. A greater level of p53 expression in genital BCCs implicates pathways other than UV-specific p53 mutations in their pathogenesis.

Keywords: genital, basal cell carcinoma, p16, p53, human papillomavirus, epidermal p53 clone





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