SEXUALLY TRANSMITTED INFECTIONS, HIV/AIDS

UNUSUAL PRESENTATION OF BOWEN'S DISEASE OF BOTH NAIL AND GENITALS IN AN HIV INFECTED PATIENT

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Background: Bowen's disease is a premalignant condition. Its exact etiology is unknown but chronic arsenic and sun exposure and HPV infection are known predisposing factors. Pigmented lesions of Bowen's disease represent 2%-7% of all the Bowen's disease cases. Bowen's disease of nail unit is challenging because of its varied clinical presentations such as fissure, ulceration, warty lesion, paronychia, onychocryptosis, nail dystrophy.

Case history: We present a case of a 43 year old married, HIV infected, diabetic male, with CD 4 count of 478, on TL, Atv/r regimen, who presented with multiple asymptomatic discrete, rounded, hyperpigmented verrucous papules on both the surfaces of shaft of penis and scrotum and a single, 4x3cm, irregular, smooth surfaced, hyperpigmented plaque on the base of penis extending to upper part of the scrotum of 1year duration with history of multiple unprotected sexual exposures with unknown female partners. Regional lymphadenopathy and systemic complaints were absent. Biopsy from hyperpigmented verrucous papule and hyperpigmented plaque was consistent with verruca vulgaris and pigmented Bowen's disease respectively. Patient was lost to follow up. Ten months later he presented with longitudinal melanonychia with a subungual hyperpigmented mass protruding beyond the distal nail margin near lateral nail fold of right middle finger nail with absent Hutchinson's sign. Longitudinal excisional biopsy of nail lesion was consistent with Bowen's disease. He was prescribed5% 5- Fluorouracil cream for Bowen's disease of genitals and 25% podophyllin application for verruca vulgaris with remarkable improvement in both lesions and there has been no recurrence of nail lesion 5 months after excision.

Key message: Occurrence of Bowen's disease of genitals (pigmented variety) and nail in the same patient is rare.