

Erythroplasia of Queyrat: Case Report & Review of the Literature

Prarthana Adhikari, Kiran Jang Kunwar, Changzeng Huang*

Wuhan Union Hospital of China, Wuhan, China

Email: prarthana_adhikari@hotmail.com, *hcz0501@126.com

How to cite this paper: Adhikari, P., Kunwar, K.J. and Huang, C.Z. (2017) Erythroplasia of Queyrat: Case Report & Review of the Literature. *Case Reports in Clinical Medicine*, 6, 308-310.

<https://doi.org/10.4236/crcm.2017.612036>

Received: June 9, 2017

Accepted: December 16, 2017

Published: December 19, 2017

Copyright © 2017 by authors and Scientific Research Publishing Inc.

This work is licensed under the Creative Commons Attribution International License (CC BY 4.0).

<http://creativecommons.org/licenses/by/4.0/>



Open Access

Abstract

Erythroplasia of Queyrat (EQ) is Squamous cell carcinoma *in situ* of penis usually involving glans and prepuce, commonly found in uncircumcised men with progression into invasive carcinoma in about 30% of cases. We present a case of 50 yrs, male with reddish, Irritative rash on glans penis; HPE confirms the case of EQ with acanthosis, derangement of stratum spinosum and basement membrane integrity. It successfully treated with two cycle of Photo Dynamic Therapy (PDT). If conservative approach with immquimod, fluorouracil fails then invasive approach should be adopted.

Keywords

Erythroplasia of Queyrat (EQ), Glans Penis, Immquimod, Photo Dynamic Therapy (PDT)

1. Introduction

Erythroplasia of Queyrat (EQ) [1] is an uncommon carcinoma *in situ*, which usually occurs in the mucosa of glans penis, originally reported by Queyrat in 1911. The commonest form of EQ is being premalignant lesion with progression rate of about 30%. Clinically, it appears as a persistent well-circumscribed erythematous lesion of the glans but differential diagnosis with Balanitis, Bowens Disease is made by histopathological report [2]. Thus Histopathological Examination plays a significant role in diagnosis and management of the disease. The standard protocol for management should be by Immquimod, fluorouracil and Invasive approach should be adopted if conservative therapy causes no improvement.

2. Case Report

51 years, Male presented with reddish rash on the tip of penis since 6 months. Irritative and eroding in nature and has been persistent with gradual increase-

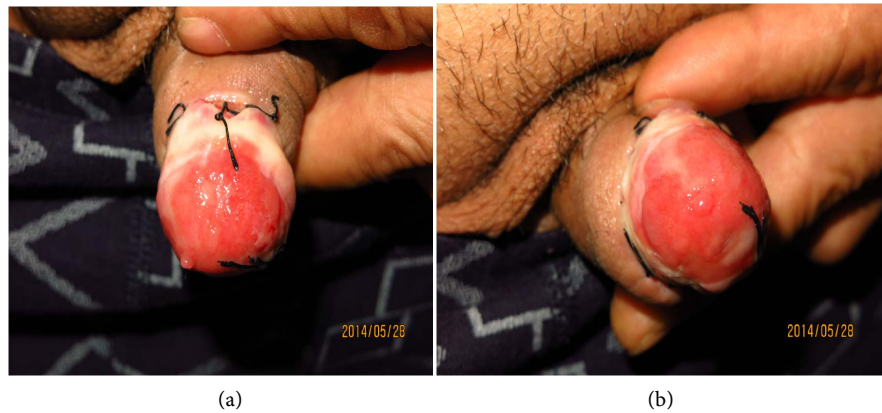


Figure 1. Glistening cherry red lesion noted on the tip of penis.

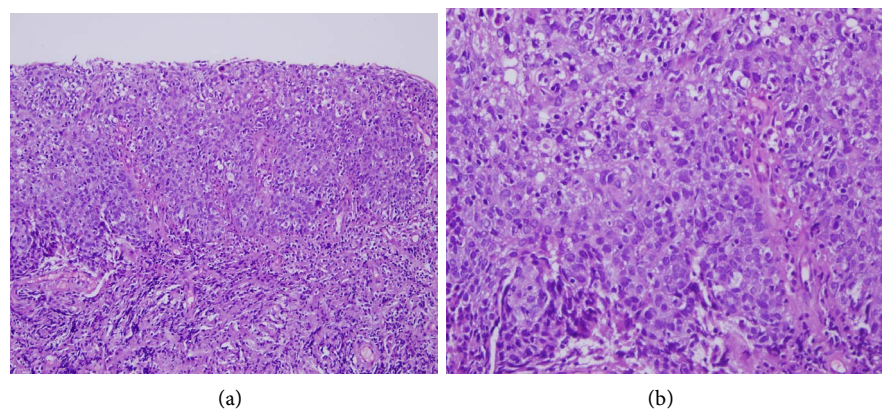


Figure 2. Histopathological report: (a) HE \times 40 showing acanthosis, slight derangement of stratum spinosum and basement membrane integrity. (b) HE \times 100 showing visible nuclear hyper chromatic cells, and pathological karyokinesis & dyskeratotic cells.

ment of the lesion. On examination, glistening cherry red lesion noted on the tip of penis as shown in **Figure 1(a)**, **Figure 1(b)**. HPE report (**Figure 2(a)**, **Figure 2(b)**; Hematoxylin & Eosin Stain, with 40 & 100 magnifying power): Acanthosis, slight derangement of stratum spinosum, basement membrane integrity, visible nuclear hyper chromatic cells, and pathological karyokinesis & dyskeratotic cells. Patient was treated with photodynamic therapy (PDT) twice.

3. Discussion

EQ [3] [4] is Squamous cell carcinoma *in situ* of penis usually involving glans and prepuce, commonly found in uncircumcised men with progression into invasive carcinoma in about 30% of cases.

Clinical features depend upon case to case, some are presented late.

Modalities of treatment depend upon the clinical onset of the disease; early presentation with small lesions can be treated conservatively. Currently, Imiquimod [5] being the most frequently used drug, even 5-Fluorouracil has promising result. If the conservative approach fails then more aggressive (Invasive) [6] [7] approach should be adopted.

Course of Action

Patient was given Photo Dynamic Therapy and post therapy; subject was followed up for every 1 month with slight improvement in subsequent visit.

References

- [1] https://en.wikipedia.org/wiki/Erythroplasia_of_Queyrat
- [2] Johnston, R.B. and Weedon, D. (2012) Tumors of the Epidermis. *Weedon's Skin Pathology Essentials*. Elsevier Churchill Livingstone, Edinburgh, 31.
- [3] Queyrat, L. (1911) Erythroplasia du gland. *Bulletin De La Societe Francaise De Dermatologie Et De Syphiligraphie*, **22**, 378-382.
- [4] Davis-Daneshfar, A. and Trueb, R.M. (2000) Bowen's Disease of the Glans (Erythroplasia of Queyrat) in Plasma Cell Balanitis. *Cutis*, **65**, 395-398.
- [5] Bunker, C.B. (2001) Topics in Penile Dermatology. *Clinical and Experimental Dermatology*, **26**, 469-479. <https://doi.org/10.1046/j.1365-2230.2001.00869.x>
- [6] Stables, G.I., Stringer, M.R. and Robinson, D.J. (1999) Erythroplasia of Queryrat Treated by Topical Aminolaevulinic Acid Photodynamic Therapy. *British Journal of Dermatology*, **140**, 514-517. <https://doi.org/10.1046/j.1365-2133.1999.02720.x>
- [7] Del Losada, J.P., Ferre, A. and San Roman, B. (2005) Erythroplasia of Queryrat with Urethral Involvement: Treatment with Carbon Lasor Vaporization. *Dermatologic Surgery*, **3**, I454-I457.