

Erythroplasia of Queyrat (EQ), what dermoscopy can tell us

Jihad Kassel, Zakia Douhi, Ryme Dassouli, Hanane Baybay, Sara Elloudi, Fatima-Zahra Mernissi

Department of Dermatology, University Hospital Hassan II, Fes, Morocco

Corresponding author: Jihad Kassel, MD, E-mail: kassel.jihad@gmail.com

Sir;

Intraepithelial neoplasias (IINs) of the penis are genital lesions defined histologically by the presence of intraepithelial cytologic and architectural atypias. It may progress to invasive squamous cell carcinoma. Three clinically distinct variants constitute most cases of penile intraepithelial neoplasia: Bowen's disease, Queyrat erythroplakia, and bowenoid papulosis [1]. Queyrat erythroplakia is clinically presented as a well-limited bright red patch. It is located on the mucous portion of the glans or foreskin. At an early stage, it is difficult to differentiate from other genital skin conditions such as Zoon's balanitis [2]. The use of dermoscopy has facilitated this distinction. Indeed, several studies have investigated the dermoscopic features of Queyrat erythroplakia. The most frequently observed dermoscopic signs are: areas without structures (white, pink or normal skin color), and vascular structures in particular the dot and glomerular vessels corresponding to an increase in capillaries in the lamina propria [1]. The particularity of vessels in EQ is that they are typically heterogeneous in terms of shape (elongated, round or irregular), size and distance among each other. Which allows us to differentiate them from other pathologies where we can find the dot and glomerular vessels [3]. Penile EQ may be treated with local resection, laser therapy, photodynamic and topical therapy with 5-fluorouracil or 5% imiquimod [2]. We report the clinical, dermoscopic and histological description of Queyrat erythroplakia.

A 36-year-old man, with no particular history, presented asymptomatic lesions of the glans for 1 year.



Figure 1: Clinical picture showing erythematous bright red macules on the glans and the dorsal side of the penis.



Figure 2: Dermoscopic picture showing, erythematous background, unstructured pink areas (black arrows) irregular linear polymorphic and glomerular vessels (black circles).

How to cite this article: Kassel J, Douhi Z, Dassouli R, Baybay H, Elloudi S, Mernissi F-Z. Erythroplasia of Queyrat (EQ), what dermoscopy can tell us. Our Dermatol Online. 2022;13(e):e2.

Submission: 06.08.2021; **Acceptance:** 25.11.2021

DOI: 10.7241/ourd.2022e.2

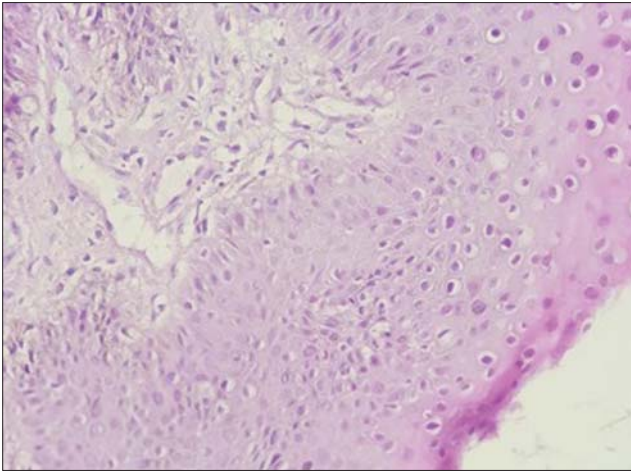


Figure 3: Histological picture showing, architectural disorganization and cytonuclear atypia involving the lower third of the epithelium.

Dermatological examination noted the presence of bright red erythematous macules on the glans and the dorsal surface of the penis, with clear contours, a smooth non-eroded surface (Fig. 1). Dermoscopy found an erythematous background, unstructured pink areas with irregular linear polymorphic and glomerular vessels (Fig. 2). Histology showed architectural disorganization and cytonuclear atypia involving the lower third of the epithelium, with a few koilocytes, consistent with low grade intraepithelial neoplasia (Fig. 3). Our patient was treated with imiquimod.

Consent

The examination of the patient was conducted according to the principles of the Declaration of Helsinki.

The authors certify that they have obtained all appropriate patient consent forms, in which the patients gave their consent for images and other clinical information to be included in the journal. The patients understand that their names and initials will not be published and due effort will be made to conceal their identity, but that anonymity cannot be guaranteed.

REFERENCES

1. Chan SL, Watchorn RE, Panagou E, Panou E, Ong EL, Heelan K, et al. Dermatoscopic findings of penile intraepithelial neoplasia: Bowenoid papulosis, Bowen disease and erythroplasia of Queyrat. *Australas J Dermatol.* 2019;60:e201-7.
2. Yokoyama M, Egawa G, Makino T, Egawa K. Erythroplasia of Queyrat treated with imiquimod 5% cream: The necessity of regimen guidelines. *Clin Case Rep.* 2019;7:723-5.
3. Errichetti E, Lallas A, Di Stefani A, Apalla Z, Kyrgidis A, Lacarrubba F, et al. Accuracy of dermoscopy in distinguishing erythroplasia of Queyrat from common forms of chronic balanitis: results from a multicentric observational study. *J Eur Acad Dermatol Venereol.* 2019;33:966-72.

Copyright by Jihad Kassel, et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Source of Support: Nil, **Conflict of Interest:** None declared.