No Evidence of Human Papillomavirus Infection in Balanitis Circumscripta Plasmacellularis Zoon

Sir,

Balanitis circumscripta plasmacellularis represents an entity first described by Zoon (1) in 1952 and has therefore been named Zoon’s disease. Even though it is now regarded as a well-described clinical and histological entity, the pathogenesis of these lesions remains speculative. Chronic bacterial or fungal infections, friction as well as poor hygiene have been postulated as predisposing factors (2–4). Analogous lesions have rarely been observed in women and were reported under a variety of synonyms as “benign plasma cell erythroplasia”, “Zoon’s vulvitis” and “Vulvitis chronica plasmacellularis” (5–7). To investigate a relationship to human papillomaviruses (HPV), we analysed specimens by the polymerase chain reaction (PCR).

MATERIALS AND METHODS, AND RESULTS

Patients

A total of 22 specimens of Zoon’s disease, histologically and clinically diagnosed over a period of 8 years, were employed for immunohistochemical and molecular biology studies. The patient age ranged from 36 to 74 years, with a mean value of 58.2 years at the time of biopsy. The majority of lesions (n = 21) were solitary and located on the glans penis (n = 15); others were seen on the mucosal aspect of the prepuce (n = 5) and only rarely in the coronal sulcus (n = 2). Clinically the lesions presented as well-circumscribed round erythematous and brownish macules with a maximum diameter of 3.5 cm.

Histological and immunohistochemical analyses

Formalin-fixed and paraffin-embedded tissues were stained with hematoxylin-eosin, Giemsa, Gram, PAS and Perl’s stain. The histological observations revealed typical changes of the epithelial layer as well as the characteristic plasma cell infiltrate of the upper dermis, mostly distributed in a lichenoid pattern. Immunohistochemical analyses were carried out with anti-kappa light chain (Dako, Hamburg, Germany) and anti-lambda light chain (Dako, Hamburg, Germany) antibodies using the ABC method (Vector Stain, USA) and 3-amino-9-ethyl (AEC) chromogen for the detection of specific immunoreactivity. The staining pattern revealed a bitypal and therefore polyclonal expression pattern of light chain antigens by the plasma cell infiltrate.

Polymerase chain reaction (PCR)

Sections of buffered formalin-fixed, paraffin-embedded specimens were prepared with sterile blades and transferred to sterile tubes. The further procedure included boiling for 15 min according to the chelatin resin method, as previously described (8). Using this method we were previously able to detect HPV sequences in autopic and biopic material up to 12 years of age (8). PCR was carried out using Perkin Elmer Cetus reagents as well as human papillomavirus consensus primers (Perkin Elmer Cetus, USA), as described by Manos et al. (9). Primers amplifying a 268 base fragment of the human β-globin genome (Perkin Elmer Cetus, USA) were used to prove the presence of sufficient material for PCR processing within the specimens investigated. After amplification, a portion of the mixture was separated by agarose gel electrophoresis using ethidium bromide staining for the visualization of DNA by ultraviolet transillumination. In all runs positive and negative controls were included.

The PCR analyses demonstrated sufficient DNA material for amplification by detection of the human β-globin genome, while no specimen revealed evidence of HPV infection, investigated by the “consensus primers” (Fig. 1).

DISCUSSION

Since the first description of a plasmacellular infiltrate in erythematous lesions of the glans penis by Zoon (1) in 1952, who named his findings “Balanoposthite chronique circumscritte bénigne à plasmocytes”, these lesions have been recognized as a clinical and histological entity (2, 3). While on clinical presentation erythroplasia of Queyrat has to be taken into the differential diagnosis, the histological features of balanitis circumscripta plasmacellularis are distinct.

Even though the clinical and histological aspects are well defined, the etiology of this condition remains uncertain, and a variety of predisposing factors have been discussed (2–4). Besides poor hygiene, chronic infection has been thought to play a major role in the pathogenesis of this disease, especially because of the low frequency of Zoon’s disease in circumcised men and the improvement of lesions after circumcision (10–12). HPV form a group of DNA viruses which have been increasingly investigated over the last years, and their frequent occurrence has not only been noticed in benign lesions such as condylomata acuminata and verruca vulgaris, but also in premalignant and malignant diseases including genital bow- enoid lesions or cervical carcinomas (13–16). While some HPV types are associated with benign lesions, others tend to be present in premalignant and malignant tumours. Especially HPV type 16 and 18 infections have been demonstrated in cervical neoplasias in percentages as high as 95% (16, 17), and HPV type 16 has also been found in penile carcinomas and their metastases (18).

Since HPV infection can be latent or display only subclinical symptoms, the detection of “high-risk” HPV infection in men can be useful for determination of patients bearing a risk for...
the development of malignant lesions or for transmitting the infection to their sexual partners (19).

Our patients demonstrated typical clinical and morphological features of Zoon’s disease as well as a polyclonal pattern of infiltrating plasma cells, findings that correspond with the proposed benign biological nature of this chronic disease. The investigation of HPV DNA within the specimens demonstrated lacking of associated genital HPV infection in lesional skin of balanitis circumspecta plasmacellularis, a finding that might be explained by the patients average age of 58.2 years in our cohort. Therefore, we conclude that HPV infection and Zoon’s disease are not related, a molecular biology result that corresponds with the histological features of Zoon’s disease, which are not suspicious for viral infection.

REFERENCES

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Langerhans’ Cell Histiocytosis with Proliferation of Immature Langerhans’ Cells in the Deep Dermis

Sir,

Langerhans’ cell histiocytosis (LCH) embraces disorders previously called histiocytosis X, as the origin of proliferating cells in histiocytosis X (H-X cells) is thought to be Langerhans’ cells (LCs) (1). It is known that the characteristic X-bodies, morphologically identical with the Birbeck granules of epidermal LCs, are observed in the cytoplasm of H-X cells. Recently, immunohistochemical studies revealed that H-X cells derived from S-100+ /T6+/HLA-DR+ dendritic cells closely resembling LCs (2).

The proliferating cells in LCH, however, differ from typical LCs since they often express CD68 and T4 antigens strongly, and C3b, C3bi, C3d antigen receptors and myelomonocytic antigens weakly. Therefore, it was suggested that the unusual phenotype of H-X cells might be related to their state as “tumor cells” and/or to cell immaturity (3).

We report a case of LCH with proliferation of mononuclear cells, which were thought to be immature cells of LC lineage. To our knowledge, there has been no report similar to our case. In December 1993, a 9-month-old Japanese boy was admitted to Maebashi Red Cross Hospital with a history of recurrent erythematous eruption on the trunk. He had been suffering from bilateral otitis media. Physical examination revealed a few small hemorrhagic papules on the trunk. Routine laboratory tests revealed anemia (Hb: 8.6 g/dl) and cystic shadow on the chest X-ray and CT scan. On echography and CT scan, neither hepatosplenomegaly nor lymphadenopathy was observed. A skin biopsy from a papule on the breast showed considerable infiltration of histiocytic cells in the papillary dermis. The histiocytic cells presented atypical nuclei and abundant eosinophilic cytoplasm. Notable edema and extravasated erythrocytes were also observed. In the middle dermis,