

Case of Giant Condyloma Acuminatum of Buschke-Löwenstein

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CLINICAL IMAGE

An 89-year-old patient, does not report the notion of unprotected sexual intercourse, treated for years by touching with trichloroacetic acid for genital warts, presenting a budding mass extending from the pubis to the glans evolving for 2 years. Clinical examination revealed an exophytic budding ulcerating 7 cm tumor, papillomatous in perineal cauliflower with damage to part of the glans, fetid and painless (Figure 1). Dermoscopic examination showed a papillomatous appearance, keratin, and polymorphic

vascularity surrounded by whitish halos (Figure 2). The lymph nodes were free. The HIV, syphilitic and hepatitis B and C serologies were negative. The histological examination of a biopsy sample revealed an epitheliomatous hyperplasia made of an acanthotic, papillomatous malpighian coating, overcome by a parakeratotic hyperkeratosis with presence of koilocyte, no cellular atypia was noted (Figure 3). The diagnosis of Buschke-Löwenstein tumor was accepted and the patient was referred to the urological surgery department for possible surgical intervention.



Figure 1: Clinical examination of the perineal tumor extending to the glans.

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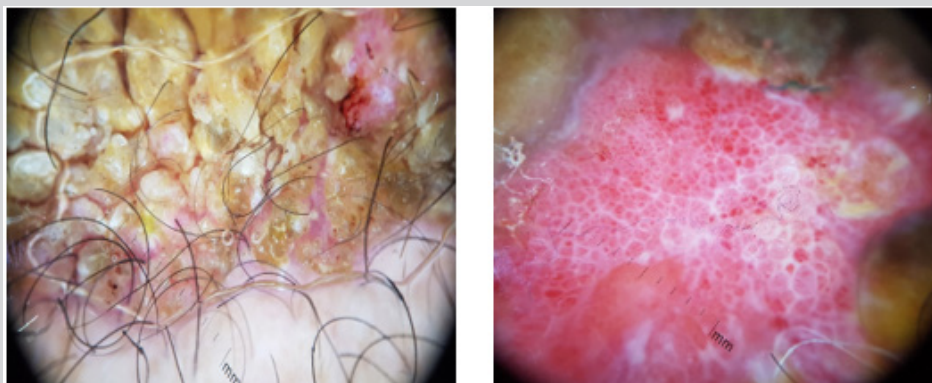


Figure 2: Dermoscopic examination showed a papillomatous appearance, keratin, and polymorphic vascularity surrounded by whitish halos.

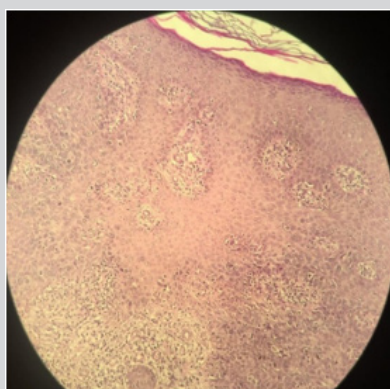


Figure 3: The histological examination revealing an epitheliomatous hyperplasia with presence of koilocyte, without cellular atypia.

Buschke-Löwenstein tumour (BLT), also known as Giant condyloma acuminatum, is a very rare, sexually transmitted disease that affects the ano-genital region whose frequency is estimated at 0.1% of the general population with a male predominance [1-3]. BLT was first described by Buschke and Lowenstein in 1925 [4]. BLT is a slow growing cauliflower-like tumour, but unlike simple condyloma, it is locally aggressive and destructive [5]. Human papillomavirus (HPV) has been identified as an important contributory factor in the development of tumour. DNA corresponding to 6 and 11 HPV subtypes has been frequently identified in typical cauliflower-like lesions, suggesting the pathogenic role of the virus in the initiation and progression of the tumour [6-7]. The risk of recurrence and degeneration is very important. The main treatment is surgical excision. Sex education and early treatment of condylomatous lesions improve the prognosis.

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