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GIANT CONDYLOMATA ACUMINATA OF BUSCHKE-LOWENSTEIN WITH PARANEOPLASTIC HYPERCALCEMIA

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Long standing genital warts can turn malignant due to dynamics between the HPV virus and the immunologic response of the host. Giant condylomata acuminata associated with squamous cell carcinoma are termed as Buschke Lowenstein tumors. The E7 gene of HPV impairs antigen presenting cells in the skin, enabling the virus to stay undetected. E6, E7 oncogenes combined induce telomerase resulting in cellular immortalization of infected cells, they also induce chronic oxidative stress increasing susceptibility to DNA damage, paving way for carcinogenesis. Co-infection with HIV/HSV-1 further enhances the oncogenesis of HPV. An association of carcinoma with hypercalcemia usually indicates a poor prognosis. We present a 42-year-old native American male admitted to the emergency department with nausea, vomiting and abdominal pain localized to groin with foul-smelling discharge. The genital warts diagnosed at age 17 had reached a considerable size. For the past 5 months the friable mass rapidly increased in size and was associated with occasional serous/bloody discharge. Patient had unintended weight loss of 100 Lbs. in the past year with fatigue and loss of appetite. A large irregular mass over bilateral inguinal regions involved the penis, scrotum and perineum measuring 31x17x6 cm draining foul-smelling purulent discharge. Serum blood calcium level at admission was 13.8 mg/dL with PTHrP 24.1 pmol/L, HSV-1 results were positive. HTLV and HIV sub types were negative. Biopsy H&E stain showed infiltrating hyperchromatic squamous cells, enlarged nuclei and high nuclear/cytoplasmic ratio, hyperkeratotic spurs and acanthosis were also present. CT pelvis revealed marked skin thickening and irregularity in the perineal/inguinal/upper thigh regions and the right inguinal region was associated with inflammation and fistulous tracts. CT chest was negative for metastasis. The oncology team started pembrolizumab for the inoperable mass.



Image (1): Condyloma acuminatum of the groin and pelvic region disfiguring the male genitalia;

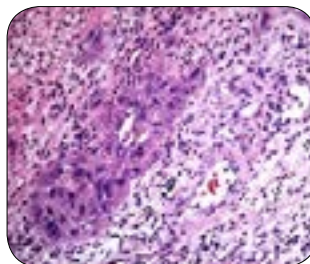


Image (2): H&E 4X stain of biopsy showing papillomatosis and hyperkeratosis, defining condyloma acuminatum;

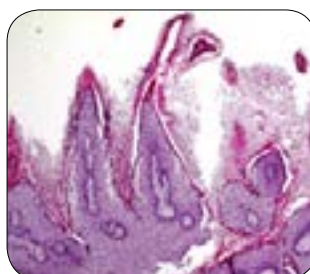


Image (3): H&E 20X stain of condyloma acuminatum showing mitotic figures and Squamous Cell Carcinoma invasion

Recent Publications

1. Venter F, Heidari A, Viehweg M, Rivera M, Natarajan P and Cobos E (2018) Giant condylomata acuminata of Buschke-Lowenstein associated with Paraneoplastic hypercalcemia. Journal of investigative medicine high impact case reports 15(6):2324709618758348.

Biography

Frederick Venter has completed his Bachelor of science, Chemistry & Biology at Mount Royal University in Calgary Alberta. During this time, he also worked at a Brain Injury Rehabilitation Center for three years mostly taking care of patients post stroke. In January of 2015, he was 4th year Medical Student at Ross University School of Medicine, applied for residency for 2019, and he is currently a 4th year medical student. He has recently completed Bakersfield, California; Internal Medicine, Surgery, Psychiatry, Family medicine, Obstetrics & gynecology, Pediatrics, Radiology, Gastroenterology, Family outpatient Bronx, NY; Family inpatient in Miami, California and New York as well as presented ACP Nationals New Orleans; Giant Condylomata Acuminata of Buschke-Lowenstein Associated With Paraneoplastic Hypercalcemia at the ACP Nationals in New Orleans last month.

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