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Clinical Image

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Giant Condylomata Acuminata of Buschke and Lowenstein in a Young Cameroonian

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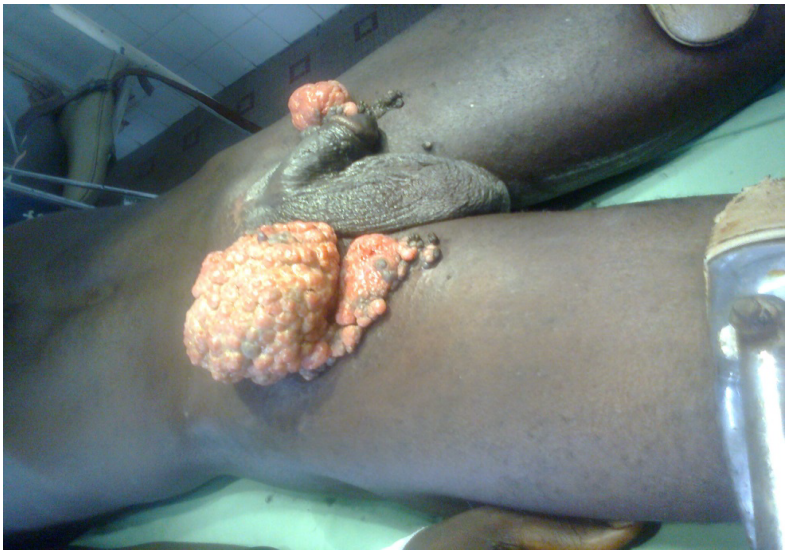

Figure 1: Clinical image that shows giant condylomata and verrucous lesions on both inguinal regions and the glans penis in a young male of 20 years.

Case Presentation

A 20 years old man presented with a budding swelling which started on his glans penis as a wart 4 years ago and then gradually spread over the inguinal regions, initially appearing as condylomata acuminata and then progressing to moderately painful cauliflower lesion with no notion of fever (Figure 1). He regularly applied traditional decoctions without effect on the tumor. He has been sexually active from the age of 15 and practices unprotected sex. His HIV, viral hepatitis B and C and syphilis serologies were negative. No history of chronic inflammation of that region, immunosuppression factors in him or his family or history of STIs were found. The management was surgical with complete removal of the budding lesions whose pathological analysis concluded on a "Giant condyloma acuminatum". Isolated and recurrent warts were treated with podophyllin following the surgery. The evolution was favourable after 1 year. He is however regular followed-up every 6 months to assess relapse.

Verrucous carcinomas are pseudoepitheliomatous hyperplasia that appear on the skin and mucous membranes [1]. The most common location of these tumors is oral. When verrucous carcinomas extend to the ano-genital area, is it referred to as Buscke-Lowenstein tumor (BLT) or giant condyloma acuminatum. This is a relatively rare disease which is sexually transmitted and viral in origin, caused by the papilloma virus human (HPV). Serotypes 6 and 11 are incriminated [2]. It usually occurs in young male adults who are sexually active and it is always preceded by condylomata acuminata. The main known risk factors are poor genital hygiene, uncircumcision, glans phymosis, immunosuppression, chronic inflammation, HIV infection, and low socioeconomic level [3]. The condition is characterized by a greater proliferation than that of verrucous carcinomas, deep extension and a degenerative and recurrent character. On physical examination the lesion is dyschromic with

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a vegetative and budding cauliflower appearance [1,4]. The low oncogenic potential of the HPV serotype 6 and 11 makes the Buscke-Lowenstein tumour benign. Its evolution is local, slow and rarely metastatic. Histologically, it is a perfectly limited squamous tumour, with epithelial hyperplasia, hyperacanthosis, hyperpapillomatosis and koilocytes. Koilocytes are pathognomonic markers of HPV infection, but their presence is not always constant. Despite being a benign tumor, the treatment of BLT is essentially surgical with extensive resection to reduce the risk of recurrence. Focus is placed on patient education and follow-up with respect to relapse. BLT has a slow evolution and may be complicated by dermatitis, infection, fistulization with neighboring organs bleeding or evolve to a malignancy in about 56% of cases [5].

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