

Short Communication

Giant condyloma acuminata or Buschke Lowenstein tumor

Sir/ Madam,

Giant condyloma acuminata (Buschke-Lowenstein tumor) is a rare disease that it frequently affects immunosuppressed patients. It presents a high percentage of malignancy, rate of recurrence and mortality.

We present the case of a 58-year-old patient, with a history of unprotected sexual intercourse, multiple sexual partners, no notion of homosexuality or anal intercourse, who consults for a large verrucous mass in the anal region. The dermatological examination reveals an irregular exophytic verrucous lesion in brownish black and pink color cauliflower (**Figure 1**). A skin biopsy performed revealed a condyloma acuminata: a Buschke Lowenstein tumor with no signs of transformation or invasion (**Figure 2**). After a multidisciplinary consultation meeting, an excision was performed in our patient.

Buschke-Löwenstein tumor belongs to the group of verrucous carcinomas.¹ More common in men and the immunocompromised, it develops at the genital or perianal level, producing a bulky budding lesion that is sometimes ulcerated.² The histology is close to a condyloma acuminata, with however a more marked proliferation and a deep penetration into the adjacent tissues but without rupture of the basement membrane.² Human Papillomavirus (HPV) 6 and 11 infection is usually associated with these tumours. Research for other associated sexually transmitted infections is necessary. A rigorous clinical examination and complementary

imaging are necessary to establish a precise lesion assessment.

The differential diagnosis is with tuberculosis in its vegetante (peri-orificial) and syphilis condary in its papillomatous form.

The treatment is above all surgical, and must be broad because of the high recurrence potential of the tumor. Neoadjuvant treatments such as chemotherapy or immunotherapy deserve to be better evaluated to limit the debilitating nature of surgery.¹

Conclusion

Buschke-Lowenstein tumor belongs to the group of verrucous carcinomas. The histology of this lesion is close to that of condyloma acuminata, but the possible transformation into invasive carcinoma and frequent recurrences require rapid diagnosis and the most radical treatment possible. This is currently surgical in first intention. Chemotherapy and immunomodulating treatments deserve to be better evaluated.

References

1. Buffet M, Aynaud O, Piron D, Dupin N, Escande JP. Buschke-Lowenstein penile tumor. *Prog Urol.* 2002 Apr;12(2):332-6.
2. Majewski S, Jablonska S. Human papillomavirus-associated tumors of the skin and mucosa. *J Am Acad Dermatol.* 1997 May;36(5 Pt 1):659-85.



Figure 1 Buschke Lowenstein tumor.

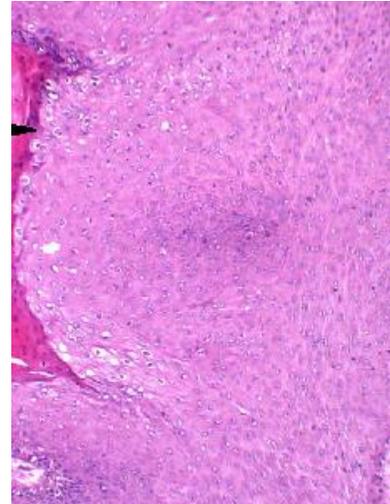


Figure 2 Histological slice of the lesion with hematoxylin and eosin stain showing: Acanthosis, hyperplasia and keratinization of the cells with inflammatory reaction of the rectal epithelium and hyperplasia of the muscular layer.

Mohamed Hajri, Dheker Touati, Wael Ferjaoui, Rached Bayar
Department of General Surgery, Mongi Slim University Hospital, Faculty of Medicine of Tunis.

Address for correspondence

Dr. Wael Ferjaoui
Department of General Surgery,
Mongi Slim University Hospital,
Faculty of Medicine of Tunis.
Ph: +216 52430099
Email: farjaouiwael4@gmail.com