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Case Report Open Access

Unusual Presentation of Giant Condylomata Acuminata of the Vulva- A Case Report and Review of Literature

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Abstract

Context: The lesion of condyloma acuminata, popularly known as venereal warts is a sexually transmitted disease generally diagnosed based on their appearance. Giant condyloma acuminata also named Buschke- Löwenstein tumour (BLT) is a slow growing cauliflower-like tumour, locally aggressive and destructive, with possible malignant transformation. The mode of treatment range from application of podophyllin to surgical excision by cauterisation.

Case report: A case of unusual presentation of giant condyloma in a 26 year old, single, nulliparous, HIV positive woman is presented and the literature reviewed. She had an18 month's history of rapidly progressive growth of vulval tumour and associated itching, contact bleeding, malodorous vaginal discharge and difficulty in walking. She had previously been treated with podophyllin without success. The tumour measured 40 x 30 cm and was successfully excised with no evidence of malignancy.

Conclusion: BLT is still seen in low resource countries like Nigeria, due to late presentation. Wide excision with histological margins examination is the best surgical choice in the treatment of BLT as it was performed in our patient. Small condylomas must be very carefully treated, including with surgical excision, in order to prevent further developing of BLT.

Keywords: Giant genital warts; Human papilloma virus; HIV positive; Wide excision

Introduction

Condyloma acuminata are commonly transmitted through sexual intercourse or where there is labio-scrotal contact [1]. They are hyperplastic, pedunculated or sessile growth which appear red or pink, forming soft exuberant masses strangulated at their bases [2]. They are caused by the low serotype of human papilloma virus (HPV) [2].

Giant lesions could develop in to immune suppressive state such as HIV and HTLV infections, debilitating illness or in pregnancy. Reports from other parts of Nigeria (Enugu), gave an incidence of 2.7 per 1000 women [2]. Treatment options could either be medical by the use of podophyllin, 5 fluorouracil or by surgical excision. In 20 to 30% of women that are not immunocompromised however, the growth may spontaneously resolve within three months [3].

We present a case of 26 year old HIV positive single lady with a late presentation of giant Condyloma acuminata from low-resource setting that was successfully treated with surgical excision.

Case Report

A 26 year old nulliparous, presented to the gynaecology clinic on 20th June 2011 with an 18 months history of progressive growth of vulval tumour, associated itching, contact bleeding and malodorous vaginal discharge. The swelling was so huge that she had difficulty in walking (Figure 1). She was known with retroviral disease on highly active anti-retroviral drugs (zidovudine, lamuvidine and nevirapine) over the last 12 months. She was seen earlier at a peripheral hospital where she was placed on podophyllin without improvement.

Examination revealed a young woman, mildly pale pulse rate of 96 beats/minute and blood pressure of 100/70 mmHg. She had a huge florid vulval tumour with malodorous vaginal discharge. The growth had covered the introitus, measuring about 40 x 30 cm.

An assessment of giant vulval warts in a known retro-viral disease positive patient was made. The patient's haemoglobin was 9.2 g/dl; liver function test, urea, electrolytes and creatinine were within normal limits. Her CD4 count was 199 cells/µl. Biopsy of the lesion confirmed condyloma acuminata.

She was admitted, transfused with two units of blood, counselled and prepared for simple vulvectomy.

Intraoperative findings were huge vulval warty growths measuring about 40 x 30 cm completely covering the whole vulva from the mons pubis upto the anal verge and obliterating the vaginal introitus with malodorous discharge. Both inner thighs were free of warty growths. The cervix was free of warts.

Simple vulvectomy was carried out and the vulva skin wound was closed primarily using nylon1. Antibiotheraphy was commenced with intravenous ceftriaxone, metronidazole and intramuscular pentazocine was given. She made a remarkable recovery and was discharged 10 days later. Further follow-up visit at the gynaecology clinic revealed a satisfactory healed vulva and no evidence of tumour recurrence; the histology result did not show evidence of malignancy.

Discussion

Giant condyloma acuminate was first described by Buschke and Löwensteinin [4]. This condition is described as large exophytic

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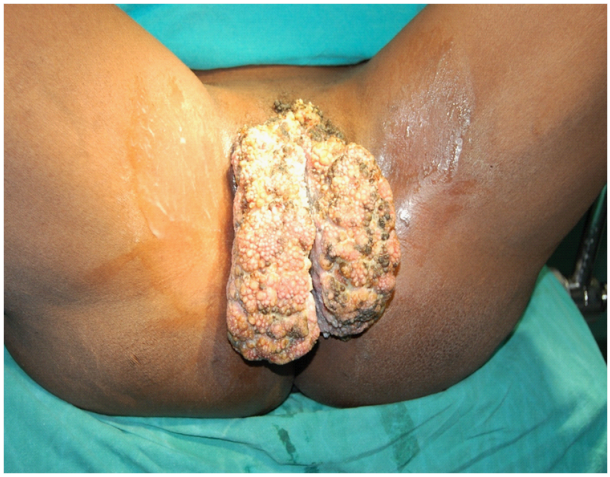

Figure 1: Condyloma before surgery.

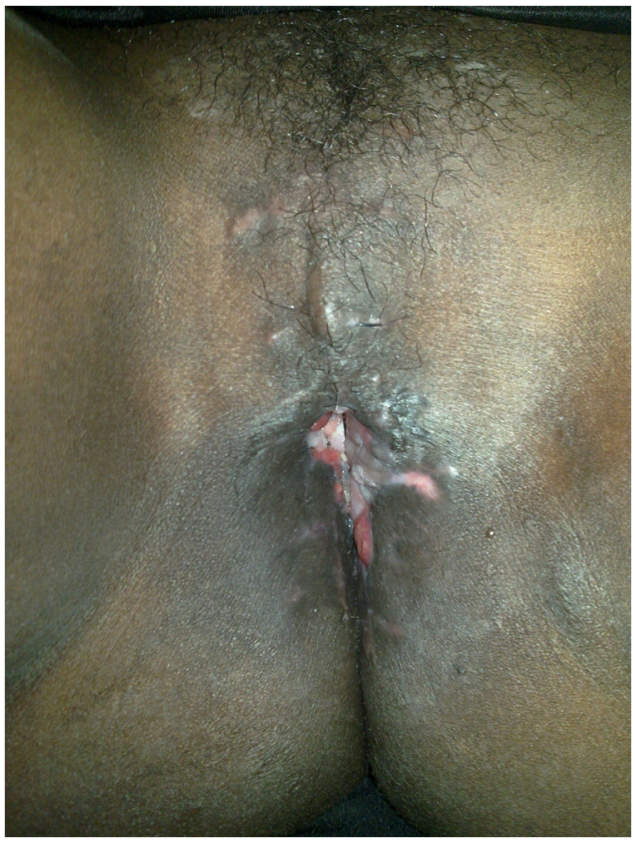

Figure 2: Perineum after surgery.

cauliflower-like lesion affecting the anogenital skin surface and is caused by human papilloma virus (HPV) [5]. Buschke -Löwensteintumor (BLT) develops on the basis of initially benign condyloma acuminatum but malignant transformation occurs in 40-60% of cases and rarely metastasizes. Several studies have shown that condyloma increase by expansion rather than by infiltration [6,7]. They are almost always associated with infection with HPV 6 and 11 [7]. Often, the giant condyloma acuminata have rich blood supply and mild trauma on the surface may lead to severe bleeding that may be unresponsive to the routine methods of achieving haemostasis such pressure, ligation or electric coagulation [8]. The growth is more rapid in individuals with immunosuppression such as HIV, HTLV and also tend to be rapidly in pregnancy [5,9]. Our patient is a HIV infected, diagnosed two years prior to presentation, which accelerated the growth of this lesion.

Giant condyloma is not usually seen nowadays in developed nations, but such cases are still seen in the under-resourced countries like Nigeria. This is because most patients do not present early for treatment to the hospital. Our patient was initially seen when the lesion was small at a peripheral clinic, but failed to continue treatment with the prescribed podophyllin. She only presented to us when the swelling became so huge that she was unable to walk properly (Figure 1).

Condyloma acuminata can be treated with medical therapy or surgical intervention. Surgical excision has the lowest recurrence rate. Medical therapy with Podophyllin salts, Imiquimod [3], Sinecatechins [10] and five-flourouracil [3] have all been used with varied results. Podophyllin is still considered one of the best medical therapies. The reported effect of podophyllinis is to block the mitosis, with spindle destruction [10]. Size of the growth is the major impediment to medical treatment.

Wide excision with histopathological margins control is the best surgical choice in the treatment of BLT. Excision is indicated even in small condylomas to prevent BLT in later development. Other surgical options include carbon dioxide laser therapy, electro surgery and cryotherapy [2].This patient was counselled for simple vulvectomy which she had and was discharged 10 days after treatment (Figure 2). Although this patient had a successful outcome, the lesson here in patient is to be properly counselled, so that they can be presented to hospital early, to offer optimal treatment.

The patients treated for BLT must be closely followed-up for long periods of time in order to realise the early detection and therapy of recurrences.

Conclusion

Giant condyloma acuminate is a slow growing cauliflower-like tumour, locally aggressive and destructive, with possible malignant transformation. BLT is still seen in low resource countries like Nigeria, due to late presentation. This patient had successful wide excision of her lesion with no evidence of malignancy on histological examination. Small condylomas must be very careful treated, including with surgical excision in order to prevent further developing of BLT.

References

1. Attipou K, Yawovi K, James N, Napo-Koura GA, Tchangai-Walla A, et al. (2001) Giant anal condyloma acuminatum in childhood: A case report. Nig J Surg Res 3: 170-174.
2. Ozumba BC, Megafu U (1991) Pattern of vulval warts at the university of Nigeria teaching hospital, Enugu, Nigeria. Int J Gynaecol obstet 34: 347-352.
3. Wagstaff AJ, Perry CM (2007) Topical imiquimod: A review of its use in the management of anogenital warts, actinic keratoses, basal cell carcinoma and other skin lesions. Drugs 67: 2187-2210.
4. Buschke A, LöwensteinL (1932) Über die Beziehungen von spitzen Kondylomen zu Karzinomen des Penis. Deutsche Medizinische Wochenschrift-DMW 58: 809-810.
5. Jit M, Choi YH, Edmunds WJ (2008) Economic Evaluation of Human Papilloma vaccination in the United Kingdom. BMJ 337: a769.
6. Zhao L, Fang F, Carey F, Wang QQ (2004) A case of condyloma acuminata with giant and multiple lesions on the vulva and breast: Successfully treated with surgical operation. Int J STD AIDS 15: 199-201.

7. Nwokedi EE, Ochicha O, Muhammed AZ (2006) Florid anogenital condyloma acuminata in a male African: A case report. African Journal of Clinical and Experimental Mirobiology 7: 139-142.

8. Basita CS, Atallah AN, Saconato H, da Silva EMK (2010) 5- FU for genital warts in non-immunocompromised individuals. In: Cochrane Database of Systematic Reviews, John Wiley & Sons, Ltd., USA.

9. Gunter J (2003) Genital and perianal warts: new treatment opportunities for human papillomavirus infection. Am J Obstet Gynecol 189: S3-11.

10. Tan XJ, Wu M, Lang JH (2010) Giant condyloma acuminatum of the vulva. Int J Infect Dis 14: e455-456.

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