

An Unusual Presentation of Extra Genital Giant Condyloma in the Gluteal Region: A Rare Case Report

Dr. Pakam Dinusha^{1*}, Dr. K. Durga¹, Dr. N. Mohan Rao¹, Dr. B. Syam Sundar Rao¹, Dr. M. Vijayalakshmi¹

¹Department of Pathology, Narayana Medical College, Chintareddy Palem, Nellore, Andhra Pradesh 524003, India

DOI: [10.36347/sjmcr.2023.v11i08.030](https://doi.org/10.36347/sjmcr.2023.v11i08.030)

| Received: 19.07.2023 | Accepted: 23.08.2023 | Published: 26.08.2023

*Corresponding author: Dr. Pakam Dinusha

Department of Pathology, Narayana Medical College, Chintareddy Palem, Nellore, Andhra Pradesh 524003, India

Abstract

Case Report

Giant condyloma is a rare and sexually transmitted disease which is characterized by solitary pink or red raised lesions affecting mucosal surface of anogenital regions. Condylomas may also develop in extragenital sites. Diagnosis of genital condyloma is simple whereas extragenital condyloma is challenging. Here we present a case in a 64year old man with history of psoriasis, presenting with extragenital giant condyloma in the gluteal region.

Keywords: Giant condyloma, Extragenital, Psoriasis, Gluteal region.

Copyright © 2023 The Author(s): This is an open-access article distributed under the terms of the Creative Commons Attribution **4.0 International License (CC BY-NC 4.0)** which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.

INTRODUCTION

Buschke-lowenstein tumor or giant condyloma is a progressively growing, cauliflower – like, locally destructive tumor, which is an intermediate between condyloma and squamous cell carcinoma [1]. In 1925, Buschke and Lowenstein first described giant genital condyloma [2]. Googe et al. defined giant condylomas as lesions >2.5cm in diameter [3]. It is a sexually transmitted disease triggered by HPV, more frequent subtypes 6 and 11[4]. It's incidence is 0.1% in the general population and more frequently seen in men of 4th and 5th decade [5]. It is most commonly seen in genital, anal and perianal regions. Radical excision is the best possible management.

We present a rare case of giant condyloma at an extragenital site in the gluteal region.

CASE REPORT

A 64year old male patient came to the general surgery department with complaints of swelling over right gluteal region since 10 years. The swelling was insidious in onset, initially small in size and suddenly progressed to present size, the swelling is associated with pain. There is no history of trauma. He has history of psoriasis since 10 years.

On examination an ulcerated lesion of size 5x5 cm was present over right gluteal region, which has everted edges, the skin adjacent to the swelling has Psoriatic patches. No palpable regional lymphnodes were identified.



Figure 1: Gross image of the excised giant condyloma showing exophytic growth measuring 5x5cm

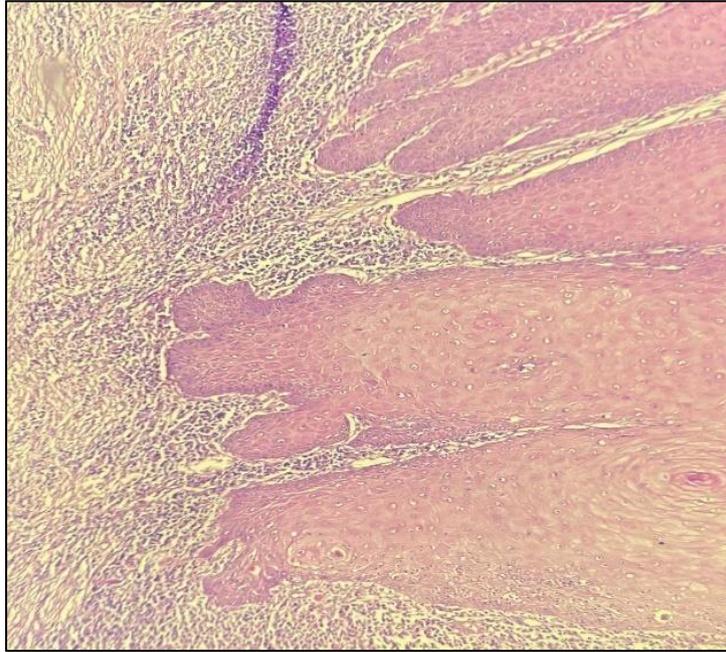


Figure: 2 Microscopy showing papillomatosis and acanthosis of the squamous epithelium with dermis showing lymphoplasmacytic infiltrate (H&E; X100)

The swelling was excised and was sent to Pathology department for histopathological examination. Gross examination showed a skin covered soft tissue mass with exophytic growth on the surface measuring 5x5cm. Cutsection of the growth was grey white to grey brown in colour. Microscopic

examination showed hyperkeratosis, parakeratosis, acanthosis, papillomatosis and koilocytotic change is noted in the squamous cells. Downward prolongation of rete ridges in the form of broad clubs with pushing borders is noted. Upper dermis shows a band-like lymphoplasmacytic infiltrate.

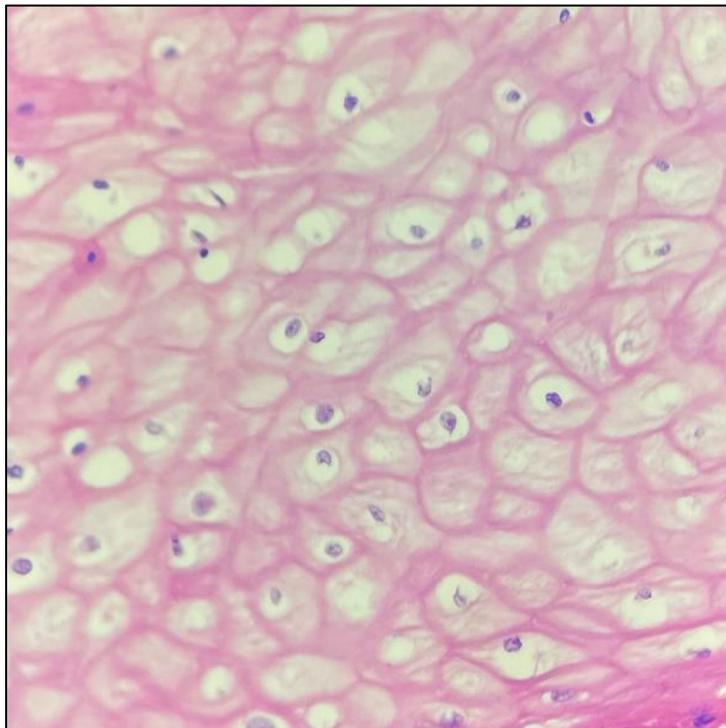


Figure 3: Microscopy showing koilocytotic change in the squamous cells (H&E; X400)

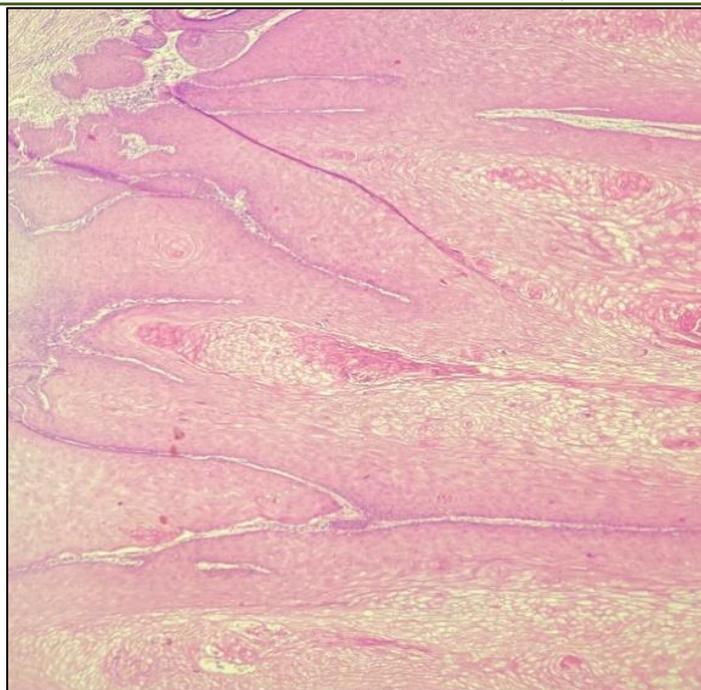


Figure 4: Microscopy showing hyperkeratosis and acanthosis of the squamous epithelium (H&E; X100)

DISCUSSION

Giant condyloma is a rare, sexually transmitted disease which is peculiar because of its malignant clinical presentation and benign histology. Characteristic histopathological findings include koilocytosis, papillae with fibrovascular cores, elongation of rete ridges with bulbous projections into the dermis. It is associated with low-risk Human Papilloma Virus infection.

The Human Papilloma Viruses are ubiquitous DNA viruses and greater than 200 types are presumed to exist. They can be classified clinically into 3 broad categories: mucosal-type, skin-type, and opportunistic infections. Mucosal-type HPV infection can be found occasionally in non-genital mucosal locations, such as the oral cavity or conjunctiva.

Transformation of condyloma into Buschke-Lowenstein Tumor can be controlled by the immune system [6]. Thus, this tumor is frequently associated with congenital or acquired immunosuppression like AIDS, immunosuppressive therapy, alcoholism, diabetes, chemotherapy.

Other risk factors include anal receptive sex, chronic irritation and poor personal hygiene. Non mucosal condylomas are rare except in intertriginous or occluded areas [7]. It is extremely unusual to find condylomas on non-mucosal or nonoccluded areas. A high prevalence of human papillomaviruses of beta genus has been detected in both lesional and non-lesional skin in patients with Psoriasis [8]. Prolonged moist and weeping erosions of the skin secondary to chronic scratching had created a wet surface for the

development of extragenital condylomas. The barrier function and local immunity were further impaired by long-term application of topical corticosteroids, predisposing to the development of mucosal-type HPV infection [9].

Classical condyloma acuminatum and squamous cell carcinoma also comes under the same spectrum of diseases caused by HPV infection. Classical condyloma acuminatum is histologically similar to giant condyloma but, hyperkeratosis, parakeratosis, elongation of rete ridges and papillomatosis are not seen. Squamous cell carcinoma is characterized by loss of polarity and invasion of basement membrane by the neoplastic squamous cells.

Another important differential diagnosis for giant condyloma is verrucous carcinoma, in which koilocytes and fibrovascular cores are absent.

The primary prophylaxis with HPV vaccine reduces the incidence of warts associated with HPV 6 and 11 and consequently, Buschke-Lowenstein tumor. Wide local excision is the best optimal method of management. However other therapeutic agents may be used concomitantly like podophylline, imiquimod and Trichloroacetic Acid, mainly to reduce size of the lesion for surgical approach.

Conclusion: Extragenital giant condyloma is very rare and poses diagnostic challenge because of its unusual site. Proper histopathological examination will help in the definitive diagnosis. Chronic scratching and immunosuppression by corticosteroid therapy predispose to the development of extragenital

condylomas in Psoriatic patients. Early detection and surgical resection play a key role in the management of giant condylomas.

REFERENCES

1. Talwar, A., Puri, N., & Singh, M. (2010). Giant condyloma acuminatum of Buschke and Löwenstein: successful surgical treatment. *International journal of STD & AIDS*, 21(6), 446-448.
2. Buschke, A., & Loewenstein, L. (1925). Über carcinomähnliche Condylomata acuminata des Penis. *Klinische Wochenschrift*, 4(36), 1726-1728.
3. Googe, P. B., Chung, S. J., Simmons, J., & King, R. (2000). Giant-sized condyloma of the breast with focal acantholytic changes. *Journal of cutaneous pathology*, 27(6), 319-322.
4. Rimtebaye, K., Sillong, F. D., Tashkand, A., Agah, Z., Kaboro, M., Niang, L., & Gueye, S. M. (2016). Buschke-Lowenstein tumor: a report on eight cases and review of literature. *AFRICAN JOURNAL OF UROLOGY*, 22(4), 319-324.
5. Qarro, A., Choho, A., Alkandry, S., & Borki, K. (2005, February). Anorectal Buschke-Lowenstein tumor.(Three cases report). In *Annales de Chirurgie* (Vol. 130, No. 2, pp. 96-100).
6. Frazer, I. H. (1998). The role of the immune system in anogenital human papillomavirus. *The Australasian journal of dermatology*, 39, S5-S7.
7. Blauvelt, A., Duarte, A. M., Pruksachatkunakorn, C., Leonardi, C. L., & Schachner, L. A. (1992). Human papillomavirus type 6 infection involving cutaneous nongenital sites. *Journal of the American Academy of Dermatology*, 27(5), 876-879.
8. Prignano, G., Ferraro, C., Mussi, A., Stivali, F., Trento, E., Bordignon, V., ... & Ameglio, F. (2005). Prevalence of human papilloma virus type 5 DNA in lesional and non-lesional skin scales of Italian plaque-type psoriatic patients: association with disease severity. *Clinical microbiology and infection*, 11(1), 47-51.
9. Von Krogh, G., Dahlman-Ghozlan, K., & Syrjänen, S. (2002). Potential human papillomavirus reactivation following topical corticosteroid therapy of genital lichen sclerosus and erosive lichen planus. *Journal of the European Academy of Dermatology and Venereology*, 16(2), 130-133.