Scholars Journal of Medical Case Reports
Abbreviated Key Title: Sch J Med Case Rep
ISSN 2347-9507 (Print) | ISSN 2347-6559 (Online)
Journal homepage: https://saspublishers.com

OPEN ACCESS

Surgery

Anogenital Condylomas: Current Overview, Diagnostic and Therapeutic Challenges

Dr. Aboulabroud Chaimae[1*], Dr. Idelkheir Loubna[1], Pr. Boukind, Pr. Elatquiui[1], Pr. Almarani[1], Pr. Benchamkha[1]

[1]CHU Mohammed VI Marrakech, Department of Plastic and Burn Surgery

DOI: https://doi.org/10.36347/sjmcr.2025.v13i10.091 | **Received:** 10.09.2025 | **Accepted:** 22.10.2025 | **Published:** 27.10.2025

***Corresponding author:** Dr. Aboulabroud Chaimae
CHU Mohammed VI Marrakech, Department of Plastic and Burn Surgery

Abstract | **Original Research Article**

Anogenital condylomas, or genital warts, are benign lesions caused by infection with the human papillomavirus (HPV), primarily genotypes 6 and 11. Although they are not associated with malignant transformation unlike oncogenic HPV types these low-risk viral strains cause significant morbidity due to their frequency and impact on patients' quality of life. HPV infection is among the most common sexually transmitted infections (STIs) worldwide, with most sexually active individuals likely to be infected at some point in their lives. Condylomas are the most visible clinical manifestation of HPV infection and can affect the genital, anal, and even oral mucosal regions, with a higher prevalence among young adults. Transmission occurs mainly through skin-to-mucosa contact during sexual activity, even without penetration. The often-asymptomatic nature of the infection, its long incubation period, and the possibility of latent carriage make epidemiological control difficult. Diagnosis may be delayed or missed, especially in cases of atypical lesions or those located in areas not easily accessible to clinical examination. From a therapeutic standpoint, management of condylomas remains a challenge. While several treatment options exist topical, destructive, or surgical none completely eradicates the virus, and recurrences are common. Moreover, the psychological burden of the disease, often underestimated, underscores the need for a comprehensive approach including education, prevention, and psychological support.

Keywords: Anogenital condylomas, Genital warts, Human papillomavirus (HPV), Types 6 and 11, Treatment, Recurrence.

INTRODUCTION

Anogenital condylomas, also known as genital warts, are benign growths of the skin or mucous membranes in the anogenital region, caused by infection with specific types of human papillomavirus (HPV), particularly types 6 and 11. Although benign, their high contagiousness, tendency to recur, and aesthetic, functional, and psychological impact require careful management particularly in countries like Morocco, where healthcare access and practices vary by region. Treatment of condylomas aims primarily to eliminate visible lesions, reduce local viral load, and limit transmission risk. Therapeutic options include topical treatments, caustic agents, cryotherapy, laser therapy, and surgery. Surgical treatment remains the cornerstone, especially for large, treatment-resistant condylomas or those located in complex anatomical regions such as the anal canal, cervix, or oral cavity.

MATERIALS AND METHODS

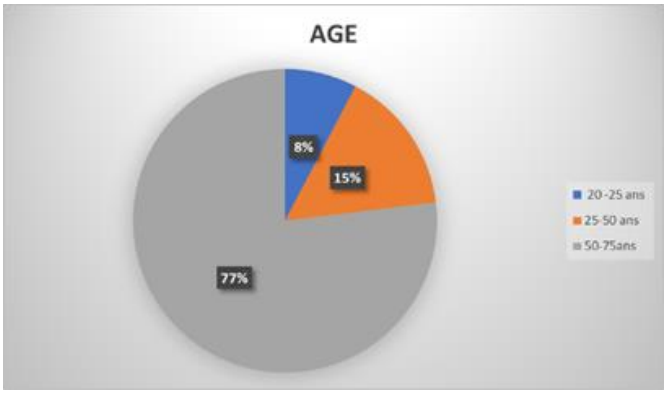
This was a retrospective analytical study conducted over three years (March 2022 to March 2025) including patients admitted to the Department of Plastic and Aesthetic Surgery of Marrakech.

Sample size: 13 cases

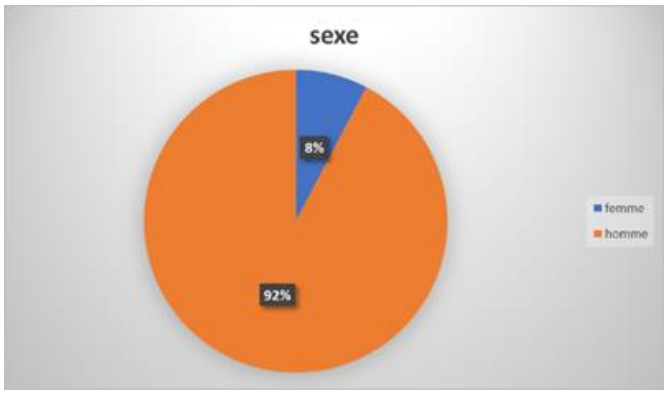
Inclusion criteria: Presence of a condyloma, defined as a verrucous or vegetative skin-colored tumor located in the genital or perineal region.

Data collection: Information was obtained using a standardized questionnaire including sociodemographic data, medical history, lifestyle factors, clinical characteristics, biological tests (HIV, syphilis), biopsy results, and treatment outcomes.

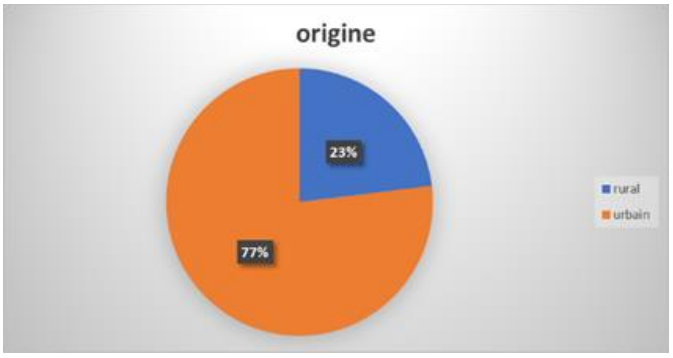
RESULTS



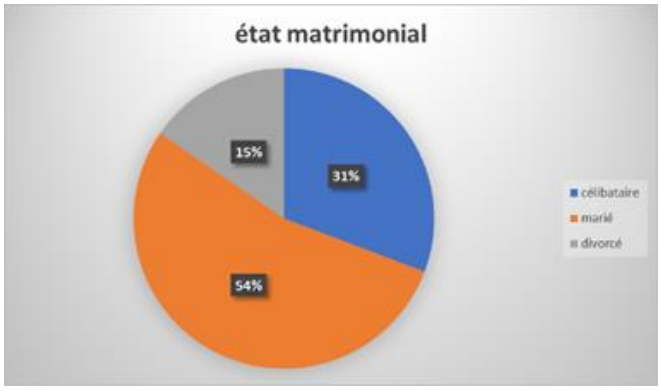
• Most affected age group: 50–75 years



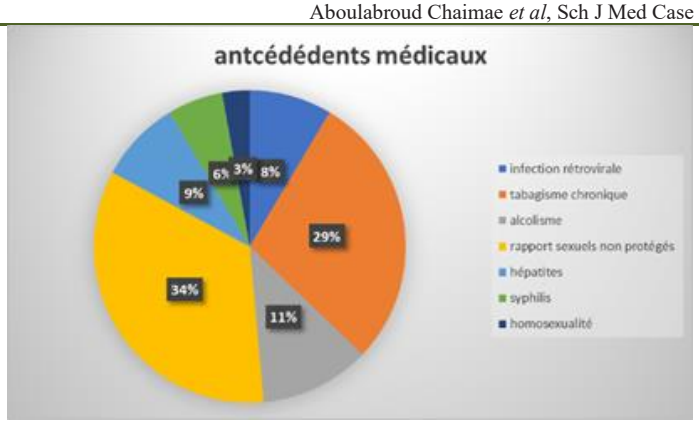
• Men were predominantly affected



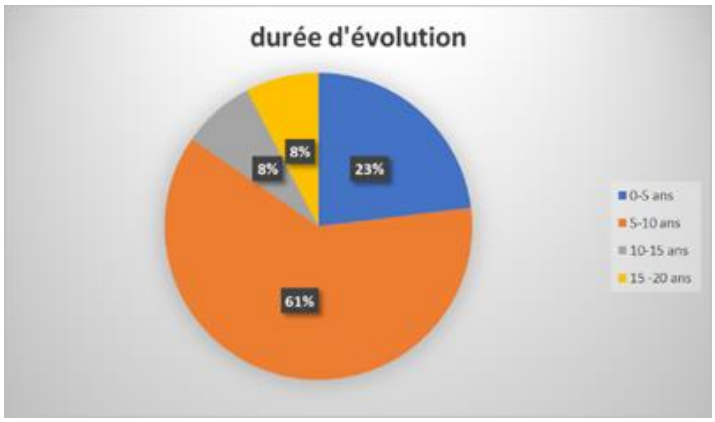
• Majority were urban residents



• 54% were married



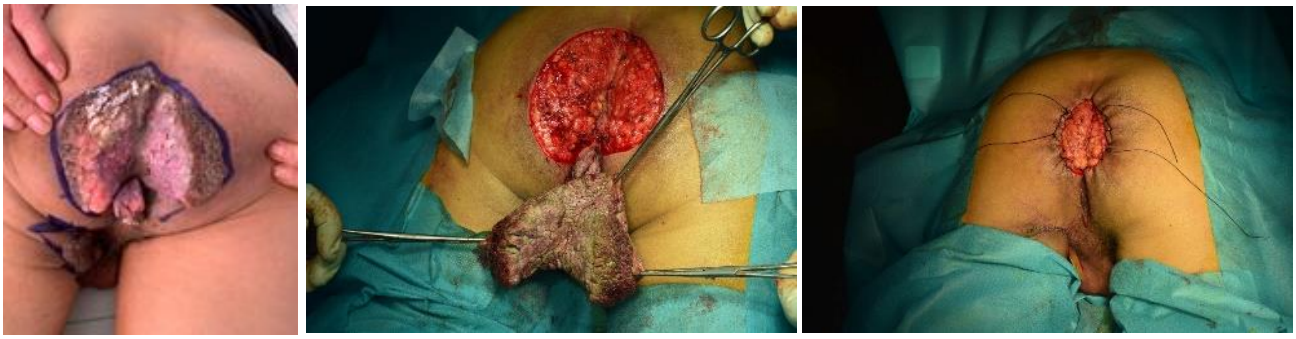
• 34% reported unprotected sexual intercourse



• 61% had condylomas evolving for over 10 years

CLINICAL CASES

Case 1: 32 years old, single, HIV positive under antiretroviral therapy, flat condyloma + CIS



Case 2: 54 years old, divorced, negative serology, condyloma acuminatum

Case 3: 60 years old, married, negative serology, condyloma acuminatum

DISCUSSION

Known since antiquity, anogenital condylomas are among the oldest venereal diseases. The Roman writer Martial first described them in the 1st century BC, referring to such lesions among Greek and Roman homosexuals under the terms 'Thymus' or 'Ficus'. They can occur at any age after puberty, with peak incidence between the 4th and 6th decades. In Morocco, their frequency quadrupled within three years (0.017% in 1984 to 0.068% in 1987). The mean age in our series was 47.6 years, likely due to delayed consultation driven by modesty, lack of resources, and limited disease awareness, particularly among lower socioeconomic groups.

Anogenital condylomas were predominantly male (92%). Alcohol use was reported in 11% and smoking in 29% of cases. Most patients were heterosexual (92%), with one homosexual male. HPV types 6 and 11 were implicated in most cases, with co-infection by oncogenic types 16 and 18 increasing cancer risk. HIV-positive status was observed in 8% of patients, with immunosuppression favoring lesion development.

In our series, 84.16% had multiple acuminate condylomas, 15.38% flat condylomas, and no papular form. Lesions were predominantly located on the external genitalia, with one anal case. Diagnosis relies on identifying koilocytes mature squamous cells with perinuclear vacuolization and pleomorphic nuclei. Progression is typically slow but may be complicated by dermatitis, infection, fistulization, necrosis, anal stenosis, or hemorrhage.

Surgical excision remains the treatment of choice. It must be wide enough to prevent recurrence. In perianal locations, sphincter-sparing excision with reconstruction is preferred, though more extensive procedures may be necessary. In our study, all patients underwent tumor excision with split-thickness skin grafting, with no recurrence within two years. Local treatments such as podophyllin, 5-FU, electrocoagulation, cryotherapy, and laser destruction are common but do not provide histological specimens. Chemotherapy (methotrexate or bleomycin) and radiotherapy may be used in select cases, while immunotherapy by autovaccination has shown promise for chronic or recurrent lesions.

CONCLUSION

Anogenital condylomas pose major diagnostic and therapeutic challenges. Early diagnosis is often hindered by lesion variability and lack of screening. Treatment is complex due to high recurrence rates and limited access to specialized care, especially in underserved regions. HPV vaccination remains underutilized. Strengthening healthcare provider training, improving access to care, and implementing prevention programs are essential. An integrated approach combining vaccination, screening, and appropriate patient management is key to reducing the burden of this disease.

BIBLIOGRAPHY

- Ghedamsi S, Mokhtar I, Ben Tekaya N, Kharfi M, Zghal M, Ridha Kamoun M.
- Profil épidémio-clinique des condylomes dans un service de dermatologie. A propos de 232 cas.
- La Tunisie médicale 2000 ; n 12 ; vol.78 ; 723-726
- Maher H. Les condylomes génitaux (A propos de 14 cas). Thèse Med Casa 1987 ; n 311.
- Njoumi N, Tarchouli M, Ratbi MB, Elochi MR, Yamoul R, Hachi H, *et al.,*La tumeur de Buschke-Lowenstein anorectale : à propos de 16 cas et revue de la littérature. Pan Afr Med J. 8 déc2013 ;16:131.
- Qarro A, Ait Ali A, Choho A, Alkandry S, . Borki. K. Tumeur de Buschke- Lowenstein à localisation anorectale. Ann Chir. févr 2005;130(2):96-100.
- ABRAHHAM KONE ; TUDE EPIDEMIO-CLINIQUE ET PRISE EN CHARGE DES CONDYLOMES DANS LE SERVICE DE DERMATOLOGIE DU CNAM ET AU CENTRE

DE SANTE DE REFERENCE DE LA COMMUNE IV Bamako (MALI).

- Triki S. Condylomes génitaux à problèmes. Maghreb Médical juin 1996 ; n 304- : 23-24.
- Reithmuller D. Physiopathologie et épidémiologie des maladies ano-génitales à HPV. Ann Dermato Venereol 2000 ; 127: 355-359.
- Cross, G., Ikenberg, H., Gissmann, L., Hagedorn, M. Papillomavirus infection of the anogenital region: correlation between histology, clinical picture and virus type. J. Invest. Dermatol., 1985 ; 85: 147-52.
- Handsfield, H. H. Clinical presentation and natural course of anogenital warts. Am. J. Med., 1997 ; 120 : 16-20.
- Collège des Enseignants de Dermato-vénérologie de France (CEDEF). Tumeurs cutanée épithéliales et mélaniques : tumeurs à papillomavirus humain (HPV). Connaissances et pratique dermatologie, 2e éd. Paris : Masson, 2002 : 197-204.
- Eppel, W., Worda, C., Frigo P., *et al.,*Human Papillomavirus in the cervix and placenta. The American College of Obstetricians and Gynecologists, September 2000 ; 96: 337-41.
- Voltz J M, Drobachef C, Derancourt C, Coumes-Marquets S, Mougin C, Laurent R. Lésions anogénitales à papillomavirus chez 121 hommes séropositifs pour le VIH. Etude clinique, histologique, virale, et évolution. Ann Dermatol Venereol 1999 ; 126
- P G, O V, B R, M DLB. [Buschke-Löwenstein tumor]. Ann Dermatol Venereol [Internet]. janv 2005 [cité 11 janv 2025];132(1). Disponible sur: https://pubmed.ncbi.nlm.nih.gov/15746622/
- Tytherleigh MG, Birtle AJ, Cohen CE, Glynne-Jones R, Livingstone J, Gilbert J. Combined surgery and chemoradiation as a treatment for the Buschke-Löwenstein tumour. Surg J R Coll Surg Edinb Irel. déc 2006 ;4(6):378-83.
- Kasmaoui E, Lezrak M, Ameur A, Jira H, Beddouch A, Abbar M. Tumeurs de Buschke Loewenstein à localisation génitale. À propos de quatre observations. Ann Urol. 1 janv 2002 ;36(3):211-6.
- Lévy A, Lebbe C. Prise en charge des tumeurs de Buschke-Löwenstein. Ann Urol. 1 juin 2006 ;40(3):175-8.
- Chao MWT, Gibbs P. Squamous cell carcinoma arising in a giant condyloma acuminatum (Buschke-Lowenstein tumour). Asian J Surg. juill 2005;28(3):238-40.
- Rabii R, Joual A, Bellabidia B, Skalli-Dehbi K, Hafliani M, Bennani S, *et al.,*Condylome acuminé scrotal géant : à propos d'un cas. Ann Urol. 1 janv 2001 ;35(1):67-70.
- Cherkaoui A, Araki A, Aboutaieb R, Meziane F. Le condylome acuminé géant - tumeur de Buschke Lowenstein (à propos de 3 cas). Prog En Urol. 2003 ;