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Buschke-Löwenstein Tumor: Ano-Perineal Location (About 4 Cases)

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Abstract **Case Report**

Buschke-Löwenstein tumor belongs to the group of verrucous carcinomas, a relatively rare condition and always precedes condyloma acuminata. This tumor is more common in men and immunocompromised people, it develops in the genital area, the perineum and the anus, creating a large budding lesion. The aim of our work is to analyze the epidemiological, clinical, paraclinical and therapeutic data of these tumors based on our 4 observations collected over 2 years and a review of the literature. The average age was 47.5 years with a male predominance. Sex ratio 3. The three men had spent time in a prison environment. All patients had had at least one anal coitus. Clinical signs are represented by anal swelling, rectal bleeding, moist anus and signs of anemia. Proctological examination revealed an ulcerative-budding cauliflower appearance in all patients. Immunodeficiency virus serology (HIV) was positive in 3 patients. The biopsy revealed a Buschke-Löwenstein tumor without signs of transformation in 3 patients with one case of squamous cell carcinoma. An abdominopelvic CT scan was performed in all patients revealing no signs of sphincter infiltration or other neighboring organs. The treatment consisted of a wide excision associated with analplasty in all patients. Eight months later, we noted a recurrence in one patient, but very minimal, who was treated by electrocautery. Surgical management of Buschke-Löwenstein tumor must be carried out by an experienced surgeon.

Keywords: Buschke-Löwenstein, condylomas, anal coitus, recurrence.

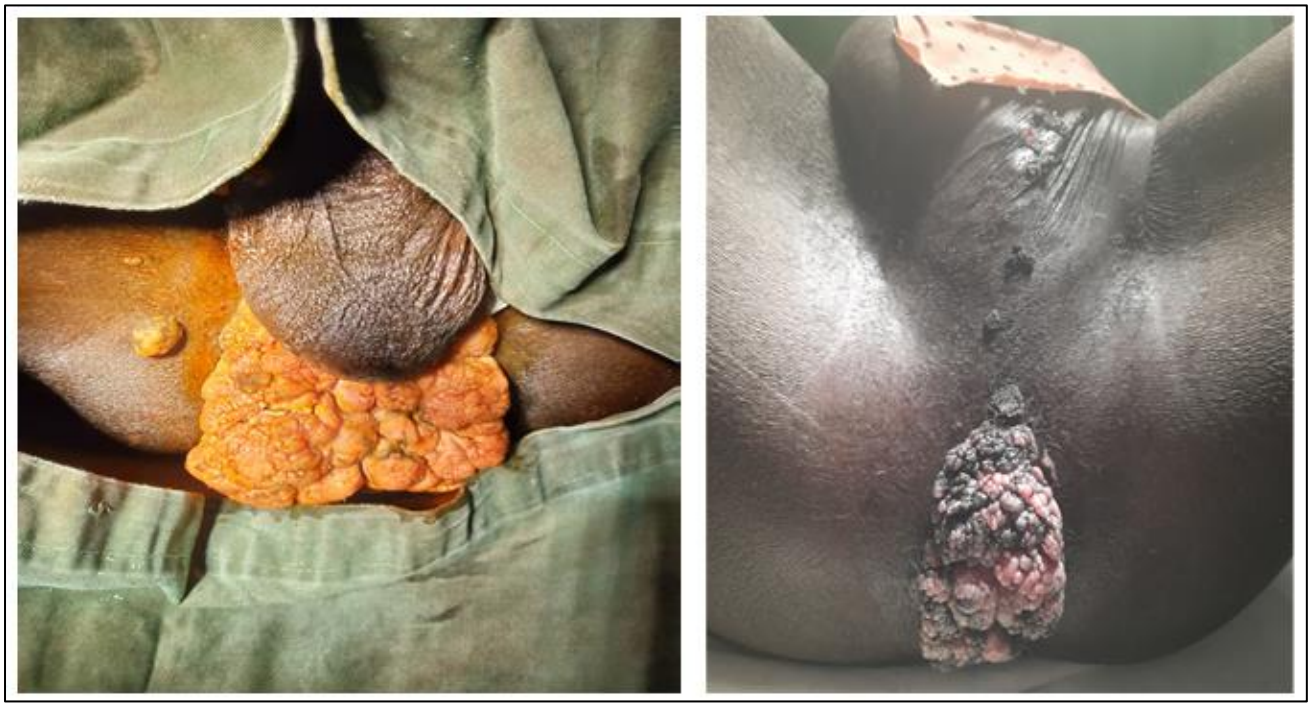
INTRODUCTION

Buschke-Löwenstein tumor is a relatively rare condition and always precedes condyloma acuminata. Described for the first time in 1896 by Buschke, giant condyloma acuminata is a proliferation with a pseudo-epitheliomatous appearance characterized by exo- and endophytic hyperpapillomatosis with hyperacanthosis of viral origin, rapidly progressing with a degenerative potential [1]. This tumor is characterized by local aggressive behavior despite benign histology. It carries a substantial risk of squamous cell carcinoma. More common in men and immunocompromised people, it develops at the genital or perianal level, producing a large budding lesion. The average incubation period for HPV is 3 months, but it can go up to several years even if they can degenerate during their evolution. Degeneration remains the major complication. Various treatments have been used, but the answer is often low and high recidivism rates. The aim of our work was to analyze the epidemiological data, the clinical and paraclinical aspects and to highlight the therapeutic difficulties of this pathology

OBSERVATION

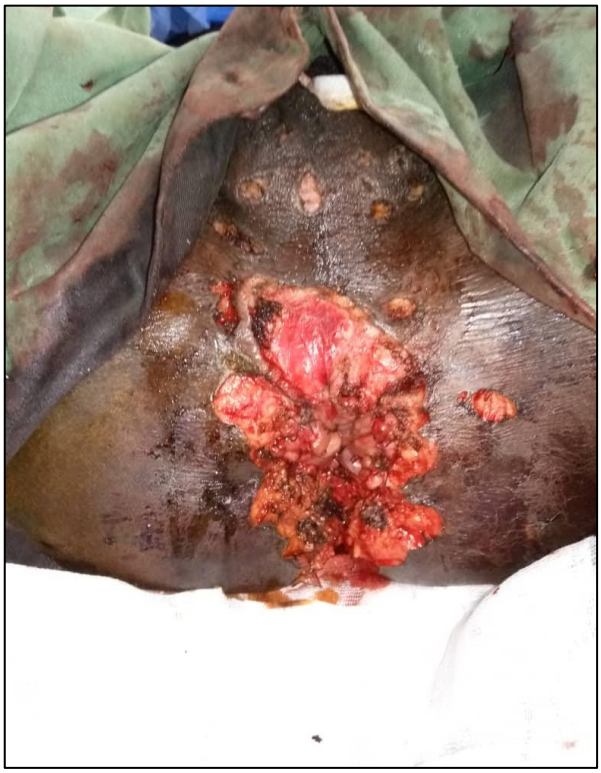
We report four observations, three male patients and one female patient, all married, aged 35, 37, 56 and 62 years with a mean age of 47.5 years ± 13.52 years, each presenting a giant perianal condyloma. In their medical history, three patients were suffering from human immunodeficiency virus having stayed in a prison environment and all four (4) practiced anal coitus at least once. One of these patients was suffering from viral hepatitis B and another from hepatitis C. The major clinical signs present in our patients were the perianal mass, rectal bleeding and signs of anemia in all patients, tenesmus and weight loss in two patients. Anorectoscopy, biopsy and thoraco-abdominopelvic CT scan were carried out in all patients revealing the

diagnosis of condyloma in the four patients and one case of carcinoma without locoregional location or distant metastasis, there was no no sphincter infiltration. A wide excision associated with Anoplasty was performed in three patients. The female patient did not consent to the surgical treatment. We noted an average healing time of 34 days and one case of recurrence after 8 months which was treated by electrocautery.

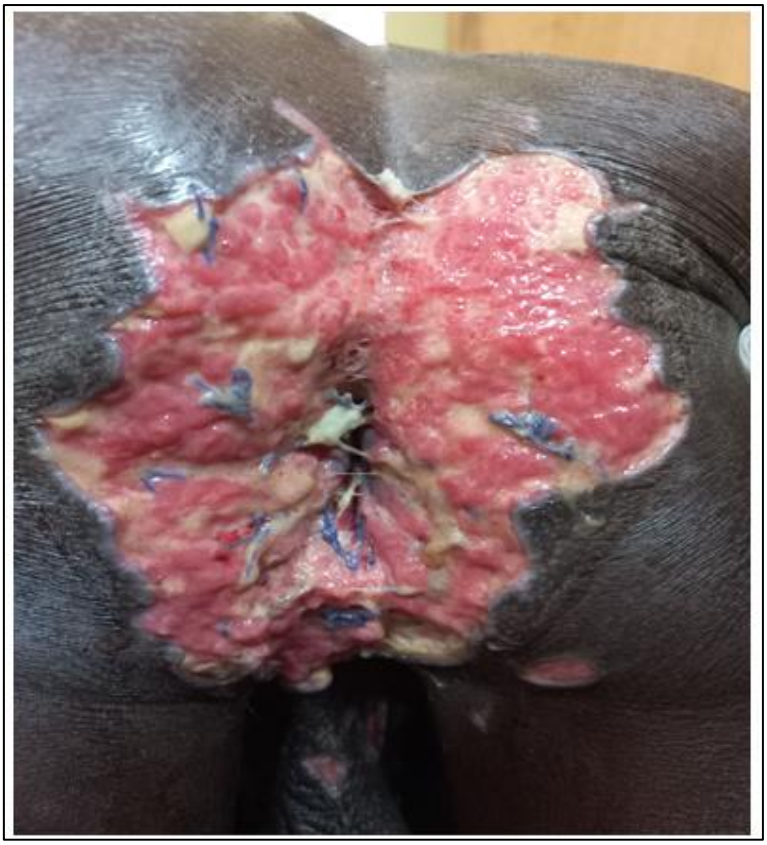


Buschke-Löwenstein tumor
Anoperineal location

Buschke-Löwenstein tumor
Anoperineal location



Buschke-Löwenstein tumor
Day 1 postoperative



Buschke-Löwenstein tumor
Day 7 postoperative

Buschke-Löwenstein tumor
Day 28 postoperative

COMMENT

Condyloma acuminatum is caused by infection with the human papilloma virus. Most warts are caused by human papillomavirus genotype 6 or 11 [2]. Buschke-Löwenstein tumor is a relatively rare condition and always precedes condyloma acuminata. We reported four observations, three male patients and one female patient, all married aged 35, 37, 56 and 62 years with a mean age of 47.5 years ± 13.52 years. In certain series we note a male predominance with a sex ratio of 2.5 with an average age of 50 years, which is consistent with the

data in the literature [3]. Genital warts are commonly transmitted through sexual contact. The risk factors observed in our patients were HIV infection and prison stay in three patients; anal coitus by all patients and the hepatitis B virus in one patient. Poor anorectal hygiene, pregnancy, multiparity, homosexuality, immunosuppression, smoking, alcohol and sexually transmitted infections (STIs) are also risk factors [4]. Ahmed Jdaini and Al considered that pregnancy is a factor favoring the appearance and development of TBL. During pregnancy, TBL is 3 times more common [5]. The clinical signs most frequently encountered in our patients were: anal swelling, rectal bleeding and signs of anemia. In Abdou Niasse et al., the unsightly appearance of the lesions, disabling pruritus and oozing were the major signs [6]. The malignant degeneration of an ordinary condyloma acuminata is extremely rare unlike forms of gigantic evolution, it is due to the persistence of an infection by an oncogenic HPV type 16 and 18. The percentage of degeneration is estimated at 30 % [7]. Yassine Lemfadli and Al during rectal examination and anoscopy did not reveal any endo-anal invasion and lymph node areas were free in their patients [8]. In our study, Anorectoscopy and biopsy associated with a thoraco-abdominopelvic CT scan were carried out in all patients revealing the diagnosis of condyloma in the four patients and one case of carcinoma without locoregional location or distant metastasis, there was no there was no sphincter infiltration. The management of Buschke-Löwenstein disease is often the subject of controversy: therapeutic abstention, surgical excision, electrocoagulation - excision, CO2 laser, immunotherapy. A consensus seems to be emerging for the surgical option [5]. Treatment represents a continuing surgical challenge, due to the need for exhaustive surgical intervention that should take into account both oncological principles and better anatomical resolution. As for surgical treatment, it depends on the extension and histological type. For carcinomas in situ, excision simple is sufficient while abdominoperineal amputation is necessary for invasive carcinomas [9]. In our patients, a wide excision associated with Anoplasty was performed in three patients. The female patient did not consent to the surgical treatment. Excision with preservation of the sphincter followed by reconstruction is performed whenever possible [10]. We noted an average healing time of 34 days and one case of recurrence after 8 months which was treated by electrocautery. A. D'Ambrogio R et Al recorded 15.7% recurrence 12 months after surgical treatment and all were reoperated [11].

CONCLUSION

Buschke-Löwenstein tumor belongs to the group of verrucous carcinomas. There is a relationship between anal coitus, condyloma and the appearance of anal carcinoma. Surgical treatment is the most effective treatment and should be carried out by an experienced proctology surgeon. Recurrences are common.

Conflicts of Interest: The authors declare no conflict of interest.

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