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Case Report

Giant Condyloma Accuminatum: Cauliflower Verrucous Swelling over the Scrotum - A Rare Case Report

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ABSTRACT

Giant condyloma accuminatum is a benign disease most often affects the glans penis, but has also been reported rarely in the scrotum, vulva, the peri-anal region, ano-rectum and the bladder. We would like to report a giant condyloma accuminatum for its rarity in the scrotum.

Key words: Condyloma accuminatum, scrotum, cauliflower mass, surgical wide excision

INTRODUCTION

Condyloma accuminatum is a slow-growing, locally destructive tumor of the ano-genital region thought to be induced by low risk genotypes of human papillomavirus (HPV), most commonly HPV types 6 and 11 and occasionally types 16 and 18. It is associated with extensive local infiltration and a high propensity to recur.

CASE REPORT

70 year old male patient presented with complained of palpable mass on the scrotum since 2 years. There was a history of rapid increase in size of mass along with foul smelling discharge noted.

Examination of the affected site revealed 2 masses measuring 6*6 cm and 3*3 cm respectively were observed on the scrotum with pinkish bigger mass assuming shape of a cauliflower. The sessile, non tender masses had verrucous surface and firm consistency. No warty lesions were found elsewhere in his body.

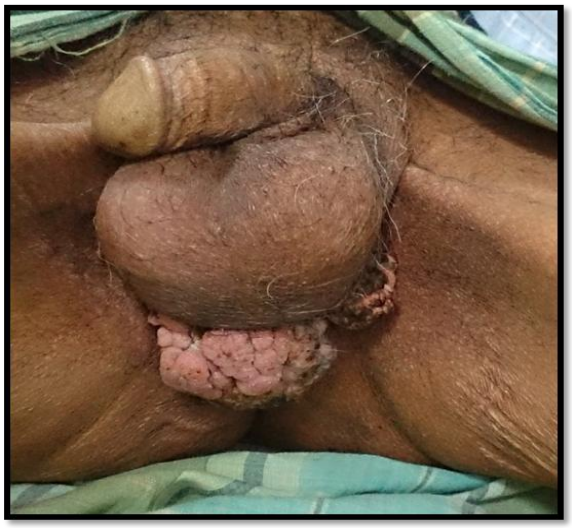

Figure 1: 2 masses measuring 6*6 cm and 3*3 cm on the scrotum with pinkish bigger mass assuming shape of a cauliflower.

Routine investigations like complete blood picture, liver function test (LFT), and renal function test (RFT) were within normal limits. HIV1 and 2 testing was negative.

An extensive surgical excision was performed and the excised tissue was sent for histopathological examination. It revealed hyperkeratosis, parakeratosis, hypergranulosis, acanthosis and papillomatosis with thickening and elongation of rete ridges with few cells showing perinuclear vacuolisation.

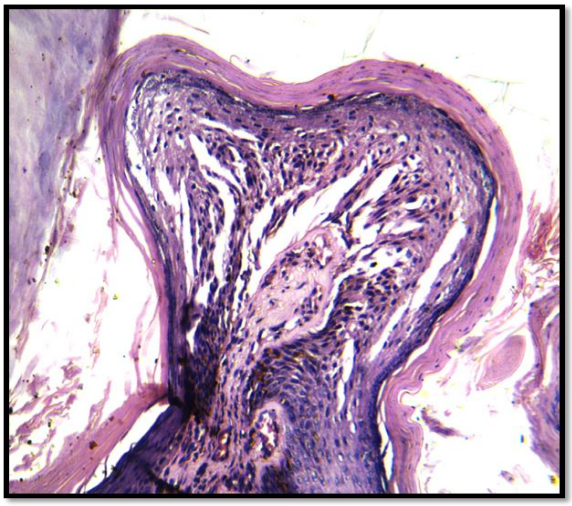

Figure 2(10x H&E): showing hyperkeratosis, parakeratosis, hypergranulosis, acanthosis and papillomatosis.

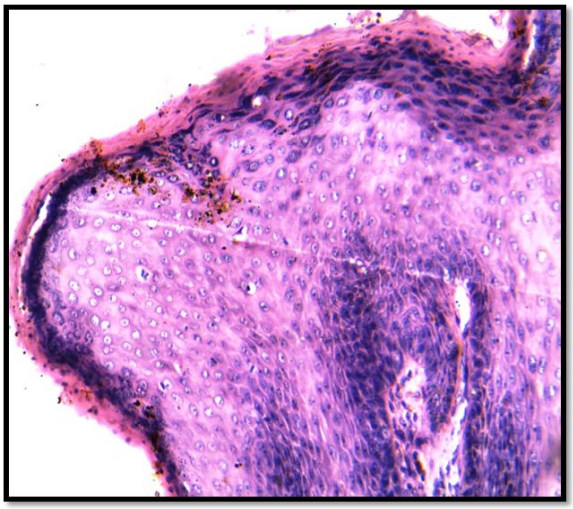

Figure 3(20X H&E): showing prominent koilocytic changes in the epidermis.

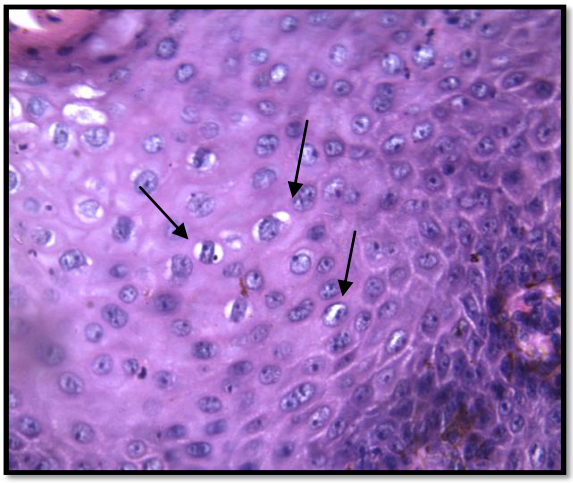

Figure 4(40X H&E): arrows showing koilocytes with perinuclear clearing of cytoplasm.

DISCUSSION

Giant condyloma acuminatum, also known as Buschke-Lowenstein tumor, was first described by Buschke and Lowenstein in 1925. It is a benign disease of anogenital region caused by Human papilloma virus, most commonly HPV types 6 and 11 and occasionally types 16 and 18, that is sexually transmitted and that can cause malignant transformation. Giant condyloma acuminatum most often affects the glans penis, but has also been reported in the scrotum, vulva, the peri-anal region, ano-rectum and the bladder. [1]

Tumor occurs at any age after puberty, usually between the 4 th and 6 th decades. [2] It has also been reported in children. [3] Males are more frequently involved, the M/F sex ratio being 3.3. It is located on the penis in 81 to 94% of cases, in the anorectal area in 10 to 17%, and in the urethra in 5%. In females, the location is chiefly the vulva (90%) and anorectal location is less frequent. [4]

Bad genital hygiene is a known predisposing factor, while chronic inflammation (peri-anal fistuli), chronic genital infection, diabetes, pregnancy, homosexuality and polygamy are recognized risk factors. chronic alcoholism and immune

suppression increases risk of recurrence and malignant transformation.

Clinically it appears as a large, cauliflower-like, pinkish white or yellow mass with irregular surface, eventually exceeding 10 cm^2. [5] Histopathology reveals well differentiated hyperplastic epithelium; papillomatosis and severe acanthosis. vacuolated epidermal cells displaying clear cytoplasm and hyperchromatic nuclei. The basal membrane is intact, and a lymphohistiocytic inflammatory infiltrate is present in the upper dermis. [6]

The common differential diagnoses are Bowen's disease (dyskeratotic condylomatous form), verrucous carcinoma and squamous cell carcinoma.

Though different modalities of treatment are available for giant condyloma accuminatum, surgical excision is the mainstay of treatment. Tytherleigh *et al*. [7] reported the successful use of neo-adjuvant chemoradiotherapy to down-size a tumor with subsequent complete surgical excision. Surgical excision is effective in the early stages of the disease. Excision must be wide and the Mohs technique is often used. [2,4] There is a risk of transformation of a giant condyloma acuminatum into an aggressive squamous cell carcinoma (30% to 56% over five years), in addition to a 10% risk of anaplastic transformation after radiotherapy. [2] Early surgical resection of condyloma accuminatum prevents development of invasive squamous cell carcinoma.

CONCLUSION

We would like to report this case for its rarity in the scrotum and classical clinical and histopathological features.

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