



## **Perianal giant condyloma acuminatum : A Case report**

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### **ABSTRACT**

*A 16 year old boy presented to general surgery OPD with a lesion located at the perianal region which was rapidly growing. The lesion was initially noticed 3 months back, which progressed rapidly in size in the last 15 days. On examining a proliferative growth was seen in the perianal region. Tangential excision of the growth was done. Pathological study of the lesion showed the lesion to be condyloma acuminatum. Usually associated with HPV infection, Condyloma acuminata is a benign, exophytic low-growing tumour. The differential diagnosis of carcinoma or Buschke-Löwenstein tumour should be considered in cases where the lesion has vigorous features, as in our case. However, in our patient, biopsy excluded malignancy.*

**Keywords:** *Condyloma acuminata, Buschke-Löwenstein tumour, HPV*

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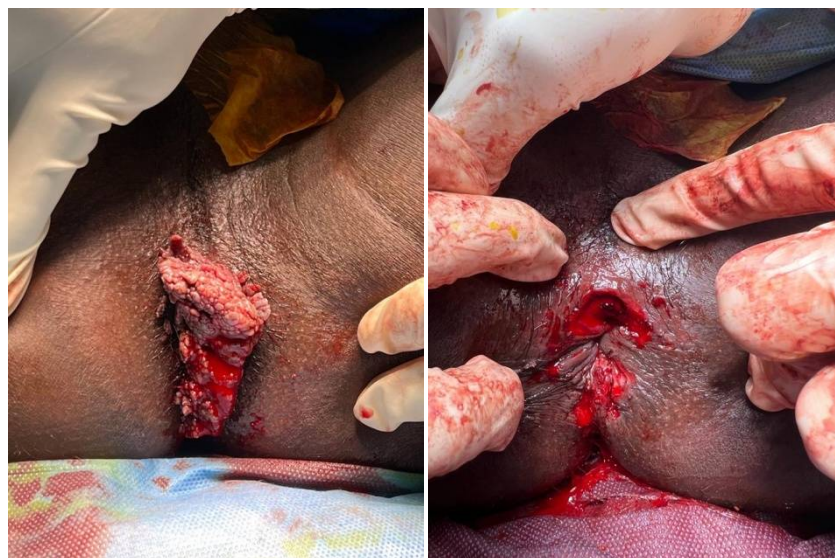
### **INTRODUCTION**

Human papillomavirus causes Condyloma acuminata which is an anogenital wart [1]. This anogenital wart is caused most commonly by the 6&11 stains of the human papilloma virus [2]. Sexual contact is the primary reason of spread of this double stranded DNA virus. Infection with condyloma acuminata are elevated with age, immunosuppression, multiple sexual partners and anal intercourse [3]. Incidence of Condyloma acuminatum in general population is 0.1% [4]. The lesion is characterized as a large cauliflower-like tumour in the anogenital region [5]. Conservative options can be given a trial with imiquimod cream, sinecatechins ointment and podophyllotoxin solutions and creams. There is a probability for recurrence of condyloma acuminata after topical treatments. Surgical excision offers a clearance rate close to a 100 percent [6]. Patients should be counseled on treatment options and safe sex practices.

### **CASE report**

A young boy aged 16 came to OPD with complaints of a proliferative growth in the perianal region, which he noticed 3 months prior to his visit. The boy also gave history of on and off blood in stools and occasional painful defecation. Complaints of 3 days of constipation. The patient gives history of unprotected sodomy with peer of same gender. On examining a 8x4 cm cauliflower-like mass was noted in the perianal region. Digital rectal examination was not possible due to tenderness and the anal opening not visible. Subcentimeteric Inguinal lymph nodes were present on right side on palpation. Syphilis Rapid plasma reagin was done and showed a positive report. The patient was HIV negative. Venerologist opinion was sought and the patient was advised 3 doses (2.4 million IU/dose) of benzathine penicillin, first dose 5 days prior to surgery and 2 doses after surgery at a rate of one dose per week.

Initial biopsy was not done because of the bleeding tendency of the mass. The mass was tangentially excised under spinal anaesthesia. The entire lesion was excised on without involving the anal mucosa in order to prevent anal stenosis. The histopathology report showed features that were suggestive of condyloma acuminatum. Pathology also told the lesion doesn't show a malignant transformation.



### DIFFERENTIAL DIAGNOSIS

Differential diagnosis has to include condyloma lata, molluscum contagiosum, carcinoma Buschke-Löwenstein tumor [7].

### DISCUSSION

This is a case of a quickly growing condyloma acuminatum in the perianal region. [8]. When the tumour has aggressive features, there is a chance of recurrence or malignant transformation [9]. Surgical excision is the preferred treatment modality as it provides higher success rate and lower relapse [10]. Histologically Acanthosis, Parakeratosis, hyperkeratosis, papillomatosis and koilocytosis are the features of the tumour [11]. Controversy remains in the classification of giant condyloma acuminatum and Buschke-Löwenstein tumour. Controversy is because of the fact that a few people consider Giant condyloma acuminatum and Buschke-Löwenstein tumour synonymously whereas others consider it as verrucous carcinoma. Giant condyloma acuminatum measure more than 2.5 cm and are considered benign tumours. Histopathological features of condyloma acuminatum, such as parakeratosis and papillary proliferation are also seen in Buschke-Löwenstein tumour. Buschke-Löwenstein tumour is an intermediate between condyloma acuminatum and perianal verrucous carcinoma, thus referred to as a condyloma-like precancerous lesion [12]. A regular follow up is necessary due to its potential of recurrence and the possibility of the tumour turning malignant [13]. No signs of recurrence was noted 8 months post surgery in our patient, which makes us consider him to be a low risk for recurrence or malignant transformation.

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