

CASE REPORT

Giant condyloma acuminatum of groin region: A case report

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Giant condyloma acuminatum is a rare disease. It has a prevalence of 0.1% and caused by Human Papilloma Virus. It presents in between the 4th and 6th decade of life. Giant condyloma acuminatum has higher rate of malignant transformation than the classical condyloma acuminatum. It is related to poor hygiene, chronic genital infections, multiple sexual partners and immunodeficiencies. It usually presents with a cauliflower like growth in the region of genital with bleeding, bad odour, and local infiltration. Diagnosis can be confirmed by the biopsy. Various treatment options are available including medical and surgical methods. Medical methods include topical chemotherapy agents, intralesional 5-fluorouracil (5-FU) injection, interferon, curettage, cryotherapy, CO₂ laser vaporization, radiation therapy, chemotherapy but wide surgical excision is the gold standard for its management and reconstruction can be performed at the time of surgery or it can be done in a delayed manner. Regular follow-up of the patient is necessary for any recurrence or malignant transformation.

KEY WORDS: Excision, Giant condyloma acuminatum, Primary repair

INTRODUCTION

Giant condyloma acuminatum is also known as Buschke-Loewenstein tumor. It is a rare disease caused by Human Papilloma virus (HPV) with a prevalence of 0.1% and age of presentation between the 4th & 6th decade of life. Initially it was described by Buschke in 1896 and later by Buschke and Loewenstein in 1925.^[1] In more than 90% of the patients, the main agent associated with giant condyloma acuminatum is HPV subtypes 6 and 11.^[2] It is related to poor local hygiene, chronic genital infections, multiple sexual partners, and immunodeficiencies.^[3] It is characterized by cauliflower-like growth in the region of genital with bleeding, bad odour, and local infiltration. Giant condyloma acuminatum has a higher rate of malignant transformation than classical condyloma acuminatum.^[4] Wide radical excision of the lesion is considered to be the principal therapeutic procedure with regular follow-up.^[5]

CASE PRESENTATION

A 60-year-old male patient presented to us with complaints of mass a left groin and inguinal region with small mass at the right groin region for 1 year. Initially, it was 2 × 2 in size but it gradually progressed to the 12 × 10 cm in size. The patient was also complaining of foul-smelling discharge and pain over the lesion. On examination, there was 12 × 10 cm cauliflower-like growth present over the left inguinal and groin region. Another 2 × 3 cm cauliflower-like growth was also present over the right groin region [Figure 1]. Initially, a biopsy from the lesion over the right inguinal region was taken and the patient was diagnosed as a case of condyloma acuminata.

Surgical wide local excision with primary closure of the wound was done [Figures 2-4]. Histopathological examination report came to be condyloma acuminatum.

DISCUSSION

Giant condyloma acuminatum is a rare sexually transmitted disease with a prevalence of 0.1% and male-to-female ratio of 2.3:1. It is a very slow-growing tumor.^[4] There is an increase in the incidence over 30 years. There are over 170 subtypes of human papilloma virus but subtypes 16, 18, 31, and 33 are

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Figure 1: Cauliflower like growth over groin region



Figure 2: Wound after excision

associated with a great risk of progression to dysplasia and malignancy. Especially subtypes 16, 18, 31, and 33 are associated with squamous cell carcinoma. They are asymptomatic but usually present with discharge, pruritis, bleeding, and pain. The diagnosis is confirmed by biopsy which also indicates the

presence and absence of dysplasia.^[6] In our case, there was an exophytic cauliflower-like growth present over the left groin and right groin region with foul-smelling discharge and pain over the lesion.



Figure 3: Primary closure of the wound



Figure 4: Excised condyloma acuminatum

It can be managed by topical chemotherapy agent (application of 25% podophyllin), intralesional injection of 5-FU, interferon, cryotherapy, curettage, CO₂ laser vaporization, radiation therapy, chemotherapy, and wide local excision with or without neoadjuvant chemotherapy. Surgical excision can be done under local, regional, or general anesthesia. If the defect is large, then reconstruction can be performed at the same surgical time or in a delayed manner.^[5]

In our patient, as the lesion was extensive, so wide surgical incision with primary closure of the skin was undertaken. Excised tissue was sent for histopathological examination. The post-operative period of the patient was uneventful. Histological examination of the lesion confirmed condyloma acuminatum. Radical surgery is the gold standard for the giant condyloma acuminata.^[7]

CONCLUSION

Giant condyloma acuminatum is a sexually transmitted disease. It is caused by human papilloma virus. It is a slow-growing, cauliflower life tumor that commonly involves the inguinoscrotal region of the body. Diagnosis can be confirmed by tissue biopsy. Wide surgical excision is the gold standard for its management. Regular follow-up of the patient is necessary for any recurrence or malignant transformation.

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