

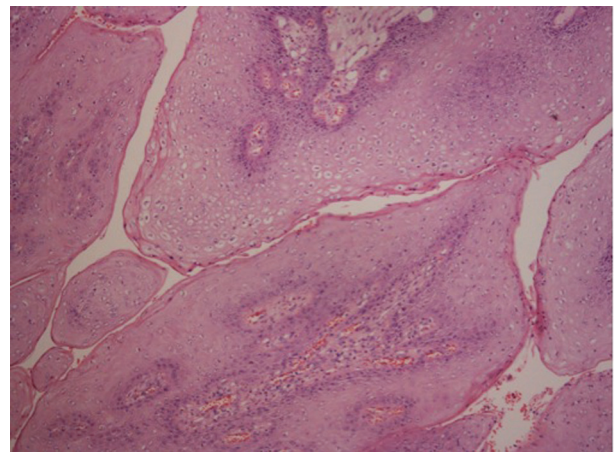
## Images in...

## Can a perianal condyloma reach the pelvis?

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A 42-year-old MSM black male was admitted due to vigorous perianal bleeding. Physical examination revealed a 14×8 cm exophytic erythematous perianal tumour with a moist verrucous surface (figure 1, right). The lesion had its origin on the right anal verge, extending over 3 cm on the anal canal, as seen by anoscopy. There was no loco-regional lymphadenopathy upon palpation. Laboratory data revealed microcytic anaemia (Hb 3.9 g/dl) and pelvic MRI showed abnormalities on the external anal sphincter, right ischioanal fossa fat and thickening of perianal skin. On histopathology, there was a papillomatous epithelial proliferation with viral cytopathic effect and no signs of atypia, in keeping with condyloma acuminatum (figure 2). Patient's history was remarkable for a 4-year HIV-1 positive serology (current viral load <50 copies/ml and CD4+ count 123 cells/mm<sup>3</sup>), diabetes mellitus and chronic renal disease. He was on highly active antiretroviral therapy, insulinotherapy and dialysis. He had had a sexually transmitted diseases appointment 2 years before (figure 1, left) and refused surgical treatment. In face of the presumptive diagnosis of Buschke–Löwenstein tumour, a wide local surgical excision was planned. The patient unexpectedly died during the anaesthetic induction. Buschke–Löwenstein tumour or giant condyloma acuminatum is considered a verrucous carcinoma, being locally invasive, but rarely capable of metastatic disease. It is an uncommon tumour of the anorectum, associated with the human papillomavirus types 6/11.

Though foci of squamous cell carcinoma are commonly found, its histology may look remarkably benign; thus, the lack of a wider sample does not allow to rule out a malignant transformation in this case. Radical surgery can be curative, but recurrences are frequent.<sup>1 2</sup>



**Figure 2** Buschke–Löwenstein tumour sample on microscopy (H&E). Notice the parakeratosis, granular vacuolisation and hyperkeratosis with a thick stratum corneum in the specimen analysed; these features generally characterise the benign BL tumours and support the differential diagnosis from ordinary warts.



**Figure 1** Patient's perianal lesion on a sexually transmitted diseases appointment in 2009 and on admission, 2011.

## Learning points

- ▶ Patients with condylomata acuminata must be treated in an early stage of disease.
- ▶ Buschke–Löwenstein tumour should be aggressively managed due to its high morbidity and possible complications.

**Competing interests** None.

**Patient consent** Obtained.

## REFERENCES

1. **Kirnbauer R**, Lenz P, Okun MM. Human Papillomavirus. In Bologna JL, Jorizzo JL, Rapini RR, Callen JP, Horn TD, Mancini AN, eds. *Dermatology*. Second Edition. Lisbon: Mosby Elsevier 2008:1183–98.
2. **Trombetta LJ**, Place RJ. Giant condyloma acuminatum of the anorectum: trends in epidemiology and management: report of a case and review of the literature. *Dis Colon Rectum* 2001;**44**:1878–86.

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