Giant Buschke-Lowenstein tumour: clinical appraisal of a rare entity

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DESCRIPTION

A 52-year-old man, chronic smoker presented with a condition of a large, painless, foul-smelling mass in his penis of about 2 years. On detailed history, the patient revealed that in spite of applying various non-specific ointments and creams, the growth was gradually increasing in size. On physical examination, a large, exophytic, variegated growth measuring 10 cm at the largest diameter with papillary multilobulated surface was evident (figure 1). Some areas showed necrotic and ulcerated friable areas (figure 2). The growth entirely covered the glans, corona and some part of the distal penile shaft with sideways extension (figure 3). Surprisingly in spite of such large growth, the inguinal lymph nodes were not enlarged on palpation. Distant metastasis were excluded on the basis of chest radiography and CT of the abdomen. Preoperative biopsy revealed a condyloma acuminatum without malignancy or atypia. Partial penectomy was performed. The patient continued to be monitored at the outpatient clinic and did not have any evidence of recurrence and metastasis at 3 months of follow-up.

The Buschke-Löwenstein tumour, first described in 1948 by Ackerman in the oral cavity,¹ is a rare but interesting low-grade penile tumour whose exact incidence is not known. Although characteristically locally very aggressive tumour, the regional lymph node and distant metastasis has yet not been reported.² Tumour invades and destroys adjacent tissues and may involve the urethra. Microscopically, penile verrucous carcinoma is a very well-differentiated papillary neoplasm with

Figure 1 Buschke-Lowenstein tumour showing papillary multilobulated surface.

Figure 2 Tumour showing necrotic and ulcerated areas.

Figure 3 Tumour with sideways extension.

acanthosis and hyperkeratosis. Radiotherapy is ineffective and lesion may be managed with surgical excision.

Learning points

- ▶ Diagnosis of verrucous carcinoma should always be kept in mind while dealing with large penile growths.
- ▶ In spite of their significant local destructive appearance, these tumours are generally innocuous and have a low rate of lymph node and distant metastasis.
- ▶ Treatment consists of excision, sparing as much of the penis as possible.

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