CASE REPORT

A rapidly growing vulvar condyloma acuminatum in a young patient

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SUMMARY

A young woman presented to the outpatient gynaecology clinic with a rapidly growing bulky tumour located at the external genitalia, which she first noticed 10 days prior to her visit. Examination revealed a 6×3 cm cauliflower-like mass located on the left genitofemoral fold. The initial biopsy had several features suggestive of a human papilloma virus (HPV) infection. A broad excision of the mass was subsequently performed. The biopsy confirmed the presence of a large condyloma acuminatum. Condyloma acuminatum is a slow-growing benign exophytic tumour that is associated with HPV infection. In cases where the tumour has aggressive features, as in our patient, the differential diagnosis has to include carcinoma or Buschke-Löwenstein tumour. The initial biopsy of the tumour in our patient, however, excluded malignancy.

BACKGROUND

This is an interesting case of a rapidly growing condyloma acuminatum of the external genitalia. Condyloma acuminatum is generally a slow-growing benign exophytic tumour that is associated with human papilloma virus (HPV) infection. In cases where the tumour has aggressive features, as in our patient, the differential diagnosis must be made primarily with carcinoma including Buschke-Löwenstein tumour (BLT).

CASE PRESENTATION

A 24-year-old woman presented to the outpatient gynaecology clinic with a rapidly growing bulky tumour located on the external genitalia, which she first noticed 10 days prior to her visit. Examination revealed a 6×3 cm cauliflower-like mass located on the left genitofemoral fold ([figure 1A](#)). The patient

reported no other symptoms and there were no other findings on physical examination. No regional lymph nodes were present on palpation. Vaginal examination and transvaginal scan were also unremarkable. The patient had no history of genital warts. She was HIV negative, had been vaccinated for high-risk HPV infection (quadrivalent vaccine) at the age of 20 and had a normal Papanikolaou smear.

Due to the aggressive nature of the tumour, an initial biopsy was planned, which showed endophytic deterioration of the squamous epithelium with mild cellular atypia without any clear pattern of invasive growth. The follicular keratosis was suggestive of an HPV infection. A broad excision of the mass was then performed under local anaesthesia. Care was taken to excise the entire lesion on healthy margins and achieve closure of the incision without excessive tension. The histopathology report revealed epidermal hyperplasia, hyperkeratosis, papillomatosis and koilocytosis, features that are consistent with condyloma acuminatum ([figure 1B](#)). There was no evidence of malignant transformation.

DIFFERENTIAL DIAGNOSIS

In cases where the tumour has aggressive features, as in our patient, the differential diagnosis has to include carcinoma or BLT.

OUTCOME AND FOLLOW-UP

The patient had no signs of recurrence 6 months after the operation. A repeat Papanikolaou smear was unremarkable.

Figure 1 (A) A rapidly growing condyloma acuminatum located on the left genitofemoral fold. (B). Histopathological examination of the lesion showing koilocytes with enlarged wrinkled nuclei surrounded by a perinuclear halo.

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DISCUSSION

This is an interesting case of a rapidly growing condyloma acuminatum of the external genitalia. Condyloma acuminatum is a slow-growing benign exophytic tumour that is associated with HPV infection. In cases where the tumour has aggressive features, as in our patient, the differential diagnosis has to include carcinoma or BLT. The initial biopsy of the tumour in our patient could not exclude malignancy for the entire tumour, however, the histopathological features indicated the presence of a condyloma acuminatum.

Classification of large condylomata acuminata remains controversial. Although giant condylomata are considered benign tumours that measure more than 2.5 cm, many authors have used this term to describe BLT, which by others are considered variants of verrucous carcinomas.¹ Much confusion exists in the literature regarding the malignant potential of BLTs since, as in condyloma acuminatum, they have a viral aetiology and a high rate of local recurrence. They also share some of the common histopathological features of condylomata, such as parakeratosis and papillary proliferation.² BLT is pathologically considered to be between condyloma acuminatum and perianal squamous cell carcinoma, since it presents several malignant features such as deep invasion to the tissue below and fast mitotic activity.³ However, their rare tendency to malignant transformation, the high rate of recurrence after treatment and the frequent concurrence with squamous cell carcinoma, make differentiation between the two entities important in respect to treatment and prognosis. Due to the similarities of the two entities, a wide surgical excision, at the earliest, is considered optimal. We considered our patient low risk for recurrence or progression to malignancy and there are no such signs 6 months after the operation.

Learning points

- ▶ Every rapidly growing tumours of the genitalia must be excised into healthy tissue in order to prevent complications due to possible malignancy presence.
- ▶ Surgical excision extension will be determined by histopathological examination of the resection margins.
- ▶ A Papanicolaou smear should be performed in order to exclude cervical intraepithelial dysplasia.

Contributors OK was involved in writing the manuscript. GK was responsible for patient recruitment. MS was involved in pathology. AD was responsible for editing the manuscript.

Competing interests None declared.

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