Giant Condyloma Acuminata of the Inguinal Region

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Received: 23 October 2012 / Accepted: 17 January 2013 / Published online: 5 February 2013
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Abstract A 70-year-old male presented with a progressively increasing polypoidal lesion in the right inguinal region since last 10 years. He had no anal or penile lesion. Excision biopsy was done under spinal anaesthesia. Histopathology showed it to be a giant condyloma acuminata. We report this case due to its large size and its location in inguinal region without pre-existing anal or rectal lesion.

Keywords Giant condyloma acuminata · Inguinal region · Polypoidal growth

Introduction

Giant condyloma acuminata of the inguinal region is a rare clinical and pathological entity. We report a case of large polypoidal lesion of the inguinal region in a 70-year-old male, causing disfigurement as well as concern regarding malignancy. The review of literature regarding isolated

inguinal condyloma without anal or rectal lesion showed no case study.

Case Report

A male patient aged 70 years presented with a polypoidal mass in the right inguinal region, which was progressively

Fig. 1 Polypoidal mass with a pedunculated base (16 cm×14 cm)

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Fig. 2 The excised polypoidal mass

increasing in size. The mass was causing disfigurement, and patient had concern for malignancy.

On examination, there were three polypoidal masses: (1) 16 cm×14 cm polypoidal mass with a pedunculated base (Fig. 1); (2) 6 cm×4 cm mass with a pedicle; (3) 4 cm×2 cm mass. There was no inguinal lymphadenopathy. There were no anal or genital lesions. Patient was not immunocompromised. Mass was excised under spinal anaesthesia and sent for histopathology (Fig. 2). The report was giant condyloma acuminata (Figs. 3 and 4). Postoperative recovery was uneventful. There has been no recurrence in the 2-year period of follow-up.

Discussion

Condyloma acuminatum warts of anal and genital regions are caused by human papillomavirus (HPV) types 6, 11, 42,

Fig. 3 Keratinocytes exhibiting koilocytic changes (400 X)

Fig. 4 Histopathology showing features of condyloma acantosis, hyperkeratosis and papillomatosis (100X)

44 and 54 [1]. HPV are epitheliotropic, and their replication depends on the presence of differentiating squamous epithelium [2, 3]. Papillomatous lesions commonly occur on the penis, scrotum, urethral meatus and perianal region in males, and over the introitus, vulva, perineum and perianal regions in females. Condyloma acuminata has four morphological types of genital warts: cauliflower appearance, papular warts, keratotic warts and flat-topped papules [4].

Differential diagnosis includes skin tags, molluscum contagiosum, scc, condyloma latum, etc. Investigation includes excision biopsy, HPV DNA testing, PAP smear in females, penile examination and colonoscopic examination in both sexes. Treatment includes excision biopsy, local application of podophyllin, imiquimod, curettage, electrosurgery, laser vaporization, injectable treatment with interferon or 5-FU/epinephrine gel implants.

We report this case, as the patient had lesions over inguinal region, without any associated lesions in penile or anal region; he is not in the sexually active age.

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