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Successfull Surgical Management of a Giant Condyloma Accuminata in an Elderly Postmenopausal Woman

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Abstract

Condyloma accuminata (CA) is the overgrowth of epithelial tissue of the anogenital area which occurs due to the infection by human papilloma virus (HPV). Giant condyloma acuminata also called as Buschke-Löwenstein tumour (BLT) is a slow growing cauliflower-like tumour, locally aggressive and destructive, with possible malignant transformation. It is a disease transmitted by sexual intercourse and affects both women and men. We are reporting an interesting case of giant condyloma accuminata in a multiparous, 70 year old lady, who presented with one year history of rapidly growing vulval mass, associated with malodorus vaginal discharge, pruritus, pain and difficulty in walking. The tumor measured 10cm x 8cm and was successfully excised with lotus petal skin grafting.

Keywords: Condyloma Accuminata; Human Papilloma Virus; Lotus Petal Skin Grafting.

Introduction

Condyloma acuminatum or genital warts refer to benign proliferative epidermal or mucosal lesions attributed mostly to HPV type 6 or 11 but co-infections with high-risk HPV types are frequent [1]. Giant condylomas are an exceedingly rare condition with an estimated incidence of 0.1% in the general population [2]. CA are soft, raised masses, with smooth, verrucous, or lobulated surface that may appear as pearly, filiform, fungating, or plaque-like eruptions. They mainly occur in the moist areas of the labia minora and vaginal opening, but virtually, all genital regions may be affected (fourchette, labia minora/majora, pubis, clitoris, urethral meatus, perineum, perianal region, anal canal, introitus, vagina, and ectocervix). The prevalence of CA peaks in the early sexually active years. The age distribution of those treated for condylomata peaked in 20- to 39-years of age [3]. Although 90% of those who contract HPV will not develop genital warts, those infected can still transmit the virus [4]. Little is known about the prevalence and persistence of HPV in older women. Lesions are commonly multiple (multicentric) and multifocal, affecting the perianal, vaginal, and cervical regions concurrently. Treatment options include drugs like podophyllin and 5 fluorouracil or by surgical excision. Surgical treatments have the highest primary clearance rates with initial cure rates up to 60–90%. They include surgical excision, electrosurgery and laser therapy. Formal surgery under anaesthesia is convenient for the removal of bulky and extensive warts. But the healing of the skin defect occurring due to excision of the giant condylomata is very slow and often require skin grafting.

We report a case of 70 year old lady with a giant Condyloma acuminata of vulva, who was successfully treated with ipsilateral vulvectomy and reconstruction of the defect by lotus petal skin grafting. This is an interesting case because of its rare presentation in a 70 year old postmenopausal woman and successful treatment of the wide defect in the skin by lotus petal skin grafting

Case Report

A 70 year old multiparous lady, presented to the gynecology clinic with a history of

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progressive growth of a vulval tumour, associated with itching, contact bleeding, malodorous discharge and burning sensation during micturition. The swelling was so huge that she had difficulty in walking. She was treated by some local physician with some topical medication.

Examination revealed that she had a huge cauliflower like vulval growth with malodorous discharge from the lesion which confused with vulval malignancy (Fig.1). The growth had covered the entire right labia from clitoris to posterior fourchette, measuring about 10cm x 8cm. Small satellite lesions of size 1 cm to 2 cms was noted on left labia also. Left side inguinal node was palpable with size 1cm x 1cm and was mobile. Cervix and vagina was normal in appearance. Biopsy was taken from the growth and sent for histopathology.

Her vital parameters were within normal range and all the routine blood investigation findings were also normal except haemoglobin level which was 8 gm%. She was also found to have hypothyroid for which oral thyroxine was prescribed along with oral iron.CT scan findings of abdomen and pelvis was normal and did not reveal any features of invasion of the tumour to the surrounding tissue. Later on the histopathology report confirmed the diagnosis of condyloma accuminata. She was planned for simple vulvectomy after normalization of hemoglobin and thyroid hormone levels.

The whole of the growth was excised along with the entire right vulva. The smaller satellite lesions on the left vulva were excised and the base was electro-cauterised. The defect in the right hemi vulval skin was covered with lotus petal shaped gluteal skin flap. The skin grafting was accomplished by rotating the lotus petal shaped skin flap keeping its base intact to maintain the vascularity.

Her post operative period was uneventful. The wound was completely healed by the end of third post-operative week. The histopathology result did not show any evidence of malignancy.and the surgical margin was free

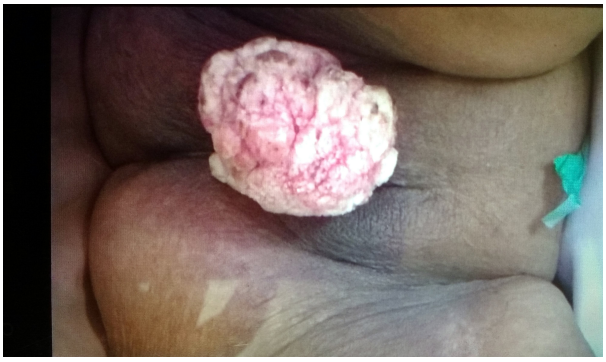

Fig. 1: Preoperative picture showing giant condyloma

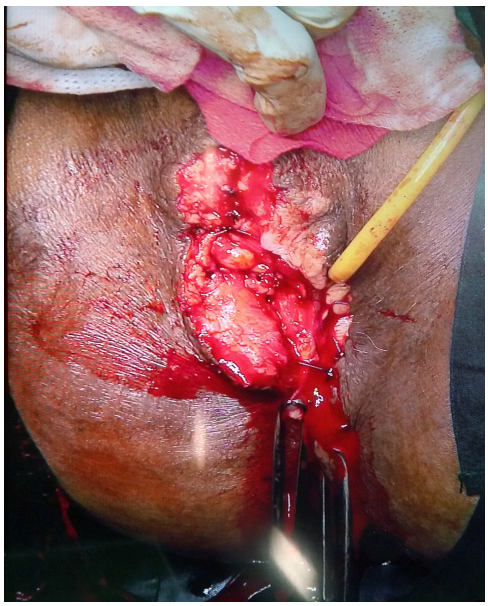

Fig. 2: Itraoperative picture showing complete removal of condyloma with right hemivulvectomy

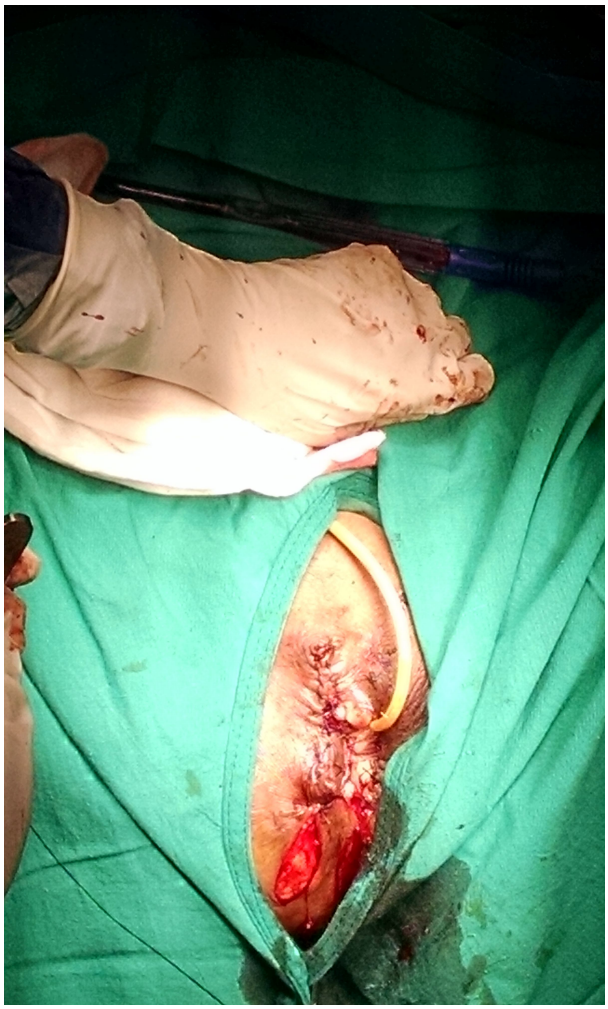

Fig. 3: Intraoperative picture showing repair of skin defect due to vulvectomy with lotus petal skin graft from gluteal area

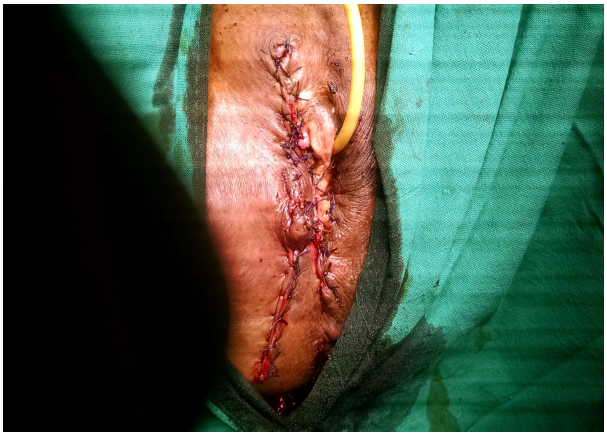

Fig. 4: Postoperative picture after completion of surgery

Discussion

CA is a benign disease caused by HPV that is sexually transmitted and that can cause malignant transformation. Giant CA is a rarely seen form which develops by the overgrowth of condyloma acuminatum and has a high risk of malignant transformation [4]. Giant CA was first described by Buschke and Löwensteinin [5]. This condition is described as large exophytic cauliflower-like lesion affecting the anogenital skin surface due to infection by HPV [6]. HPV transmission occurs due to homosexuality, bad genital hygiene, chronic genital infections, and polygamy. About 90% of genital warts are caused by HPV 6 and 11 [7]. Giant CA caused by HPV-16 has also been reported [8]. Usual age of presentation is reproductive years with a peak between 20 -39 years as it is described earlier but our patient was a very elderly postmenopausal lady.

CA can be treated with medical therapy or surgical intervention. Surgical excision has the lowest recurrence rate. Medical therapy with Podophyllin salts, Imiquimod ,Trichloroacetic acid (TCA) solution (80–90%) and five-flourouracil have all been used with varied results [9]. Podophyllin is still considered one of the best medical therapies. The reported effect of podophyllin is to block the mitosis, with spindle destruction [10]. Size of the growth is the major impediment to medical treatment. Wide excision with histopathological margins control is the best surgical choice in the treatment of giant CA. Due to the high frequency of local recurrence, complete surgical excision is the current treatment of choice for them as topical preparations and chemotherapy are generally considered ineffective [11]. Putting a skin graft helps in early healing of the larger skin defect. Various types of skin graft techniques can be followed including that of lotus petal skin graft technique as it was done in our case.

Now a days giant CA is not found in urban and affluent families. It is more seen among lower socio economic groups of rural areas as in our case. In this case the time taken for wound healing was three weeks which can be due to the poor personal hygiene and low immunity attributed to her old age. There was no recurrence of the disease till six months following her surgery.

Conclusion

Giant CA is still seen in low resource countries like India, due to late presentation. Although commonly found among reproductive age group women, it should be kept in the differential diagnosis of any exophytic vulval growth in postmenopausal women. Proper surgical excision with adequate margin and cauterization of base are essential for the successful treatment

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