

Giant Condyloma Acuminata with Maggots in Perianal Area of HIV Infected Male Running Head: A Case Report of Giant Condyloma Acuminata

Parajuli S¹, Shrestha A², Paudel U³

ABSTRACT

We report a case of 28-year-old HIV-positive male with giant condylomaacuminata in anogenital region. This homosexual patient presented with a large foul smelling growth along with maggots in a perianal region refractory to treatment at presentation. The patient was successfully managed with excision and there was no recurrence of lesion at last follow-up at 2-months. The case highlights the rare presentation and management of difficult-to-treat case of giant condylomaacuminata with maggots of anogenital region in HIV-positive patients.

Key words: *Buschke-Lowenstein tumour, Condylomataacuminata, Papilloma virus infections*

1. Sudip Parajuli
2. Amrita Shrestha
3. Dr. Upama Paudel

Address for correspondence:

UpamaPaudel
Associate Professor
Department of Dermatology and Venereology
Maharajgunj Medical Campus, Institute of Medicine
Email : upama_ups@yahoo.com

INTRODUCTION

Giant Condylomaacuminata (Buschke-Lowenstein Tumor) is a rare sexually transmitted diseases which present as large exophytic cauliflower like lesion of the anogenital region with histological characteristics of condyloma acuminata^{1,2}. About 630 million new cases of Human Papilloma Virus (HPV) infection occur each year, out of which 30 million develop anogenital warts. It is seen that men who have sex with men (MSM) have highest prevalence of anal HPV(57%)³. We report a case of giant condylomaacuminata of anogenital region in HIV infected patients.

Case report

A 28- year-old homosexual and HIV infected male patient on anti-retroviral treatment (4-months) presented to us with large exophytic genital wart arising from perianal area of 6 months duration (Figure 1).



Figure 1

There was history of rapid growth of the lesion since 2 months. The large growth caused difficulty in gait and defecation. Patient developed severe itching, bleeding, pain and insect crawling sensation in the lesion for past 1 week prior to hospital visit. His lesion in perianal area was secondarily infected and was associated with foul smell and maggots (Figure 2).



Figure 2

Cutaneous examination revealed 10x7x5 cm size hyperpigmented, reddish to brown colored, well-circumscribed, pedunculated fungating growth with multiple crusts and verrucous surface over perianal area. There was no lymphadenopathy. The lesion was foul smelling and on close inspection maggots were crawling from inner surface. His CD4 count was 624cells/ul and viral load was 53 copies/ml.

Histopathological examination revealed marked papillomatosis, acanthosis, hyperkeratosis, parakeratosis and crust formation.

Focal koilocytic cells were seen. Dermis showed dense lymphoplasmocytic and neutrophilic infiltration as well as marked pigment incontinence. No granuloma, dysplasia and malignancy was seen (Figure 3).

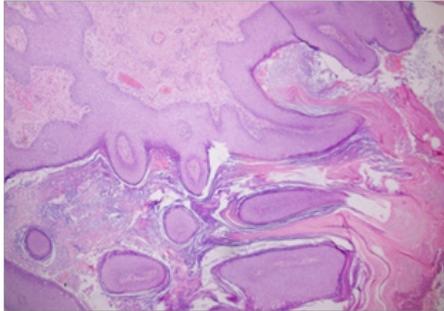


Figure 3

Patient was treated with multiple application of Podophyllin and single application of imiquimod before presenting to our center. To reduce the size of tumor, acitretin 25mg two times a day was given for 3 months. As there were multiple number of maggots in the mass, the maggots were extracted by turpentine oil application. Antibiotic coverage (Intravenous Ceftriaxone and metronidazole) was done for secondary infection. Local excision was done under spinal anesthesia. There was no recurrence of lesions at last follow up at 2 months (Figure 4).



Figure 4

DISCUSSION

There is paucity of literatures on giant condyloma acuminata of anogenital region in HIV infected patients. Our patient was unusual in terms of rare presentation with development of giant tumour despite normal CD4 count. Moreover, the picture was complicated by development of maggots within the lesion.

HPV is an epidermotropic DNA virus which causes various benign and malignant lesions involving the anogenital region. Almost 120 types of HPV have been identified, of which 40 of them primarily infect the squamous epithelium of lower anogenital tract of men and women⁴.

Giant Condyloma acuminatum develops by overgrowth of condyloma acuminatum and has high risk for malignant transformation. Intra-anal warts in HIV-positive men who have sex with men can contain regions of high-grade anal intraepithelial neoplasia. They may additionally present as pelvic pain, perianal secretion, anorectal bleeding and anal sphincter incontinence.

Anogenital wart of HIV-infected patients differ from those of HIV-negative individuals with respect to their spread, occurrence on more unusual anatomical sites, tendency to recur and risk of malignant transformation. Around 18 and 56% of anogenital warts of HIV-positive patients has high-grade dysplasia, which calls for early recognition and treatment of this condition. It is a slow growing, locally invasive and verrucous appearing tumor that does not spontaneously resolve. The progression from condyloma acuminatum probably occurs during the immune suppression, such as congenital or acquired immunodeficiency, alcoholism, diabetes or chemotherapy with immunosuppressive therapy. Contrary to earlier belief, sexually transmitted diseases of the anorectum, including HPV, are not limited to homosexual men, and it is important for both the primary care physician and the colorectal surgeon recognize recent trends in sexual behavior. With increase in prevalence of HIV and AIDS, an increase in Giant Condyloma acuminata and associated malignancy can be expected¹.

Podophyllotoxin is not currently recommended for giant condyloma as its use may cause histological changes that resembles carcinoma and cause diagnostic difficulties⁵.

Early complete surgical resection is essential for optimal treatment of giant Condyloma acuminata and abdominoperineal resection should be done wherever necessary¹.

Advantages of surgical approach is that it allows tissue biopsy for diagnosis, requires fewer physician visits than medical treatment and has excellent clearance with lower recurrence rate³.

Abdominoperineal resection should be done for any patient demonstrating external anal sphincter involvement¹.

As relapse and even malignant transformation of condyloma have been reported, close follow-up is recommended, especially, for lesions positive for high-risk HPV types⁴. The HPV vaccine could lead to a potential reduction in the incidence of genital warts as well as cervical, anal, vulvar, cancers and its precursor lesions⁴.

Quadrivalent HPV vaccine is effective for preventing anogenital warts in young males in Male having sex with Men³.

CONCLUSION

Giant condyloma acuminata with maggots in anogenital region is a rare case presentation in homosexual HIV positive male patient. The diagnosis is usually made on clinical ground and histopathological examination is necessary to rule out malignant transformation. Surgical treatment offers a greater possibility of cure compared to other forms of treatment.

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