



Case Report/รายงานผู้ป่วย

## Teenager Buschke-Lowenstein Tumor (Giant Condyloma) : Case Report

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### บทคัดย่อ

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A teenager 15-year-old female patient presented with a voluminous exophytic mass, Buschke-Lowenstein tumor at vulvar area. It was treated with local podophylline application weekly and wide local excision with electrical cauterization was done later. Three months period after completed treatment, no tumor recurrence was found.

**Keywords:** Buschke-Lowenstein tumor, Giant condyloma

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## Introduction

Buschke-Lowenstein tumor (BLT), or Giant condyloma acuminata is a rare sexually transmitted disease. It was originally described by Buschke in 1896<sup>(1)</sup>, and was further elaborated as a separate entity by Buschke and Lowenstein in 1925.<sup>(2)</sup> The hallmarks of the disease are recurrent rate is high (66 percent) and malignant transformation may occur (56 percent).<sup>(3)</sup> The incidence in general population is approximately 0.1 percent.<sup>(4)</sup> The virus that causes for condyloma is human papilloma virus (HPV) usually serotype 6 or 11. BLT is always preceded by condyloma acuminata.

## Case report

A 15-year-old female patient with no notable medical history consulted us at Sexually transmitted diseases (STD) clinic. The patient presented with voluminous, exophytic, cauliflower-like verrucous tumor of vulva area (Figure 1) for 5-6 months. The patient visited a few clinics and applied podophylline and trichloroacetic acid for many times in the past 5-6 months. It did not response to the treatment and had rapid growth. The patient suffered from painful at vulva area during walk. At STD clinic we did an incisional biopsy and the result showed Condyloma acuminata (Figure 2).



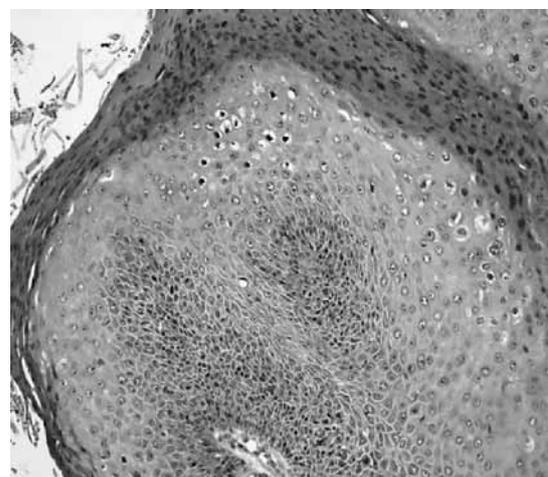
**Figure 1** showed large vulvar mass before treatment. (Giant Condyloma)

We investigated for the immunodeficiency condition as anti HIV test, CD-4 level and other STD related disease as hepatitis B, syphilis and AIDS. The anti HIV, HBs Ag and VDRL showed negative, negative and non reactive respectively. The CD-4 count was in normal level. A completed blood count showed within normal limit. We prescribed the patient 5% Aldara<sup>®</sup> cream apply sustained 4 hours and 3 times a week. After one week application she was admitted in hospital from severe pain in the lesion The supportive treatment as intravenous narcotic agents, Pethidine,<sup>®</sup> and others oral pain killer agents were prescribed. After 3 days hospitalization the clinical had been improved. After that the patient was applied with podophylline weekly for 3 times. The lesion was improved. Then we did wide local excision with electrical cauterization under regional anesthesia, spinal block. (Figure 3) The patient was discharged from the hospital on the fourth postoperative day without complications.

The pelvic examination showed normal in the 1<sup>st</sup> and 3<sup>rd</sup> month after the operation. (Figure 4, 5)

## Discussion

BLT is an aggressive, rapidly growing, fungating mass variant of condyloma acuminata. It is caused



**Figure 2** showed histo-pathology from tissue biopsy of the lesion



**Figure 3** showed the electrical cauterization during operation.



**Figure 4** showed the 1<sup>st</sup> month followed up after the operation.



**Figure 5** showed the 3<sup>d</sup> month followed up after the operation.

by HPV infection. Most commonly associated to squamous cell carcinoma are HPV serotype 16 and 18. Low-risk subtypes are HPV 6 and 11. Intermediate risk subtypes can cause high grade dysplasia which persists but rarely progresses to the invasive stage. Acquisition of condyloma is related to sexual activity. Digital/anal, oral/anal and digital/vaginal contact probably can also spread the virus, as may fomites.<sup>(5)</sup> Risk factors for HPV infection are multiple sexual partners, prostitute, homosexuality, lack of good hygiene, and chronic genital infection. BLT can be associated with congenital or acquired immunodeficiency (AIDS) including diabetes, immunosuppressive condition as during chemotherapy or immunosuppressive drugs and alcoholism also.<sup>(6)</sup> the treatment of this gigantic lesion is major concern. There is good result in treatment of ordinary condyloma acuminata with podophylline local application.<sup>(7,8)</sup> Treatment with immune modulation as imiquimod (act by local cytokine induction) has shown significant effect in clearing condyloma acuminata (72 to 84 percent of patients show some response, with complete clearance rates of 40 to 70 percent) with few recurrences (5 to 19 percent) in limited clinical experience.<sup>(9,10)</sup> Ablation or excisional surgical therapy may be considered when medical therapy has failed or when condyloma acuminata is amenable to surgical removal. This procedure is required anesthesia and take risk to complications as infection or hemorrhage. The three-months clearance rates are 36 percent.<sup>(11)</sup> The roles of radiotherapy and chemotherapy in treatment of these lesions is uncertain. Newer approach beginning to appear in the literature involves topical application of antimicrobials, including cidofovir and bacillus Calmette-Guerin (BCG). Both therapies require further study.<sup>(12,13)</sup>



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Case Report/รายงานผู้ป่วย

## รายงานผู้ป่วยเนื้องอกบุษเก้ โลเวนสไตน์ ในสตรีวัยรุ่น

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### บทคัดย่อ

ผู้ป่วยหญิงวัยรุ่นอายุ 15 ปีมาด้วยก้อนอกที่อวัยวะเพศ เป็นก้อน Buschke-Lowenstein ซึ่งตอบสนองต่อการรักษาด้วยยาโพโดฟีลีน และการจี้ไฟฟ้าเพื่อตัดก้อนออกในเวลาต่อมา การติดตามผลสามเดือนภายหลังการรักษายังไม่พบการกลับเป็นซ้ำ

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