Buschke-Lowenstein Tumor

CASE REPORT

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Keywords
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Abstract
Giant Condyloma acuminatum (GCA), or Buschke-Lowenstein tumor (BLT), is a slow-growing, locally destructive, rare tumor that may occur in the anogenital region and it is related to human papillomavirus (HPV), which was first described by Buschke - Lowenstein in 1925. After consulting the databases of Latin American and Caribbean Literature (LILACS) and International Literature in Health Sciences and Biomedical (PubMed), without temporal delimitation or study design, using the MeSH terms "vulvar neoplasms", "giant condyloma of Buschke and Lowenstein", "condylomata acuminata", we found 24 articles. After exclusion of the articles that did not address the BLT, it remained ten cases reported in the literature. We reported a case of BLT that clashes with the profile described in the literature. Consent was obtained from the patient for publication of the case and images.

Introduction
Giant Condyloma acuminatum (GCA), or Buschke-Lowenstein tumor (BLT) is a slow-growing, locally destructive, rare tumor of the anogenital region [1, 2], which diagnosis is defined by histopathological [1]. However, the histologic features, without nuclear atypia, has contrast with the invasive and destructive potential of these tumors [2].

After consulting databases of Latin American and Caribbean Literature (LILACS) and International Literature in Health Sciences and Biomedical (PubMed) using the MeSH terms "vulvar neoplasms", "giant condyloma of Buschke and Lowenstein", "condylomata acuminata", we found ten cases reported.

We reported a case of BLT that clashes with the profile described in the literature.
Methods
This is a case report attended in clinic genital pathology in 2015 August. Consent was obtained from the patient for publication of case and images.

Case Report
Woman, 69, brown-skinned, diabetic, arrived at the clinic in August 2015, reporting warty lesions in large left lip since 6 months before, associated with intense itching. It was observed papular lesion on left outer lip measuring about 3cm, with adjacent dense white aceto areas and wishbones region and deletion of labia minora. (Figure 1)

Incisional biopsy histopathological considered the hypothesis of condyloma acuminata or verrucous carcinoma. Excisional biopsy histopathological concluded that it was a verrucous carcinoma of the vulva with tumor-free resection margins. (Figure 2)

The patient was discharged with prescription of clobetazol 03 times a week for 3 months. There was remission of the patient’s condition. (Figure 3)

The patient has semi-annual returns and, by the date of submission of this article, she had showed no recurrence of the condition.

Discussion
BLT affects about 0.1% of population [1, 2], is more frequent in men, elderly and immunocompromised patients [1, 3]. Other risk factors include diabetes, HIV, pregnancy, alcoholism, smoking, poor hygiene and multiple sexual partners [4]. Its pathogenesis is related to infection by 6 and 11 typed HPV and occasionally by 16 and 18 typed HPV.
ones [1]. Clinically, BLT is presented as an exophytic lesion in anal, perineal or vulva regions. The latter is the most unusual location [2]. The patient had the rarest form of BLT and had no other risk factors besides diabetes. Nor did she have a history of injury induced by HPV.

Differential diagnoses are fibroepithelial polyp, condyloma acuminata and squamous cell carcinoma [1, 5]. Diagnosis is defined by histopathological, and the sample should contemplate the deepest layers of the lesion [1, 6]. Histopathological highlights stratified squamous epithelium of papillary appearance with exophytic and endophytic proliferation standard compressing the underlying stroma with intact basement membrane. Coilocytes, hyperkeratosis and acanthosis are observed. Nuclear atypia are absent [2, 7]. The benign histologic features contrast with the invasive and destructive potential of these tumors [2]. Total excision of the lesion is the best option to treatment. BLT have recurrence in 66% of cases and malignant in 56% [8]. Imiquimod, radiation, laser, and intralesional interferon are used to prevent relapses.

The patient in question had no financial means to pay for maintenance therapy, which were not provided by the public service, what led to a more affordable option: clobetasol [1, 2, 6].

Conclusion
The case report of BLT in a patient without the involvement profile highlights the importance of histopathology in warty lesions after menopause, whose sample should contemplate the deeper layers of the injury, failing to diagnose failure. Clobetasol is presented as a low-cost option to prevent recurrences.

References