

Comment on the article “Buschke-Löwenstein tumour associated with low-risk human papillomavirus genotypes successfully treated surgically”

Dorota Purzycka-Bohdan¹, Aneta Szczerkowska-Dobosz¹, Michał Szczypior², Roman J. Nowicki¹

¹Department of Dermatology, Venereology and Allergology, Medical University of Gdansk, Gdansk, Poland

²Department of Urology, Medical University of Gdansk, Gdansk, Poland

Adv Dermatol Allergol 2022; XXXIX (4): 821–822

DOI: <https://doi.org/10.5114/ada.2022.118929>

Giant condyloma acuminatum also known as Buschke-Löwenstein tumour (BLT) is a slow-growing cauliflower tumour which usually develops in the anogenital area [1]. The disorder represents a low grade epithelial carcinoma in situ which evolves from condylomata acuminata [2]. Nevertheless, its management remains challenging due to its large size, local invasion and high recurrence rate.

In the article “Buschke-Löwenstein tumour associated with low-risk human papillomavirus genotypes successfully treated surgically” published in *Adv Dermatol Allergol* 2019; 36: 112-114, we reported the case of a 66-year-old heterosexual, HIV and hepatitis C negative male with a 19-year history of BLT in the anogenital region [3]. The therapy consisted of radical excision of the tumour with the reconstruction by rotation flap surgery (Figure 1). The result of treatment after first days of hospitalization was satisfactory. No recurrence was observed

during 5 months of follow-up. Unfortunately, the patient refused to attend further dermatological appointments. After 4 years we managed to invite the patient to dermatology outpatient clinic. Currently, we would like to report a very good cosmetic effect of the treatment at 4-year follow-up (Figure 2). We did not observe any recurrence of BLT in the area of its previous localization. Moreover, no lesions along excision lines were found. Nevertheless, we diagnosed one genital wart with a diameter of 5 mm on the lower part of scrotum, within previously unaffected skin (Figure 2). The lesion was excised and histopathological examination confirmed clinical diagnosis of condyloma acuminatum. The patient denied any risky sexual behaviour. Currently, he remains under the supervision of the dermatology outpatient clinic.

Based on this clinical case we would like to highlight that a wide surgical excision with reconstructive surgery seems to be the optimal treatment of BLT and may not



Figure 1. A – cauliflower tumour covering the anogenital region; B – the same region directly after surgery

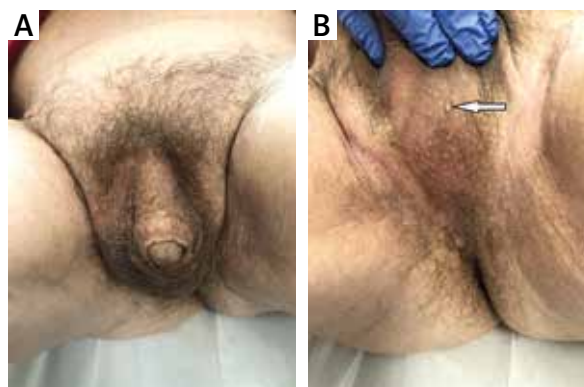


Figure 2 A, B. The effect of treatment at 4-year follow-up. The new condyloma acuminatum on the lower part of scrotum assigned with an arrow

Address for correspondence: Dorota Purzycka-Bohdan, Department of Dermatology, Venereology and Allergology, Medical University of Gdansk, 17 Mariana Smoluchowskiego St, 80-214 Gdansk, Poland, phone: +48 584 40 10, fax: +48 584 40 20, e-mail: purzycka-bohdan@gumed.edu.pl

Received: 14.01.2021, **accepted:** 30.04.2021.

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lead to genital mutilation. Despite the large size of the tumour, its base was relatively small which was helpful in achieving a satisfactory aesthetic effect. Nevertheless, a high recurrence rate estimated at 68% still remains challenging in patients with a history of BLT [4]. Therefore, a long-term follow-up even after appropriately aggressive therapy of BLT is mandatory to exclude its possible relapse at an early stage and to improve patients' outcome.

Conflict of interest

The authors declare no conflict of interest.

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