Buschke-Lowenstein tumor and pregnancy: a case report

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Summary

Buschke-Lowenstein tumor is a giant condyloma acuminatum that arises on the male and female anogenital region. It is considered a histologically benign tumor but carries a risk of malignant transformation. Early diagnosis and treatment are advised and the choice of treatment is crucial. We present a case of a 31-year-old pregnant woman with myasthenia gravis affected by Buschke-Lowenstein tumor.

Key words: Buschke-Lowenstein tumor; Giant condyloma; HPV; Pregnancy; Verrucous carcinoma.

Introduction

Giant condyloma acuminatum or Buschke-Lowenstein tumor (TBL) is a rare disease arising from the confluence of multiple condylomata acuminata and it is induced by human papillomavirus (HPV) infection. HPV 6 and 11 represent the most common types found although types 16 and 18 have been also identified. TBL is commonly associated with some risk factors: low socioeconomic status, diabetes, smoking, oral contraception, drug abuse, immunosuppression and other venereal diseases. Pregnancy is believed to alter inmmune response and some authors have reported high prevalence rates of HPV infection in pregnant women [1].

Case Report

A 31-year-old woman with a twin pregnancy was referred to our hospital at 34 weeks of gestation diagnosed with premature rupture of membranes and discordant fetal growth. She was affected by myasthenia gravis and underwent thymectomy nine years before. She had a prior history of condylomatosis and a 1 cm wart had appeared during week 6 of gestation. The patient complained of pain, pruritus, foul odor and difficulty in walking. Gynecological examination revealed a giant exophytic papillomatous lesion arising on the vulva and perineal region measuring 20 x 22 cm, associated with necrotic areas and bilateral inguinal adenopathy. The anal sphincter, clitoris and urethra were macroscopically preserved. She had tested negative for human immunodeficiency virus (HIV) infection.

She subsequently underwent an emergency cesarean section and multiple biopsies of the lesions to exclude carcinoma. Histology demonstrated condyloma acuminatum with mild dysplasia and HPV cytopathic effects. Postpartum investigations revealed severe anemia and a lymphocytopenia with a low CD4 lymphocyte count. She received a blood transfusion and on the tenth postpartum day a partial vulvectomy was performed. Histopathological examination of the surgical specimen showed a TBL and some areas of vulvar intraepithelial neoplasia (VIN 1) involving the resection margins. Postoperative period was uneventful. The patient has been regularly followed-up with no evidence of recurrent tumor six months after diagnosis and her immune status was normal.

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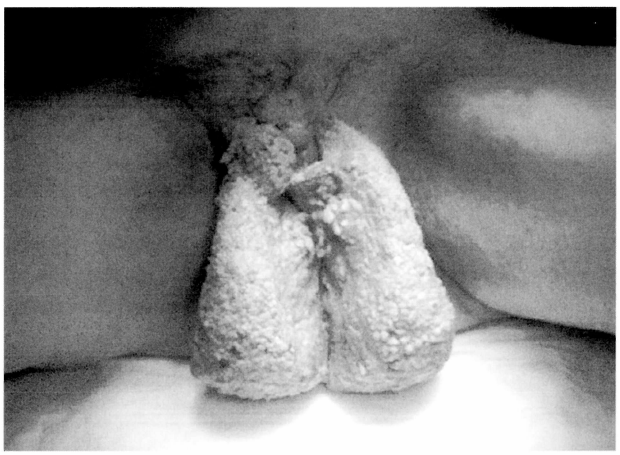
Discussion

TBL was originally described by Buschke and Lowenstein in 1925 [2]. Initially it was observed in male subjects and in 1969 it was described in the female genitalia, where it occurs in only 23% of cases [3].

HPV vulvoperineal lesions during pregnancy may in rare cases develop into TBL. Despite being a histologically benign tumor it has a locally aggressive behavior and malignant transformation rates published range from 12.5% to 56% [3, 4]. Considering also the TBL propensity for recurrence (66%) [4], some authors define this entity as an intermediate lesion between a condyloma acuminatum and a verrucous carcinoma [5]. No distant metastases have been reported.

Numerous methods have been used for the treatment of TBL: immunotherapy, radiotherapy, podophyllin, and laser CO_2 but none have been universally successful. Surgical treatment (partial or total vulvectomy) appears to have yielded far superior results over more conservative approaches [6].



Buschke-Lowenstein tumor.

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