

Complicated giant perianal condylomata accuminata transforming into squamous cell carcinoma in a patient with latent syphilis: Case report and literature review

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CASE STUDY

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ABSTRACT

Giant condylomata accuminata (CA) is a pre-malignant tumour, which commonly involves the genital area. Human papilloma virus (HPV) 6 and 11 are the most common causative pathogens for this rapidly growing tumour. (CA) has been also associated with human immunodeficiency virus (HIV) infection, 40 to 60 per cent of benign (CA) transforms to malignancy. The main risk factors for HPV infection and subsequently condylomata include risky sexual behaviours, early pregnancy and tobacco use.

Here, we report a 55-year-old man who presented with complicated giant perianal (CA) that transformed into squamous cell carcinoma. His condition was complicated by recurrent infections and massive bleeding. The patient underwent end colostomy followed by surgical resection of the mass followed by palliative radiotherapy. Histopathological analysis of the resected mass confirmed transformation into squamous cell carcinoma. Malignant transformation of (CA) should be suspected in patients with

rapidly enlarging perianal mass and progressively invasive disease.

Key Words

Condylomata accuminata, syphilis, sexual behaviours, infectious diseases, squamous cell carcinoma

Implications for Practice:

1. What is known about this subject?

Giant condylomata accuminata is associated with syphilis and its very aggressive tumour that may transform to malignancy rapidly.

2. What new information is offered in this case study?

A different presentation of giant condylomata accuminata in syphilis patients, they may present with multiple and recurrent resistant infections and requiring massive blood transfusion.

3. What are the implications for research, policy, or practice?

Syphilis patients should be screened regularly if their presentation is not usual; resection is the best option for these kinds of tumours. Imaging should be considered to look for deep invasion and biopsy to rule out transformation to SCC.

Background

Giant condylomata accuminata (CA) or the Buschke-Löwenstein tumour is a pre-malignant tumour, which grows aggressively in any underlying dermal structure. It is a recurrent disease and occurs mostly in the genital area.¹ Human papilloma virus (HPV) 6 and 11 are the most common causative pathogens for this tumor.² (CA) has been also associated with HIV infection.³ Forty to sixty per cent of benign (CA) transforms to malignancy.⁴ The main risk factors for HPV infection and subsequently condylomata include risky sexual behaviours, such as multiple sexual

partners, history of sexual transmitted diseases, early pregnancy and tobacco use.⁵ Here, we report a 55 years old man who presented with complicated giant perianal CA that transformed into Squamous cell carcinoma.

Case Details

Our patient is a 55-years-old man who is known to have diabetes mellitus. He presented to the emergency department initially with fever and painful perianal mass associated with bloody and purulent discharge. Examination under general anaesthesia was performed and it showed: large irregular and nodular cauliflower hard mass around the anal verge (Figure 1). Multiple biopsies were taken and biopsy showed condyloma acuminatum. HPV stains were negative. HIV screen was negative.

Tissue biopsy had polymicrobial growth including streptococcus anginosus, streptococcus mitis, anaerobe and *E. coli*. Patient received a course of piperillin/Tazoobactam for polymicrobial infection of the perianal mass and he responded well to therapy. Patient had a positive syphilis test (CLIA positive, TPHA positive, RPR negative) consistent with late latent syphilis. He received three doses of 2.4 million units of intramuscular benzathine penicillin. Human immunodeficiency virus screen was negative.

Patient lost follow up then he presented again with recurrent symptoms and increased perianal mass and he received antibiotic therapy for infected mass. Pelvic CT showed large inflammatory perianal mass (Figure 2). During admission, he developed multi-drug resistant acinetobacter bacteraemia and sepsis and bleeding requiring multiple blood transfusions. Given his recurrent infections, persistent bleeding and invasive nature of the swelling, patient underwent two stages surgeries. First he underwent loop colostomy to control infected mass site. Then patient underwent excision of the tumour with drainage of abscesses and debridement of the necrotic tissue. The mass was infiltrating into the anal sphincter and perineal muscles. Histopathology of the resected mass revealed well-differentiated squamous cell carcinoma. The patient had local palliative radiotherapy after surgery. Few days after the surgery, the patient passed away after becoming hypotensive and then asystole.

Discussion

Anal condylomata accuminata (CA) has been increasingly reported in men who have sex with men. In addition, incidence of anal cancer has increased in homosexual men and in some reports it is more prevalent than cervical cancer in women.⁵ Like in our patient, most patients present

late with serious complications.⁶ Bleeding due to rich vascular supply can be difficult to control.^{7,8} Tumour infection presenting as foul smelling discharge as a common complication of (CA) had been described in the literature.⁹ Our patient's main presentation was recurrent infections due to multiple fistulae with rectum and faecal incontinence. First two biopsies of the mass revealed CA but histopathology of the surgical specimen confirmed transformation into squamous cell carcinoma (SCC). Malignant transformation of CA have been reported,^{1,2} and the rate of malignant transformation increased from 12.5 per cent in 1960 to 75 per cent in 1980.⁶ SCC as a primary lesion or as a complication of another lesion should be suspected in the right clinical context.⁴

Management of CA involves different modalities depending on the size and characteristics of the lesion. For small lesions cryosurgery and topical application of 25–30 per cent podophyllin or trichloroacetic acid has been used, however the failure rate reaches up to 25 per cent. For large size lesions, interferon therapy or chemotherapy has been used to shrink the size of the tumour prior to surgical excision. Surgical excision is considered the first line therapy for large tumour. Different methods of surgery were discussed in the literature; radical local excision or by electro surgery using electrocoagulation for example or by both methods.^{6,8,9} Our patient had two stages surgery, the first one was for loop colostomy, to divert the faecal content from the tumour, and the second one was for local excision of the tumour. After the final histopathology results and diagnosis of locally advanced SCC, approach was revised and he received palliative radiation therapy. Given his locally advanced disease and high surgical risk, palliative radiation therapy was advised with regular follow up and supportive care.¹⁰

Conclusion

Perianal Condylomata accuminata is a pre-malignant tumour caused by sexually transmitted human papilloma virus (11 and 16). Giant lesions can be complicated by fistulisation, recurrent infections and bleeding. Transformation into squamous cell carcinoma is possible and it should be always suspected in patients with rapidly enlarging mass and progressively invasive disease.

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PEER REVIEW

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CONFLICTS OF INTEREST

The authors declare that they have no competing interests.

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PATIENT CONSENT

The authors, *Al Lawati R, Al-Busaidi I*, declare that:

1. They have obtained verbal, informed consent for the publication of the details relating to the patient(s) in this report.
2. All possible steps have been taken to safeguard the identity of the patient(s).
3. This submission is compliant with the requirements of local research ethics committees.

Figure 1: Large invasive mass lesion in the anal verge with multiple fistulae



Figure 2: CT Pelvis: Large invasive perianal mass

