

CASE REPORT

BUSCHKE LOWENSTEIN TUMOUR OF GLANS PENIS RESPONSE TO TOPICAL 5% IMIQUIMOD CREAM

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ABSTRACT: Buschke–Löwenstein tumour, also known as Giant condyloma acuminatum, is a rare, sexually transmitted disease that affects ano-genital region. BLT is a slow growing cauliflower-like tumour, locally aggressive and destructive. Human papilloma virus has been identified as an important contributory factor in the development of tumour. We are presenting a case report of Giant condyloma acuminatum successful treatment with 5% imiquimoid cream.

KEYWORDS: Giant condyloma acuminatum, Buschke–Löwenstein tumour, 5% imiquimod cream.

INTRODUCTION: Buschke–Löwenstein tumour (BLT), also known as Giant condyloma acuminatum (GCA), is a very rare, sexually transmitted disease that affects the ano-genital region.¹⁻³ BLT is a slow growing cauliflower-like tumour, but unlike simple condyloma, it is locally aggressive and destructive.⁴ Human papilloma virus (HPV) has been identified as an important contributory factor in the development of tumour. HPV 6 and 11 subtypes have been frequently identified in typical cauliflower-like lesions. We are reporting a case of Buschke–Loewenstein tumour, successfully treated with topical 5% imiquimod cream.

CASE REPORT: A 31 year old unmarried, uncircumcised male patient presented to skin OPD with complaints of cauliflower like growth on glans penis. Growth started as a small papule on the corona sulcus at 12 O'clock position 2 months ago, gradually increased in size involving upper 2/3rd of the glans penis. There is no history of dysuria and difficulty in micturition. . Patient gives history of unprotected sexual intercourse with known female.on examination irregular well defined growth, was present over the glans penis with Areas of necrosis, crusting and fissuring. On palpation the mass was soft in consistency, non-tender and there is no bleeding on touch. (Fig. 1–4). No lymphadenopathy

Laboratory tests revealed normal liver and kidney functions test. Serology for Hepatitis B, Hepatitis C, HIV and syphilis were nonreactive.

Biopsy from the growth for Histopathological examination is suggestive of Giant Condyloma Accuminata/Buschke–Loewenstein tumour, no evidence of malignancy.

We opted for Topical imiquimoid cream because is of young age, unmarried, and not willing for surgery. Significant results were obtained after 4 weeks treatment. Patient was followed for a period of 6 months. There was no relapse of the BLT tumour up to 6 months.

DISCUSSION: BLT was first described by Buschke and Lowenstein in 1925.^{1,2} They observed a penile lesion that clinically resembled both common condyloma acuminata (venereal warts) and squamous cell carcinoma, but differing from both of them regarding the biological¹ behaviour and the histopathological appearance. They described it as 'cauliflower-like growth usually localized to the glans penis' and considered it to be a low-grade, well-differentiated carcinoma^[3] displaying a marked

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tendency to compress and displace deeper tissue HPV type 6 (HPV 6) or HPV 11 can be detected in over 90% of these lesions^{18, [5,6]} A high incidence of GCA has been reported in the homo and bisexual populations and recurrent aggressive GCA has been reported in HIV positive patients.

Buschke–Loewenstein tumours were ulcerated, fungating masses, and the characteristic histological pattern was showing both endophytic and exophytic growth with undulating papillomatosis of densely keratinized, well-differentiated squamous epithelium⁶ CT scans can be used to demonstrate the exact location and extent of BLTs.^[5,6,7]

In our case patient is young unmarried, un circumscised with cauliflower like fungating mass with areas of necrosis and fissuring. This is concurrence with previous reported cases.^[5]

Treatment of GCA can be classified into three types: topical therapy (e.g., using podophyllin, fluorouracil, or radiotherapy), tumour removal (e.g., by cryotherapy using liquid nitrogen, CO₂ laser therapy, electrocautery, or surgical excision), and immunotherapy (e.g., using imiquimod).^{4,8} However, no gold standard treatment currently exists for treating this rare disease, and the choice of treatment depends largely on the physician's experience and skills.

In view of young age unmarried, not willing for surgery we opted for topical imiquimod thrice weekly, the lesion responded satisfactorily.

Recent reports in literature correlates with our study.^{4,8}

CONCLUSION: 5% imiquimoid (IMIQUAD) cream could be considered an effective therapy in the treatment of GCA if the patient not willing for surgery.

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Fig. 1



Fig. 2

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Fig. 3



Fig. 4

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