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(CASE REPORT)

Buschke-Löwenstein tumor associated with extragenital condyloma acuminata: A case report

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Abstract

Introduction: Buschke-Lowenstein tumor (BLT) is a sexually transmitted disease caused by human papillomavirus (HPV), described as an intermediate form between condyloma acuminata and squamous cell carcinoma. It mainly affects the genital and anorectal areas ; Extragenital condyloma acuminatum not associated with sexual activity is rare and clinicians should inquire about a patient's medical condition and immune status .

Clinical case: We present the case of 57-year-old patient, with a history of unprotected sex with multiple partners, and type 2 diabetes who consults for multiple warty lesions wich began on the scrotum and has progressed for 15 years to invade the inguinal and suprapubic region and finally the right axillary vault . Treatment consisted in a complete surgical resection of the tumor with no recurrence during a 5-year follow-up period.

Conclusion: BLT is locally aggressive and challenging to treat, so prevention against HPV is essential.

Keywords: Buschke Löwenstein tumor; Extragenital condylomata acuminata; Human papillomavirus

1. Introduction

Buschke–Löwenstein tumor (BLT), also known as giant condyloma acuminatum (GCA), is an extremely rare clinical form of genital warts, the annual incidence is estimated at approximately 0.1% among the sexually active adult population [1,2] . This infectious disease is characterized by an aggressive downward growth into the underlying dermal structures and belonging to the group of verrucous carcinomas [2,3].

We report the case of a 57-year-old patient, with a history of unprotected sex with multiple partners, and type 2 diabetes who consults for multiple warty lesions which began on the scrotum, inguinal and suprapubic region and has progressed for 15 years with an extragenital condyloma in the right axillary vault.

This case is reported due to its rarity and the exceptional extragenital localization. Also it highlights the typical clinical presentation and successful surgical management

This case report has been reported in line with the CARE Criteria.

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2. Case Presentation

A 57-year-old male presented to our clinic with multiple warty lesions affecting the scrotum, inguinal region, and suprapubic area, which had been slowly progressing over the past 15 years. He reported a history of unprotected sexual activity with multiple partners and was known to have type 2 diabetes. Fifteen years prior, the lesions initially appeared on the scrotum and gradually extended to the inguinal and suprapubic regions. More recently, he noted the development of a firm, warty lesion in the right axillary vault, representing an extragenital localization.

The patient did not report pain, bleeding, or systemic symptoms. There was no history of immunosuppressive therapy, chronic illness other than diabetes, or previous similar lesions. He denied urinary or gastrointestinal complaints.

On physical examination, multiple verrucous papules and plaques were observed on the scrotum, inguinal folds, and suprapubic area, ranging in size from 0.5 to 3 cm. A single warty lesion measuring approximately 2 cm was identified in the right axillary vault. No erythema, ulceration, or signs of secondary infection were present. Rectal examination and anoscopy revealed no evidence of endo-anal involvement. Palpation of regional lymph nodes, including inguinal, axillary, and supraclavicular chains, was negative for enlargement or tenderness. The remainder of the general and systemic examination was unremarkable.

Laboratory evaluation, including serologic testing for HIV, syphilis, and hepatitis B and C, was negative. Routine hematologic and biochemical parameters were within normal limits. Imaging was not required, as the lesions were confined to superficial soft tissue.

Given the clinical appearance and chronicity of the lesions, the decision was made to proceed with complete surgical excision. The soft tissue defect was covered using adjacent skin. Histopathologic examination confirmed a giant condyloma acuminatum without evidence of malignancy.

The postoperative course was uneventful, and the patient remained free of recurrence during a five-year follow-up period.

3. Discussion

Buschke–Löwenstein tumor (BLT), first described in 1925 by Abraham Buschke and Ludwig Löwenstein, is a rare, slow-growing, locally aggressive variant of condyloma acuminatum caused by human papillomavirus (HPV), most commonly serotypes 6 and 11, transmitted through sexual contact [4,5,6]. BLT represents a unique clinical entity due to its large size, infiltrative growth, and potential for recurrence, distinguishing it from common genital warts.

The incidence of BLT is estimated at approximately 0.1% among sexually active adults, with a predilection for males aged 40 to 60 years [1-3]. Although primarily localized to the genital and perianal regions, extragenital manifestations, such as axillary involvement in our patient, are exceedingly rare. Such unusual localizations pose diagnostic challenges and highlight the importance of thorough physical examination in long-standing or atypical cases.

The development and progression of BLT are strongly influenced by the host's immune status. Immunocompromised individuals, including those with HIV/AIDS, patients undergoing immunosuppressive therapy or chemotherapy, diabetics, chronic alcoholics, and those with chronic inflammation or poor hygiene, are at increased risk [2-4]. Our patient, with type 2 diabetes and a long history of untreated lesions, illustrates how impaired immunity may contribute to tumor persistence and extragenital spread.

Although histologically benign, BLT carries a risk of malignant transformation into squamous cell carcinoma (SCC), particularly with long-standing lesions or delayed treatment. Recurrence rates are high if surgical excision is incomplete [2,3,6]. Therefore, early recognition and aggressive management remain essential.

Historically, several therapeutic options have been proposed, but none has proven superior, which explains the high rate of local and regional recurrence that characterizes the progression of these tumors. Currently, surgery remains the gold standard with complete resection of all lesions and a negative surgical margin**..**[7]

Topical treatments (podophyllin, 5-FU), electrocoagulation, cryotherapy, and CO2 laser ablation are ineffective in treating TBL and do not allow for proper histological analysis. Radiotherapy for TBL could facilitate surgery and reduce tumor volume but should only be considered as a last resort due to the risk of malignant

transformation.[8].Chemotherapy based on methotrexate or bleomycin can be used preoperatively to reduce tumor volume, as clearly demonstrated by Bessi and al [9] .These alternative therapies, used alone or in combination, may be indicated, especially when radical surgery is difficult due to the size or location of the tumor.

Prevention strategies are critical and include early treatment of condyloma acuminata, HPV vaccination, and effective control of sexually transmitted infections [10]. Long-term follow-up is recommended to detect recurrence, especially in patients with comorbidities or immunosuppression.

Our case is notable for both the prolonged evolution of lesions and the rare extragenital axillary localization, highlighting the potential for BLT to present outside classic anatomical sites. Awareness of such atypical presentations is important for clinicians to ensure timely diagnosis, appropriate surgical management, and prevention of complications, including malignant transformation.

This case report has several limitations. First, it represents a single patient, limiting the generalizability of the findings. Second, the long duration of lesion progression prior to presentation prevents assessment of early disease behavior or response to non-surgical therapies. Third, while the patient remained free of recurrence during a five-year follow-up, longer-term outcomes beyond this period are unknown. Finally, no molecular or HPV genotyping beyond serotype assumptions was performed, which could have provided additional insights into the pathogenesis of extragenital involvement.

4. Conclusion

This case underscores that Buschke–Löwenstein tumor can rarely involve extragenital sites, highlighting the need for thorough physical examination in patients with long-standing or atypical warty lesions. Early recognition and complete surgical excision remain critical to prevent recurrence and potential malignant transformation. Clinicians should also consider underlying risk factors, such as immunosuppression or diabetes, which may contribute to tumor persistence and unusual presentations.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of ethical approval

Ethical approval was not required for this case report in accordance with the institutional guidelines of Military Hospital / Agadir.

Statement of informed consent

Written informed consent was obtained from the patient for publication of this case report and accompanying images.

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