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Buschke-Löwenstein tumor: A case report

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Abstract
We report the case of a 54-year-old male, married with three children, who has a history of incarceration. The patient is HIV-positive and receiving antiretroviral therapy, with additional risk factors including chronic tobacco and alcohol use, and a history of unprotected sexual intercourse. He presented with multiple large, cauliflower-like lesions in the anogenital region, measuring between 3 and 16 cm. The lesions were irregular in surface, pink to brown in color, painful, pruritic, and showed signs of infection and bleeding. Histopathological examination confirmed the diagnosis of Buschke-Löwenstein tumor without malignant transformation into squamous cell carcinoma. The patient underwent wide surgical excision with satisfactory postoperative evolution. This case highlights the importance of early diagnosis and surgical management of Buschke-Löwenstein tumor, particularly in immunocompromised individuals.

Keywords: Buschke-Löwenstein tumor, giant condyloma acuminatum, HPV, squamous Cell carcinoma, HIV, anogenital lesions, wide excision

Introduction
Buschke-löwenstein tumor (BLT), also known as giant condyloma acuminatum (GCA), is a pseudoepitheliomatous proliferation classified among verrucous carcinomas. It has a viral origin, caused by human papillomavirus (HPV), and is sexually transmitted, primarily affecting the anogenital region. It differs from typical condylomata acuminata by its more extensive proliferation and deeper invasion into underlying tissues, which can become displaced.

Case report
We report the case of a 54-year-old man, married and father of three children, with a history of imprisonment. He is HIV-positive under antiretroviral therapy, a smoker, and an alcohol consumer, reporting unprotected sexual intercourse. He presented with multiple cauliflower-like lesions, with an irregular surface and pink to brown coloration, infected and hemorrhagic, ranging from 3 to 16 cm in size, very painful and pruritic, located in the anogenital area. A skin biopsy confirmed the diagnosis of Buschke-Löwenstein tumor without malignant transformation into squamous cell carcinoma. The patient underwent wide surgical excision.

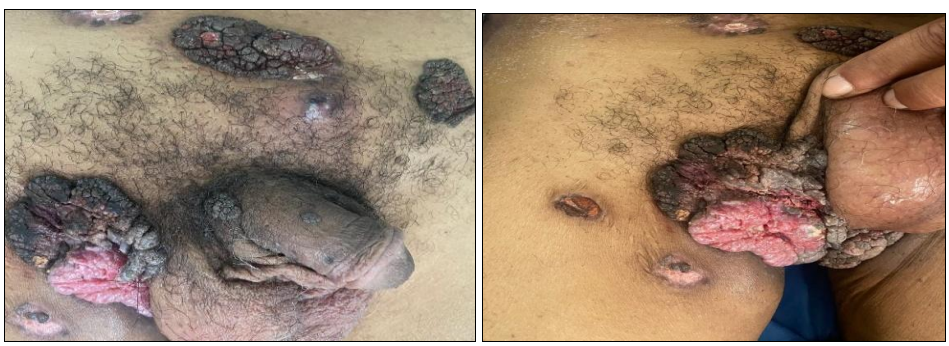

Figure showing a Buschke-Löwenstein tumor characterized by exophytic, verrucous, and infiltrative growth localized in the anogenital region of an immunocompromised patient.

Discussion

Buschke-Löwenstein Tumor (BLT), also known as giant condyloma acuminatum, is a rare, This tumor more frequently affects men, particularly in the penile, perineal, and anorectal regions [2]. Major risk factors include immunosuppression (notably in HIV-positive or transplant patients), poor local hygiene, a history of sexually transmitted infections, and tobacco use [3]. The average age at presentation ranges between 40 and 60 years. Clinically, BLT presents as a verrucous mass, often malodorous, with slow but extensive growth. Imaging (MRI or endoanal ultrasound) helps assess local infiltration, and biopsy is essential to rule out malignant transformation [2, 4]. Recurrence is common, even after adequate treatment. The first-line treatment remains wide surgical excision with sufficient safety margins [1, 4]. In cases of malignant transformation or deep infiltration, a multimodal approach is often required, combining radical surgery, chemotherapy (such as 5-fluorouracil or mitomycin C), and radiotherapy [2, 5]. Conservative treatments, such as topical imiquimod, electroresection, or photodynamic therapy, may be considered in selected patients, particularly those who refuse or are unfit for surgery [4]. Regular clinical follow-up is essential due to the high risk of recurrence. Prevention relies on HPV vaccination, ideally before the onset of sexual activity, as well as the promotion of screening and protected sexual behaviors [1].

Statement of Ethics

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

Conflict of Interest

Not available

Financial Support

Not available

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