

# Giant anal warts

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## Abstract

Anal lesions can occur due to infectious and neoplastic etiology, and a prompt and multidisciplinary approach may prevent poor outcomes.

## KEYWORDS

anal wart, high-grade squamous intraepithelial lesion

## 1 | CASE DESCRIPTION

A 70-year-old, HIV-negative male presented with a neglected slow-growing anal wart for many years with bleeding and pruritus. Examination confirmed a large anal mass with ulceration (Figure 1). Blood analysis revealed hemoglobin of 6.3 g/dL, and colonoscopy was normal.

Computed tomography scan revealed a 14 × 10 × 8 cm mass with no metastasis.

A deep core biopsy of the tumor confirmed a high-grade squamous intraepithelial lesion (HSIL) and carcinoma in situ with p16 positivity suggestive of high-risk HPV subtype.

High-grade squamous intraepithelial lesions (HSILs) are considered premalignant and can progress to anal cancer. The progression risk is elevated in certain high-risk groups, including patients with infection with high-risk HPV strains (types 16 and 18). Limited data are available comparing different treatment modalities in men with HSIL. Multidisciplinary approach is necessary in large-size anal tumors with the combination of neoadjuvant chemoradiation followed by wide excision of these.<sup>1</sup> It is the responsibility of the treating physician, relying on independent experience and knowledge, to determine the best course of treatment for the patient.<sup>2</sup>

Early diagnosis of anal warts is critical to prevent progression of HSIL and improve patient outcomes.



**FIGURE 1** Large anal warts arising from anus

## CONFLICT OF INTEREST

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## AUTHOR CONTRIBUTION

FM and EI: contributed to the clinical data collection and prepared the case report; IM and PT: contributed to the design of the case report presentation and performed the final revision of the manuscript.

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**How to cite this article:** Mulita F, Tavlas P, Iliopoulos E, Maroulis I. Giant anal warts. *Clin Case Rep.* 2020;8:1856–1857. <https://doi.org/10.1002/ccr3.3021>