doi: 10.5455/aim.2011.19.172-174
Received: 15 June 2011 | Accepted: 10 July 2011
© AVICENA 2011

AIM 2011; 19(3): 172-174

Surgery of Condyloma Acuminatum Permagnum and Permagnum Recurrence After Two Years

Nenad Lucic, Zora Antonic, Vesna Ecim, Slobodan Grahovac, Rosanda Jeftovic, Dragica Draganovic
Branka Cancarevic-Djajic, Aleksandar Rodic
Gynecology–Obstetrics Clinic, Clinical Center Banja Luka, Bosnia and Herzegovina

Case report
SUMMARY
The authors in their paper show the case with the female patient D.S. 51 years old, which was surgically treated for genital condyloma in 1981, 1986, 1999, 2006 and 2008. Under registration number 3119/2006 was received at Gynecology and Obstetrics Clinic in Banja Luka with the diagnosis of condyloma acuminatum permagnum. Patient suffered from a huge tumorous, cauliflower formation, which was located on the mons pubis, and down to the anus, laterally to the right of the gluteal region to the left thigh. Patient was operated–Vulvectomia simplex cum extirpatio tumoris reg glutealis l dex. We obtained pathohistological findings (no. 4876 / 06) which read: condyloma acuminatum permagnum. After two years patient was rehospitalized at Gynecology and Obstetrics Clinic in Banja Luka, (registration number 1311/08) with almost identical findings in the same region under the diagnosis of condyloma acuminatum permagnum recidivans, St. post. vulvectomiam simplex et extitpationem tumoris glutealis reg l dex. All preoperative findings – laboratory analysis, X-ray of the lung and heart and ultrasound of the small pelvis were within the reference values. In this paper we describe the location of the tumor and how it is resolved – Extirpatio tumoris reg glutealis l. dex. et perianalis. Pathohistological findings confirmed previous diagnosis.
In this paper we highlight our experiences regarding the operations of an unusually large tumors of genital condyloma and recurrent genital condyloma that were almost of the same size. Our experience could be useful to work on the education about sexually transmitted diseases, in order to improve the prevention of the viral diseases (vaccination), the treatment of these illnesses and to disseminate the warning that the regular check-ups with gynecologist are necessary.
Key words: Condyloma, acuminatum, HPV, surgery.

1. INTRODUCTION

In the past 15 years we were often faced with genital condyloma (condyloma acuminatum), caused by the human papilloma virus (HPV), which has over 100 different strains. Besides HPV as the direct cause are also listed intraepithelial cervical neoplasia, and poor personal hygiene (1). Subtypes 6 and 11 caused 90% of genital condyloma and have a low risk, because it rarely causes genital cancers (2). Morphological changes that develop after infection with HPV as condyloma acuminata, which usually appear in two forms: straight–and pointed condyloma Planum, egzophytic–condyloma acuminata (3). Pointed condyloma acuminata is sexually transmitted viral disease, transmitted by HPV type 6 and 11. Most often we meet them in sexually active women on the vulva, anus, perineum, vagina and uterine cervix. The illness is highly contagious, and after sexual intercourse is transmitted to 60% of partners. This disease is one of the most common sexually transmitted disease in the United States (4). In a typical histological picture includes koilocites squamous epithelium and it shows acanthosis, and hyperplasia parakeratosis of parabasal layers with a slight increase of nuclei (5).

2. CASE REPORT

Patient D. S, 51 years old, had one delivery, comes from Prijedor was admitted for gynecologic surgery at the Clinic of Gynecology and Obstetrics in Banja Luka with a diagnosis of condyloma acuminatum permagnum. The patient has had this problem with the stool and urination, and sexual relations in general were impossible. With an area often arose contact bleeding.

Family and personal history were normal. Since 1980 the patient was treated surgically for lumps when they first appeared, and later (1981, 1986, 1999).

Menarche occured at this patient at the age of 13. Menstrual cycles were normal.

Gynecological findings: Pluripare, in the area on both sides of the vulva, with what is on the right side and below the gluteal region descended tumorous, cauliflower like formation, reddish color, which extends to the left of the left thigh. On both sides of the formation of this meeting and closed introitus vagina and anus.

Rectal findings: Uterus in the AVF, had a normal-size and it felt agile and impassible. Adnex was bilaterally free. Ultrasound finding of small pelvis were normal.

In presurgical preparation all

laboratory analysis was within the normal parameters. X-ray of the heart and lungs normal.

Surgery: At the level of vaginal introitus first the separation of the tumor mass from each other. With support of the tumor mass by the assistants, do the vulvectomia simplex, and left immediately placed drain. On the right side extirpation of the tumor was within the gluteal region in a depth of 2 cm. Skin incision was made in the form of branches of the stars (legs went from inguinal region, thigh, gluteal, and the introitus and the anus). During surgery hemostasis appeared to a adequate. In this way we managed to have a broad basis of the tumor completely removed, the star leather arm we managed to pull, draw and sew. The skin was stitched by nylon reverse seams. On the right side, we placed a drain in the vulva and the other centrally in the wound.

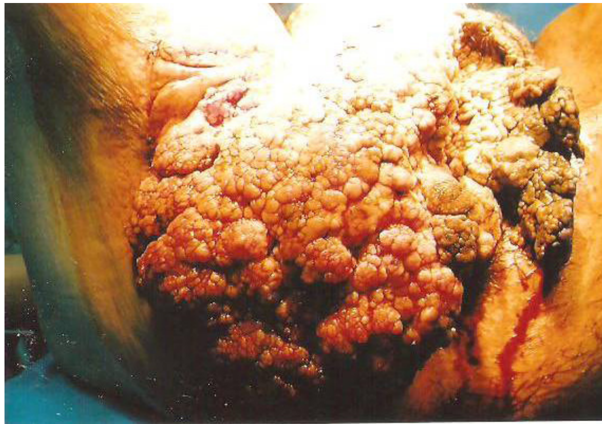

Figure 1. Condyloma acuminatum on the vulva, perineum and perianal gluteal region

At the end of the surgery over the entire wound we place vaseline gauze. During the surgery a patient received two doses of the blood and plasma infusion. Postsurgical course passed without problems with antibiotic therapy. A patient was all the time without fever. With normal RR and diuresis. Laboratory analysis was within reference values. Catheter and drains were removed the next day. The pateint had the first stool the third day after surgery. Dehiscence occured on the right side of the wound on seventh day after the surgery and wound was rinsed 2 times daily with Povidone, hydrogen and saline and writhed. On seventeenth day after the surgery patient went home with a note to continue with the cleaning and folding of the wound. Obtained pathohistological findings (no. 4876/06) were: Condyloma acuminatum permagnum.

In the next year patient came once to a control, where the wound on the vulva and gluteal region was completely in order with a large scar.

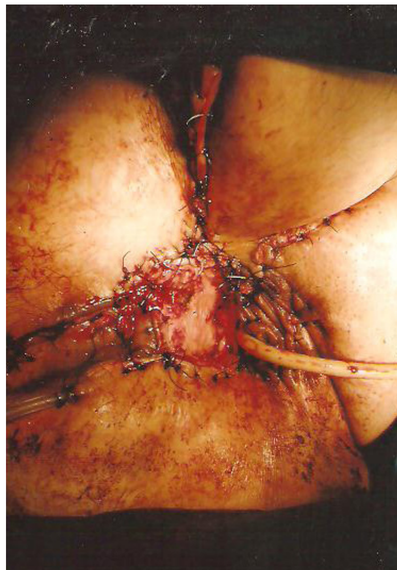

Figure 2. Appearance of the vulva and perineum after surgery

With recurrent genital condyloma patient was received on the Department on 10th March 2008 under the diagnosis:

Condyloma acuminatum permagnum recidivans, St post vulvectomiam simplex cum extirpationem tumoris glutealis l reg dex.

Gynecological examination could not be done. Rectal findings in the small pelvis were normal. Local finding in the area of the vulva:

In the region of right inguinal tumor mass, cauliflower like, which bleed and necrotic areas on the surface were observed. The tumor mass was lowered down to the right gluteus and the perineum and left lateral closing the introitus of the vagina, and vulva on the left.

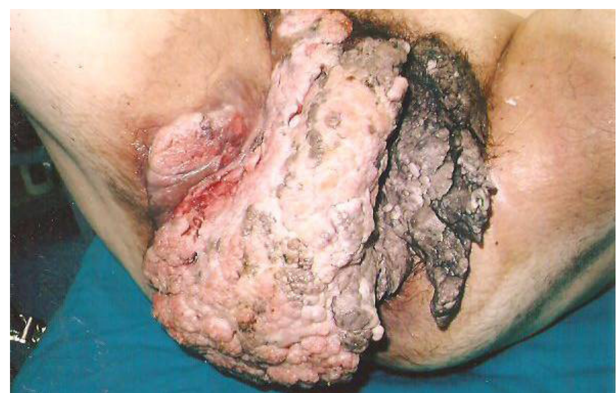

Figure 3. Condyloma acuminatum per magnum recidivans

All findings during the preoperative preparations were normal. Surgery: As the base of the tumor mass in the annexed area described was smaller than the entire surface of the tumor, do the extirpation of the tumor mass, taking into account a correct hemostasis, we then stitch the subcutaneous tissue, so that the edges of the skin close to each other. The skin was placed back by the nylon sutures.

The postoperative course was regular with the antibiotic therapy. Fourth day after surgery a patient is discharged home with advice and recommendations. Pathohistological finding was the same as the previous one. Follow up never took place.

3. DISCUSSION

We have presented a rare case of huge tumor – genital condyloma, whose base on the right side measured 23 x 13 cm with the greatest facility measuring 22 x 17 cm, while on the left size of condyloma measured 15 x 10 cm.

Condyloma acuminatum is one of a group of sexually transmitted diseases, which are caused by HPV, subtypes, no. 6 and 11 (1, 4). These infections attributed to changes in the vulva, perineum, vagina, anus, cervix, as well as on the penis in men. Most people who become infected with HPV have no symptoms, and if they appear, they man-

ifest with bleeding, pain, increased secretions and unpleasant odors (5). The changes are multiple and they especially rapidly multiply in people with weakened immunity. incubation period for the appearance of condyloma acuminatum from the moment the the exposure was from 2-3, all the way up to 7-9 months, making it difficult for timely diagnosis (7).

Treatment of condyloma acuminatum may be:

- 10–25% podophyllin solution once a week during 4-6 weeks, The efficiency ratio measures between 45-88%,
- Trichloracetil acid, the efficiency of 80%,
- Cryotherapy, the efficiency of 63-88%,
- Electroresection, the efficiency of 40-99%,
- Excision, the efficiency of 89-93%,
- Interferon, the efficiency of 11-60%.

The degree of relapse after treatment is high, depends on the type of treatment, and is 11-70%. With regard that cause of condyloma is sexually transmitted (HPV), it is necessary to implement appropriate treatment also of the male partners (1,8).

In recent years, vaccination treatment becomes widely recommend ed due to the fact that is protect against HPV, which cause 90% of genital condylomas. In the U.S. vaccine is approved for girls/women and boys/men in the age group 9-26 years, and in Canada up to 45 years.

4. CONCLUSION

Our experience with surgery of Condyloma acuminatum permagnum indicate is required the adequate education about the sexually transmitted diseases in all ages, and especially in the age of adolescence. is higly recommended and required. It is necessary to prevent the emergence of infection with viral diseases at much higher level (vaccination) as the cause of HPV can lead to genital carcinoma. With first appearance of condyloma acuminatum patient should immediately seek the adequate treatment. Necessary are regular controls of patients by gynecologist, who will point out on this issue.

REFERENCES

1. Burh RD, Ho GY , Beardsley L. Sexual behavior and partner characteristics are the predominant risk faktors for genital human papilloma virus infekcion in young women.J infect. Dis Oct. 1996; 174(4): 679- 89.
2. Muzur Hausen H. Condyloma acuminata and human genital cancer. Cancer Res. 1976; 36; 530.
3. Petkovic C i saradnici . Ginekologija. Beograd. 2004; 387-388.
4. Watts DH, Koutsky LA, Holmes KK, et al. Low risk of perinatal transmission of human papillomavirus; rezults from a prospective cochort study. Am J Obstet Gynecol. Feb 1998; 198(2): 365-73.
5. Šimunic M. i saradnici. Ginekologija Zagreb. 2001; 248-249.
6. Winer RL, Lee SK, Hughes JP, Adam DE, Kiviat NB, Koutsky LA. Genital human papilloma virus infection: incidence and risk factors in a cochort of female university students. Am J Epidemiol. Feb. 1 2003; 157(3); 218-26.
7. ACOG Practice Bulletin. Clinical Management Guidelines for Obstetrician - Gynecologist. Numer 61, April 2005. Human papillomavirus Obstet. Gynecol. April 2005; 105(4): 905- 18
8. Drobnjak P, Beric B, Šulovic V. Ginekologija, Medicinska knjiga Beograd - Zagreb. 2005.

Corresponding author: ass prof Nenad Lucic, MD, PhD. Clinic for Gineacology and Obstretics, Clinical center of University Banja Luka. 12 beba Paprikovac Banja Luka. Tel . : 0038765926923, E-mail : nenadl @ blic. net