

Condyloma Acuminata: Seeking Early Treatment Can Avoid Surgical Intervention: A Report of Two Cases

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Abstract

Background: Genital warts fondly termed epidermal genital warts (EGW) are relatively uncommon but known skin problem since long time with underlying viral aetiology. Sometimes they regress on their own and in some cases spreads extensively. Prevalence of infection increases with increased number of lifetime sexual partners, history of chlamydia or gonorrhoea infection smoking and HIV. Since anogenital warts are not reportable disease the incidence is difficult to estimate.

Case Report: We are reporting two cases who were sexually inactive and immunocompetent but suffered due to condyloma acuminata (CA) at very young age. In both of them problem started with warty lesions around anus and rapidly involved whole of the circumference of anus.

Conclusion: Though condyloma acuminata is commonly observed in sexually active young males with increased incidence in immunocompromised individuals, both our cases were not having these high risk factors but had this disease to such an extent that nonsurgical options were of no use and both of them underwent surgical excision. Delay in seeking treatment was there as the disease is considered as social taboo and more so when involve the genital area and patients are not comfortable in discussing their problem with family, friends or medical practitioner. By publishing these cases we want to increase awareness and want to highlight that timely intervention can become escape route from surgery.

Keywords: *Condyloma Acuminata; Epidermal Genital Warts; Human Papilloma Virus*

Introduction

Condyloma acuminata results from viral infection named Human Papilloma Virus (HPV). More than 100 types of HPV have been identified till date out of which approximately 40 strains have been shown to cause warts in anogenital region. The strains specific for CA are 6 and 11. HPV has been labelled most common sexually transmitted infection globally affecting 9 - 13 percent population worldwide patients age ranging from 29 - 39 years [1]. HPV strains 16 and 18 are high risk for developing malignancy [2].

Now coming to overall prevalence of genital warts in India it was estimated to 1.07% and higher among men as compared to women. The patients aged between 25 - 29 had highest prevalence 1.42% as reported in 2018 study [3].

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Condyloma acuminata generally takes 3 - 4 months to form. In otherwise healthy individuals an adequate immune response can halt and reverse the viral replication and can completely resolve the infection overtime. There is theoretical probability of viral replication being boost up once immunity is suppressed due to any reason [4].

The genome of HPV contains oncogenes which encodes proteins that stimulate cell proliferation. These specific proteins facilitate the virus to replicate via the host cell undergo cell division. Prolonged HPV infection increases the risk of developing malignant transformation [4].

Case Report

Case 1: 19 years old sexually inactive school going boy of low socioeconomic status reported to surgical outdoor with complaints of pain while defecation for 6 months and bleeding PR for 2 days.

On examination he was found to have warty lesion all around his anus and it was difficult to locate the anal opening. On direct questioning he revealed he started having these lesions 5 years back and increasing since then. He was having occasional itching, difficulty in ablu-tion since starting and developed pain while defecation later on. Once he had two episodes of bleeding PR then he reported to OPD. He did not tell any one in family just because of social inhibition. Detailed history was taken and thorough examination was performed. Biopsy was taken to confirm diagnosis. On PR examination patient was found to have acute fissure in ano too. He was advised 2% diltigesic ointment for local application thrice a day along with dietary modifications. Meanwhile patient was investigated and PAC clearance was obtained and patient was planned for surgical excision under regional anaesthesia. Patient is asymptomatic in follow up and no evidence of recurrence found after 2.5 years of follow up.

Case 2: 21 year old gentle man presented with warty lesions in anal reason as well as other parts of body. The lesions over other parts were subsided with topical treatment by dermatologist, for anal lesions he was referred to surgical OPD with histopathologically proven



Figure 1: Preoperative lesion of case 1.



Figure 2: Intraoperative image of case 1.



Figure 3: Completion of surgical procedure case 1.

CA. This patient was about to get married. After thorough check up he was subjected to surgical excision. Final HPE report was consistent with CA. Patient is doing fine in follow up.

Discussion

HPV is a double stranded DNA virus primarily spread through sexual conduct while age, lifestyle, and sexual practices all play a role in persons, susceptibility to advancement I condyloma acuminata. CA is typically a clinical diagnosis and HPE is not warranted for diagnosis of hyperkeratosis. The distinctive cells are termed koilocytes which are large keratinocytes with abundant cytoplasm and small pyknotic nuclei. Interestingly these representative cells are abundant in upper layers of epidermis [5].

Confirmatory testing and gene typing are possible via detection assay such as polymerase chain reaction (PCR). If there is a high index of suspicion for dysplasia, an appropriate biopsy of the lesion is mandatory. In literature use of MIB 1 an antibody targeting cell proliferation protein Ki 67 is also helpful. But in resource poor countries these costly tests tools are not cost effective.

In a study done in India it was found that newly diagnosed cases are 74.07%, recurrent cases were 56.24% and 43.76% were resistant to all sort of treatment and poses a great challenge [3].

The current treatment options are centred upon removal of wart rather than elimination of underlying viral infection. A uniform treatment algorithm has not been provided and treatment depends on lesions location, morphology, patient preference so basically it is given in patient specific manner [6].

A multidisciplinary team with motto of time to time valid discussion among team members regarding management plays a vital role in achieving desirable outcome. Treatment can be keep on hold in children, adolescent, pregnant ladies and young and healthy adults and expectant treatment can be an alternative as lesions should given time for spontaneous regression. Lesions which are there for more than two years, symptomatic lesions, or many a times for cosmetic reasons treatment is started [7].

Podophyllotoxin 0.5% solution and 0.15% cream is recommended to treat fleshy papules, however TCA 80- 90% under medical supervision is used for smaller lesions. Cryotherapy with liquid nitrogen also gives promising results. Surgical options are electrosurgery, curettage and excision with margin [7].

Conclusion

Inspite of its benign nature CA can be the cause of significant distress among young population. Keeping immunity strong and visit for medical advice as early as possible is prudent for better outcome. Surgical intervention is reserved for larger lesions which are amenable or refractory to pharmacological treatment.

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