Malign Differentiation of a Large Buschke Loewenstein Tumor in Penis

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Abstract

Buschke–Loewenstein tumor (BLT) is a giant condyloma acuminatum which is very rare and commonly affects the anogenital region. The malignant transformation and localization in penis is very rare. This article aims to present a case with BLT with malignant transformation in penis.

Keywords

► Buschke–Loewenstein tumor
► condyloma acuminatum
► malignant transformation
► penis

The Buschke–Loewenstein tumor (BLT) is a sexually transmitted and very rare giant condyloma acuminatum.1,2 This lesion is usually a large cauliflower-like tumor affecting the anogenital region.2,3 Although it is a benign tumor that develops slowly, it has destructive and local aggressive features.2,4 Also, it has a malignant differentiation potential which is mostly to the squamous cell carcinoma.3 Several treatment options have been described in the literature for BLT, but how malignant transformation should be treated is controversial.3,5 This article aims to present a very rare malignant transformation of a large penile BLT case and its treatment.

Case

A 59-year-old male patient was referred, who has been suffering from a cauliflower-like lesion in the penis for 8 years. Biopsies revealed a BLT with malignant transformation. The lesion was excised largely and reconstructed with local flaps and skin grafts.

Discussion

BLT was described by Buschke and Loewenstein in 1925 as a giant condyloma acuminatum case of penile BLT.3,6 Condyloma acuminatum is known to have a local destructive effect without metastasis.7 It rarely progresses into squamous cell carcinoma.1,2 Whether a partially ulcerated, bleeding mass is determined, squamous cell carcinoma differentiation of tumor may be suspected. Condyloma acuminatum is associated with HPV infection and malignant transformation is common in HIV-positive patients.7 The case differs with the absence of HPV and HIV infection and the reason of very rare malignant transformation.
In the literature, it is defined that BLT is commonly seen in the anogenital region. Being settled in penis makes this case more special and rare. The treatment options for condyloma acuminatum include cryosurgery, topical podophyllin, or trichloroacetic acid; however, these treatments are much more convenient for small lesions. Because of being locally aggressive, destructive, and malignant transformation potency, exact therapy is the surgical excision. However, if there is a malignant transformation as in our case and to prevent the recurrences, excisions should be performed with large surgical margins. Penile BLT has a specialty because wide resections of penile skin are challenging to reconstruct. We did not prefer skin graft as the main reconstruction method to prevent penile contracture and maintain the erectile function. For this reason, we preferred local flaps elevated from the scrotum. Because of the benefit of excess scrotal skin, the donor site of the scrotal flaps could be repaired primarily, and donor site morbidity was reduced.

Since there is a possibility of malignant transformation, we recommend both radical surgical excision of condylomas in this area without fear and reconstruction with local flaps for penis and skin grafts for the suprapubic regions.

**Conclusion**

Condyloma acuminata is rarely accompanied by malignancies. Also, reconstruction and management of this rare condition is crucial. A functional repair of a condyloma acuminata defect was presented. We think that this work will contribute to the literature.

**Conflict of Interest**

None.

**References**