A case of a Buschke-Lowenstein tumour

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HISTORY

- A 60-year-old lady presented to the two-week wait Gynae-Oncology clinic in 2021 with a 2 year history of a growth to the left labium majus
- She had been diagnosed with a genital wart in primary care, but the growth had increased in size
- She described pain, itch and bleeding, interfering with activities of daily life
- She had a history of 2 stone weight loss over a 12 month period

PMH

- Type 2 diabetes
- Hysterectomy aged 39 for menorrhagia
- Raised BMI
- Smoker (120 pack year history)

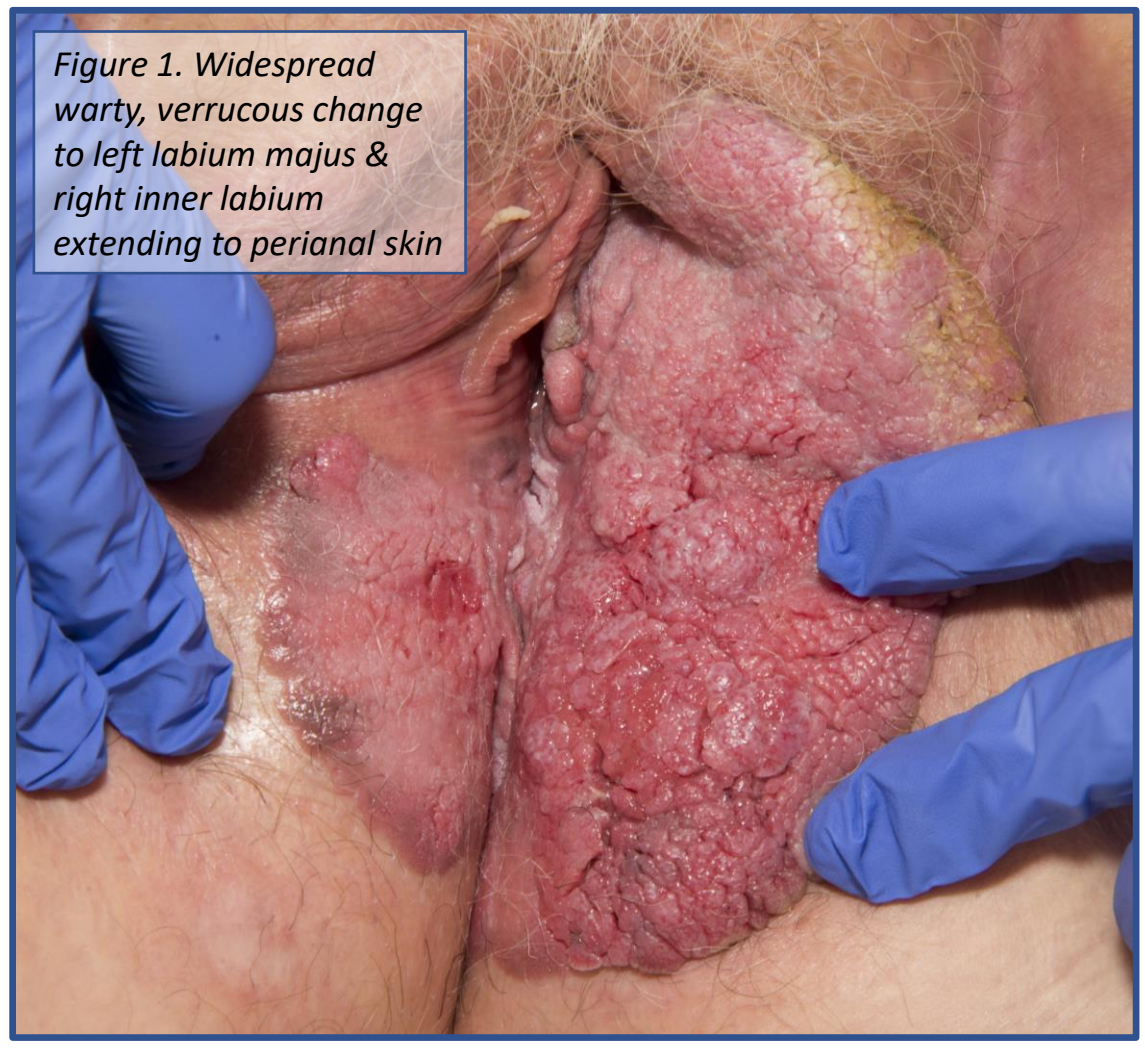

Figure 1. Widespread warty, verrucous change to left labium majus & right inner labium extending to perianal skin

HISTOPATHOLOGY

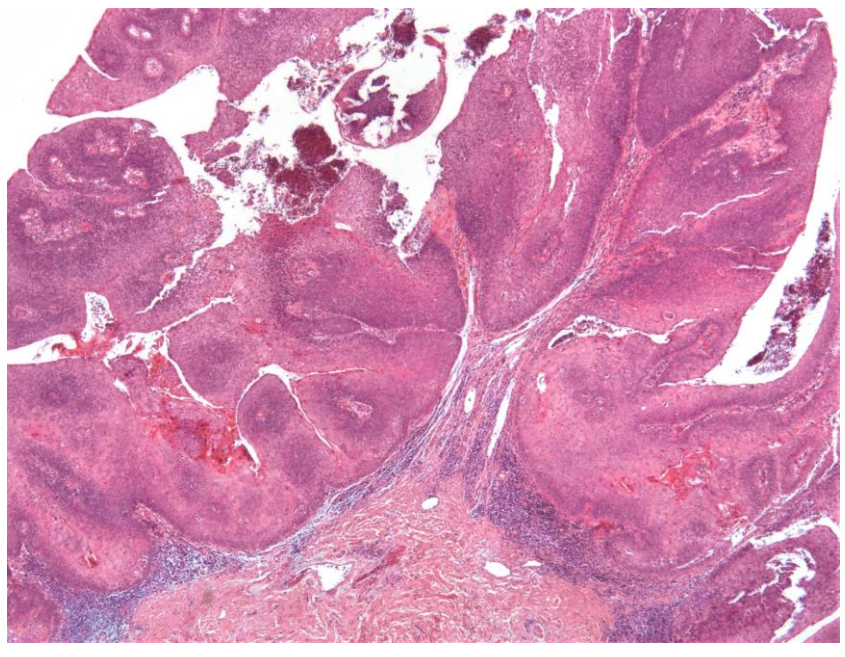

Figure 2. Hyperkeratosis, parakeratosis and papillomatosis, with exophytic and endophytic growth patterns

MANAGEMENT

Topical Aldara & Cryotherapy
To reduce the tumour size pre-operatively

HPV Vaccine To target HPV 6 positive genotype

Surgery
Flap reconstruction & defunctioning stoma

Radiotherapy
Post-operatively as excision confirmed a small focus of invasive carcinoma

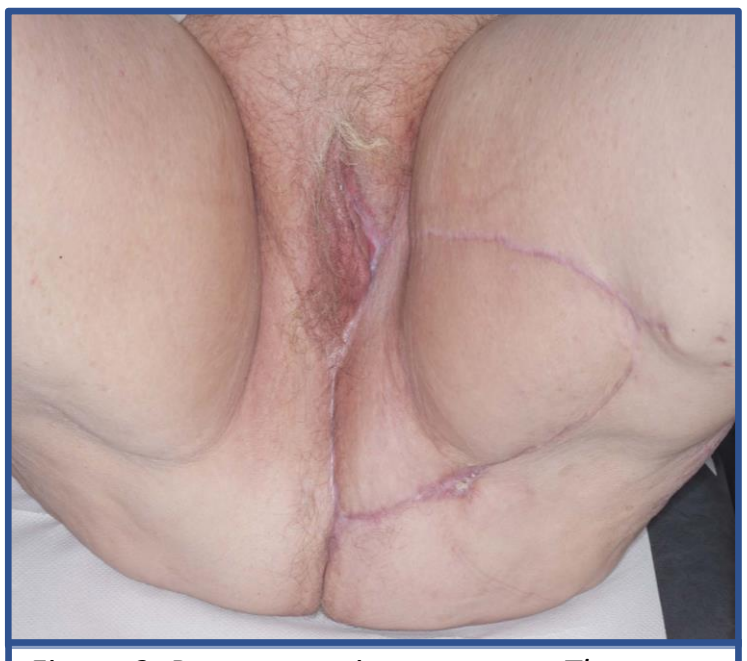

Figure 3. Post- operative outcome. The patient is now pain free and very satisfied with her recovery and outcome.

EPIDEMIOLOGY

Buschke-Lowenstein tumours were first described in 1925. They are rare, HPV-associated giant condyloma acuminata, which present as rapidly-growing exophytic tumours. Whilst most commonly they are found on the glans penis and perianal sites, we report a case on the vulva.

TAKE HOME LEARNING POINTS

1. A multidisciplinary approach is essential in treating complex vulval tumours
2. Risk of malignant transformation in Buschke-Lowenstein tumours is high, reportedly up to 55%
3. HPV genotyping is important in such tumours and the UK HPV vaccination programme may render Bushke-Lowenstein tumours rarer still