

# INVESTIGATIONS AND DIAGNOSIS OF GIANT PERIURETHRAL CONDYLOMA AND EFFICACY OF THE MANAGEMENT WITH CONVENTIONAL APPROACH: A CASE REPORT

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## ABSTRACT

**Objective:** This study aims to show our first case of female with periurethral condyloma and how we managed it. **Case(s) Presentation:** A 40-year-old female came with asymptomatic lesion in the genital area for 4 months, without any history of promiscuity. The physical examination showed a mass of 5 x 5 cm located in the periurethral area. The patient underwent mass excisions without any complication, further pathological examination confirmed the diagnosis of CA. **Discussion:** After operation and discharge there are no sign of recurrence after 6 months follow up. **Conclusion:** Despite the rare occurrence in periurethral region, clinicians should be aware of CA case in female and for our first case we used mass excision with satisfactory result.

**Keywords:** Condyloma acuminata, mass excision, periurethral condyloma.

## ABSTRAK

**Tujuan:** Penelitian ini bertujuan untuk menunjukkan kasus pertama kami yaitu kondiloma akuminata pada periuretra wanita dan bagaimana kami menangani kasus tersebut. **Presentasi Kasus:** Seorang wanita 40 tahun datang dengan lesi asimtomatik di daerah genital selama 4 bulan, tanpa riwayat promiskuitas. Pemeriksaan fisik menunjukkan massa berukuran 5 x 5 cm terletak di daerah periuretra. Pasien menjalani eksisi massa tanpa komplikasi, pemeriksaan patologi lebih lanjut memastikan diagnosis kondiloma akuminata. **Diskusi:** Setelah operasi dan pemulangan tidak ada tanda kekambuhan setelah 6 bulan follow up. **Simpulan:** Meskipun jarang terjadi di daerah periuretra, dokter harus dapat mendiagnosis kasus kondiloma akuminata pada wanita dan untuk kasus pertama kami menanganinya dengan eksisi massa dengan hasil yang memuaskan.

**Kata Kunci:** Kondiloma akuminata, eksisi massa, kondiloma periuretra.

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## INTRODUCTION

External genital warts (EGW), also known as condylomata acuminata (CA), are one of the most common forms of sexually transmitted diseases affecting the general population. Genital warts in the form of CA are caused by the human papillomavirus (HPV) infection, with external visible warts due mainly to HPV types 6 and 11 (up to 90%). To date more than 120 distinct subtypes of HPV have been identified, with about 40 different subtypes which are capable of infecting the anogenital tract.<sup>1-3</sup>

Human papilloma viruses are aetiological agents of all types of warts, including those

associated with variable modes of transmission both sexual and non-sexual.<sup>1</sup> The mucosa can be infected anywhere along the genital tract, including vulva, vagina, cervix, and perianal regions in females as well as the penile shaft, scrotum, periurethral and perianal regions in male. Benign masses of the periurethral tissues are rare, occurring in 3%–4% of patients, whereas those of the anterior vaginal wall are less common, with an estimated prevalence of about 1%.<sup>4</sup>

Condyloma acuminata in the female periurethral is rarely seen, thus it is often misdiagnosed as other disease. The male to female ratio of periurethral condyloma is 13:1 in a

Scandinavian study. In Indonesia, no accurate data on condyloma acuminatum have been revealed to date. A single-center retrospective study at Soetomo General Hospital Surabaya from 2012 to 2014 reported 315 new cases of condyloma acuminatum. Condyloma acuminatum ranked second among all new cases of sexually transmitted infections treated at Soetomo General Hospital, Surabaya Dermatology Outpatient Clinic. In 2013, the highest incidence rate of up to 9.7 percent was obtained.<sup>5</sup>

More so, CA located in the periurethral is an unusual location for this virally transmitted disease and is uncommon in females. This is also rarely reported in medical literature. Here, we report our first case of condyloma acuminata in region periurethral, in Persahabatan General Hospital, Jakarta Indonesia.

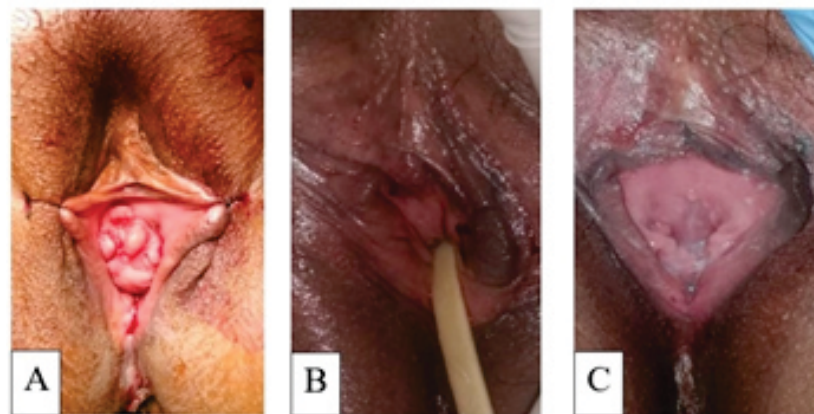
## CASE(S) PRESENTATION

In this case report, we present a 40-year-female patient with progressively increasing asymptomatic lesion in the genital area four months prior to hospital admission. There was no history of promiscuity.

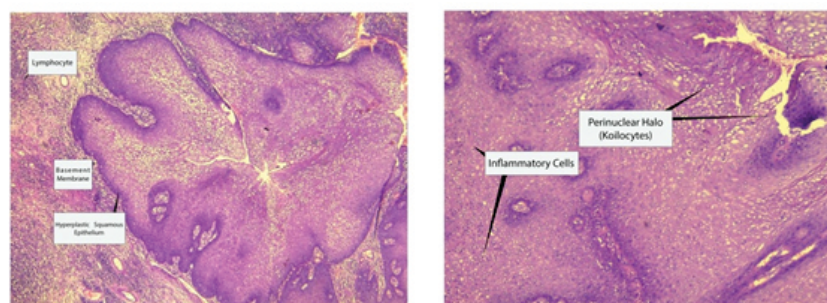
We performed physical examination that showed multiple papules in flesh-coloured and brown colour in the form of a mass of 5 x 5 cm in diameter located in the periurethral region (Figure 1). After consulting the gynaecologist they revealed normal genitalia external from physical examination and no sign of abnormalities from the ultrasound. Laboratory findings in blood work, urinalysis are within normal range. The patient was suspected with the diagnosis of periurethral tumour.

The patient underwent excision tumour, the whole mass can be removed, there was no complication during surgery and patient was discharged two days after the operation. We followed the patient two weeks after discharge, patient returned with no complaint. There is no sign of recurrence mass 6 months after the operation.

Pathology findings of the sample from the urethra (Figure 2) show the tissue is coated by a hyperplastic squamous epithelium. Locally found hyperchromatic, atypical cells with perinuclear halo (koilocytes). Histiocyte stroma is swarmed with chronic inflammatory cells. The basement membrane still appears intact. Histologically can be in accordance with condyloma acuminata.



**Figure 1.** A) Pre Operative findings, B) Post Operation findings, C) 6 Months After operation findings



**Figure 2.** Pathology findings of the sample from the periurethral mass.

## DISCUSSION

Condyloma periurethral, is a large cauliflower-like papillomatous tumour, it can be whitish, pinkish, or greyish, may develop as soft, papillary, single, multiple or plaque lesions. Condyloma acuminata in urethral relative uncommon, usually lesions can be found in vagina, cervix, rectum, urethra, and bladder.<sup>3,6,7</sup> Patient may present with symptoms such as vulvodynia or pruritus; in most cases are asymptomatic. Haematuria or urinary obstruction can be present with condyloma at the urethral meatus.<sup>4</sup>

From the physical examination, genital warts can be present as single or multiple papules such as pearly, filiform, or plaque-like, but cauliflower lesions that can be verrucous or lobulated is the most common featured.<sup>6,8</sup> Yavuzcan et al. report their case female with vaginal bleeding and mass palpable in the vulva. After the physical examination, the mass were came originated from below the clitoris, engage urethral orifice and vaginal vestibule.<sup>9</sup>

In our case, a 40-year-female came with progressively increasing asymptomatic lesion in the genital area and the patient did not complain of any urinary symptoms. The biopsy is usually not required except in the case of repeated cases, atypical lesions or suspected neoplasms.<sup>10</sup> In our case a biopsy was not performed because it did not meet the above criteria.

CA is a rare condition and there is no consensus regarding the optimal treatment.<sup>2</sup> There are several treatment available options for CA, such as podophyllin or imiquimod, trichloroacetic acid, 5-fluorouracil, cryotherapy, CO<sup>2</sup> laser, electronic and surgery.<sup>7,9,10</sup> All treatment option have variable cure and recurrence rates.<sup>9-10</sup> Cantharidin is often used to treat warts. It is however reported as contraindicated in genital warts. This contradiction may be related to the propensity for increased blistering in mucosal surfaces.<sup>11</sup>

Genital condylomas acuminata still show high recurrent rate to topical destructive treatment options, because of the activation of the viruses at some point, which emphasize the importance of virus eradication, instead only of the topical destruction of the lesions.<sup>12-13</sup>

Another important factor to consider would be the periurethral wart, which is due to size and

location required for a surgical procedure. CO<sup>2</sup> laser surgery is an effective technique, demonstrating rapid healing and lower recurrence rates as the main advantages.<sup>10</sup> This treatment was not an option in women and is associated with bacterial infection, urethral stenosis, burning, erosions and pain.

Most studies investigate that laser treatments in the urethra have been in male subjects. Wang et al. studied 108 men and 56 women with urethral condyloma treated with acid photodynamic therapy and a 10% topical 5-aminolevulinic acid solution. Efficacy was 95% after four treatments, with no anaesthesia required and few side effects.<sup>6</sup>

The advantage of surgical therapy is that it can remove most warts in a single visit. However, recurrency can still occur and surgical removal needs sufficient training and tools. The removal process can be performed with electrocauter after local anaesthesia, thus the chance of bleeding is minimized. However, precaution must be taken in using electrocauter to avoid scarring. Another method to remove the warts was to perform tangential excision with scissors or a scalpel, and carbon dioxide laser.

The used of ultrasonic scalpel (Harmonic scalpel) has been reported with advantages short procedure time in the mass excision, and lower the risk of blood loss, oedema, and wound site infection is compared to conventional scalpel method.<sup>9</sup>

For our first case, we decide to do selected the local excision because we have better experience doing it in similar case such as neoplasm urethra and caruncula. From Cinar O et al, we know that conventional excision has better results and is mostly used through electrocoagulation or laser vaporation has higher recurrence rates.<sup>7</sup>

After the pathological result came with condyloma acuminata periurethral. We Followed the patient 6 months after the surgery, the appearance of external meatus was normal, no sign of recurrence mass and she had no urinary symptoms.

## CONCLUSION

Periurethral condyloma is a rare case, especially in female patients and because it is asymptomatic, the need for histological examination is very important to diagnose this condition. In our first case, we did an excision and there were no problems in 6 months follow-up, but we still had to do further case studies in the future.

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