

The surgical management of an exceptional vulvar tumor

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CASE REPORT

A 29-year-old female patient is referred for a vulvar mass, evaluating since one year which has appeared during pregnancy and is associated with depression. We find in her gynecological antecedents: a 4th gesture 4th pare, gave birth seven months ago. The examination finds a patient with good general condition. The gynecological examination showed an enormous mass of the large left lip, this mass is polylobed with umbilical areas of 37.5×20.5 cm and a broad base collar (Figure 1). The examination of the cervix and vagina is normal.

The vaginal examination showed no abnormalities. The results: AgHBS, HIV serology, syphilis, gonococcus and chlamydiae are negative. We suspected a giant condylomatous tumor that had a physical and psychological repercussion on the patient and we decided a surgical excision.

A losangic incision on the large left lip carrying all the tumor which weighed 2400 grams (Figure 2). The

histological analysis of the surgical specimen confirms the benignity of a condylomatous tumor type Buschke–Löwenstein (Figure 3). Follow-up after one-month post-surgery showed good healing (Figure 4).



Figure 1: Clinical aspect.



Figure 2: In preoperative.

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Figure 3: Histological aspect.



Figure 4: Check after one month.

DISCUSSION

The giant acuminated condyloma (GAG) is a rare tumor, reported clinically malignant disease, while being histologically benign [1]. The localization in women is vulgar in 90% of cases. In general, it starts on a large lip to extend to the whole of the lips, the vagina, the urethral meatus. In this case, it is a single tumor of the large lip different from the cases published by its healthy base and its weight 2.4 kg. This infection most often affects young people between the ages of 16 and 25 years [2]. The patient, in this case, is a 29-year-old. Clinically, the GAG is a more or less variable tumor of vegetating appearance, verrucous posing a diagnostic problem with CA degenerates of which only complete excision followed by an anatomico-pathological examination will confirm the certain diagnosis [4]. According to Paulstrook and Rabiil, GCA is characterized by papillomatosis. Of a well-differentiated keratinized epithelium associated with a lymphocytic infiltrate [1–4]. The diagnosis of tuberculous lymphadenitis is based on the histological examination of a large, surgical biopsy rather than a circular knife, in order not to wrongly conclude a condyloma [5]. It should be noted that pregnancy is a factor sometimes promoting and even developing AGC [6].

The patient developed this pathology during pregnancy. The evolution can be towards an extension ranging from the surface to the depth. It can be complicated by dermatitis, superinfection, or fistulization to the organs of neighborhood or squarely necrosis [6]. Without forgetting that the transmission of GAG is done mainly by sexual means and also via the water, linen, and other contaminated material [7].

The surgery remains the treatment of first intensity especially in our case where the tumor was accessible [4]. However, the excision of the tumor must be complete leaving a large margin of excision which can sometimes lead to a loss of substance that will later be repaired by a cutaneous graft is possible either in one time or in two stages to avoid the recurrences of primary tumor [4, 5]. The case that we reported the surgical excision was wide and take a distance from the base of the tumor, so it was the radical treatment. The evolution was marked by a good healing without recurrence. Thus, the treatment must therefore remain surgical for the operable cases, in front of the frequency of recurrences and the possible malignant transformation [8]. Regular and prolonged monitoring is required after surgery to detect early recurrence [8]. Chemotherapies and immuno-modulatory treatments deserve better evaluation [4–8].

The laser is sometimes used but has not given a great result [6]. The result of radiotherapy is controversial because it has a harmful effect on healthy tissues by making them anaplastic [4].

CONCLUSION

This study is an exceptional case of condyloma acuminata vulvar giant, The diagnosis was based on clinical and histological data. The surgical management is based on the wide excision which allows a cure.

Keywords: Buschke–Löwenstein tumor, Condylomatous tumor, Surgical management, Vaginal examination, Vulvar tumor

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Abdi Ahmed Bonahy – Substantial contributions to conception and design, Revising it critically for important intellectual content, Final approval of the version to be published

Boullale Mohamed Mahmoud – Substantial contributions to conception and design, Drafting the article, Final approval of the version to be published

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Guarantor

The corresponding author is the guarantor of submission.

Conflict of Interest

Authors declare no conflict of interest.

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