

DIFFERENT FEATURES OF BUSCHKE-LÖWENSTEIN CARCINOMA

CARACTERÍSTICAS DISTINTAS DO CARCINOMA DE BUSCHKE-LÖWENSTEIN

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ABSTRACT

Buschke-Löwenstein carcinomas are rare manifestations of condyloma acuminatum. This study presents two different clinical manifestations of Buschke-Löwenstein carcinoma. Correct diagnosis is a challenge. Despite the absence of histological signs of malignancy, malignant transformation into invasive squamous cell carcinoma may occur. Early and radical excision remains as the treatment of choice.

Key words: Buschke-Löwenstein carcinoma, verrucous carcinoma, human papilloma virus, gynecological oncology.

RESUMO

Carcinomas de Buschke-Löwenstein são manifestações raras de condiloma acuminado. Neste estudo, apresentamos duas manifestações clínicas distintas do carcinoma de Buschke-Löwenstein. O diagnóstico correto é um desafio. Apesar da ausência de sinais histológicos de malignidade, transformação maligna para carcinoma de células escamosas invasor pode ocorrer. Excisão radical e precoce permanece sendo o tratamento de escolha.

Unitermos: Carcinoma de Buschke-Löwenstein, carcinoma verrucoso, vírus do papiloma humano, oncologia ginecológica.

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INTRODUCTION

Buschke-Löwenstein (BL) carcinomas are rare manifestations of condyloma acuminatum (1). They differ from the usual condylomas in their rapid growth and invasion to adjacent tissues (2). Lesions may be clinically indistinguishable from malignant tumors. These tumors have been associated with immunosuppression and human papilloma virus (HPV 6 and 11) (3,4). These tumors were thought to occur only in men, but similar lesions have already been described in women. In this study, we present different clinical manifestations of BL carcinoma in two women.

CASE 1

A 65-year-old woman had a history of vulvar pruritus for several years. On physical examination, a 2-cm diameter, white-yellowish vulvar tumor was observed. Biopsy revealed a verrucous carcinoma, and the patient underwent a radical vulvectomy. The histological diagnosis, however, was of BL carcinoma. In 2 years of follow-up, the patient has not presented signs of relapse.

CASE 2

A 36-year-old single woman had a history of drug abuse and vulvar warts since adolescence. Physical examination revealed a verrucous tumor (approximately 15 cm diameter), with necrotic and excavated area. The tumor included the vulva, the perineum and the buttocks. It was not possible to identify vagina or anus. Histological examination showed BL carcinoma. The patient was submitted to preoperative chemotherapy and then submitted to colostomy.

DISCUSSION

The BL tumor was primarily described as a penile tumor that resembled a giant condyloma acuminatum. Subsequently, it has been described to occur in the vulva, perineum and buttocks, and occasionally it may infiltrate the rectal wall (2). The two patients described in this study showed very different manifestations, with tumor diameters ranging from 2 to 15 cm.

Correct diagnosis in these cases is a challenge. The term "verrucous carcinoma" is used by several authors as a synonym for BL tumor. Despite the absence of histological signs of malignancy, it has become evident that malignant transformation into invasive squamous cell carcinoma may

occur (2,3). Koilocytosis and papillomatosis were present, supporting the association with condyloma acuminatum. Microscopically, it infiltrates in the dermis and contains HPV type 6 (rarely, type 11). The episomal state of HPV in these tumors is consistent with its indolent clinical course. HPV typing was not available in our hospital when these patients were seen. Successful treatment with radiotherapy and chemotherapy has been reported (1), but early and radical excision remains as the treatment of choice.

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