

SUBCUTANEOUS CONDYLOMA ACUMINATA

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Abstract

A case of a 21 year old, white female, gravida 2, para 2, is reported who presented with multiple draining abscesses of the right labium majus at term pregnancy due to extensive subcutaneous condyloma acuminata. She was treated by deep incision and drainage. Subsequent partial vulvectomy was necessary to eradicate the condylomata and infection.

Condyloma acuminatum (genital warts) are papillomatous epithelial verrucous growths presumably due to papilloma-like virus. The frequency with which they undergo proliferative growth during pregnancy reflects their relative endocrine dependency.^{1,2}

Although the vulva (in particular, the vestibule and labial fold) and the perineal skin are the sites most frequently involved, lesion may occur within the vagina or cervix and on the mons pubis. They may also occur in the axillae and groins.

A case of extensive subcutaneous condyloma acuminata manifesting by multiple draining abscesses of the right labium majus is presented.

CASE REPORT

A 21 year old, white female, gravida 2, para 2, was presented at term pregnancy, in labor, to The University Hospital of Jacksonville, on December 22, 1971. On admission she was found to be in active labor and with vital signs normal. Fetal heart was normal, cervix was 8 cm. dilated, 100% effaced. The presenting part was at +1 station. Large, extensive, multiple draining abscesses of the right labium majus were present, extending from the right pararectal area to the mons pubis. A few small condyloma acuminata were present at the medical aspect of the labium minus.

Past History

The patient initially had a right Bartholin abscess after her first delivery in August, 1969 which was treated by simple incision and drainage. No condyloma were noticed at that time. The infection progressed. The entire right labium majus and mons pubis area became involved. Subsequently, she was treated on multiple occasions by incision and drainage, marsupilization of the Bartholin Gland, antibiotics, etc. for two years without curative result. A few small condyloma acuminata were noticed around the labium minus 12 months prior to the present admission.

The patient was admitted to labor and delivery. Labor progressed rapidly. She delivered spontaneously over an intact perineum without any complications.

A large, deep incision was made over the multiple draining abscess extending from the mons pubis to the para-rectal area (Figure 1). Extensive condyloma acuminata was noticed replacing subcutaneous tissue and extending to the fascia and symphysis pubis. Multiple biopsies were taken.

All the biopsies were similar histologically. The epithelium had very prominent hyperkeratosis and papillomatosis. The epithelium was also acanthotic epithelium some clear cells were present. There was minor atypia of nuclei. No evidence of malignancy was noted. The underlying tissue had focal areas of chronic inflammation (Figure 2).

The patient was treated with antibiotics and sitz baths and most of the infection cleared six weeks post partum.

In June of 1972, a right vulvectomy was performed. Condyloma were obviously quite

adherent to symphysis pubis. The dissection was quite difficult on removing the condyloma from the pubic bone. Condyloma were curetted from the pubic bone. The patient recovered without any post operative morbidity.

Vulvectomy Specimen

The right vulvectomy specimen was examined by preparing 50 blocks of tissue from different areas of the specimen. In none of these could invasive tumor be found. Indeed, all the blocks were similar to the biopsy specimen and only minor atypia was noted in the epithelium.

On recent examination of the patient (years after vulvectomy) she had no recurrent condyloma.

Discussion

Extensive condyloma of the perineum can be a major therapeutic problem. A variety of therapeutic modes have been used.^{1,2,3,4,5} To our knowledge, subcutaneous condyloma have not been reported in the past ten years. It was interesting in this case, that vulvar cellulitis and recurrent multiple draining abscesses were caused by subcutaneous condyloma. Local invasion of adjacent tissue by condyloma would make one highly suspicious of Verrucous carcinoma of the vulva. Verrucous carcinoma is

rare but potentially lethal as a gynecologic cancer.⁶ The gross and microscopic similarities between verrucous carcinoma, benign squamous papilloma and condyloma acuminata may lead to diagnostic confusion and delay in diagnosis. Multiple biopsy and extensive study of the specimen are highly recommended.

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