Uncommon Presentation of Perianal Condyloma Acuminata in a Young Male: A Case Report

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Abstract

Background: Perianal warts, also known as anogenital warts or condyloma acuminata, represent a significant health concern in the young male population. Here, we present a unique case of a large perianal wart in a 26-year-old male patient.

Case Description: The patient came to the surgical clinic with complaints of an anal lump for 7 months ago. The lump first appeared in February 2019 as big as a green bean, it increased in size, bled easily and painful to be touched. The patient has a history of anal intercourse 1 month before the lump appeared. The lump size was about 8 x 5 cm and resembled “cauliflower”. Diagnosis of suspected anal papilloma was made. In July 2019, an incisional biopsy was performed, and the result showed papilloma squamosa with condyloma acuminata as a differential diagnosis. In September 2019, perianal soft tissue tumor excision with advancement flap was performed and the result showed condyloma acuminata.

Discussions: The case highlights the importance of careful evaluation and diagnosis in such clinical scenarios, as the initial diagnosis of anal papilloma was later refined to condyloma acuminata based on the biopsy and surgical findings. Early detection and appropriate management are crucial in cases like this to ensure the best possible patient outcomes.

Introduction

Perianal warts, also known as anogenital warts or condyloma acuminata, represent a significant health concern in the young male population. These warts are caused by the human papillomavirus (HPV) infection and primarily affect the skin and mucous membranes in the anal and genital areas. The prevalence of perianal warts has been steadily rising in recent years, leading to increased attention from the medical and scientific community.[1]

HPV is one of the most common sexually transmitted infections (STIs) globally, with numerous strains responsible for various manifestations of the disease.[1,2] Perianal warts are typically caused by high-risk HPV strains, such as HPV-6 and HPV-11. Transmission occurs through direct skin-to-skin contact during sexual activity, making sexually active young males particularly susceptible to infection.[3] While perianal warts may not be life-threatening, they can significantly impact the quality of life and mental well-being of affected individuals.[1] The physical symptoms, which

include the presence of painless, cauliflower-like growths in the anal and genital regions, can cause discomfort and embarrassment. Moreover, the social stigma associated with HPV and its link to sexual activity can lead to psychological distress and negatively affect intimate relationships. Current treatment options include topical therapies, cryotherapy, electrosurgery, laser therapy, and immunomodulatory agents.[1,4]

Here, we present a unique case of a large perianal wart in a 26-year-old male patient. Perianal warts are more commonly seen in females, and the presentation of a large, cauliflower-like perianal wart in a young male is less common. Additionally, the patient had a history of anal intercourse, which is a risk factor for the development of condyloma acuminata. We constructed this case report according to the CARE guideline for case report and all informed consent was gained personally to the patient by all authors.

Case Description

In September 2019, a 26-year-old man came to our clinic with a lump initially appeared as a small corn kernel in February 2019 but progressively increased in size, became prone to bleeding, and caused discomfort upon touch (Figure 1). The patient, sexually active with both a female partner and a male partner for approximately one month before the lump appeared. Apart from the anal lump, the patient denied experiencing fever, weight loss, or lumps in other body parts. Upon physical examination, the multinodular lump exhibited a cauliflower-like appearance, measured approximately 8 x 5 x 2 cm that felt soft, tender, and immobile (Figure 2). Based on these findings, a suspected diagnosis of anal papilloma was made, and subsequent excisional biopsy of the entire lump area confirmed the presence of a large condyloma acuminata (Figure 3), thus guiding the clinicians in determining the suitable management approach and prognosis. Before conducting objective investigations, healthcare providers should inquire about the patient's sexual behavior, including the timing of first sexual intercourse, the number of sexual partners, and specific sexual practices, as this information may offer critical insights into the etiology of the perianal lump.

Figure 1. Pre-operative conditions of the perianal wart in a 26-year-old male patient

Figure 2. The actual size of a cauliflower like mass lesion after surgery

Figure 3. Intraoperative surgical excision of the mass

In the context of this study, a significant perianal lump displaying certain characteristics prompted consideration of potential differential diagnoses, including precancerous or cancerous growths such as verrucous carcinoma and squamous cell carcinoma. It was recognized that these conditions might infiltrate the mucous, skin, or deeper layers, necessitating more than excisional treatment alone, but also chemo-radiation therapy as an adjuvant approach. However, after conducting an incisional and excisional biopsy, the definitive diagnosis was established as condyloma acuminata. The recommended non-pharmacological therapy for the patient involved comprehensive education on condyloma acuminata, covering its causes, transmission, risk factors, and available treatment options. Additionally, the patient was advised to undergo testing for other sexually transmitted diseases in both themselves and their sexual partner, and to utilize protected sexual intercourse methods, such as condom usage. Ultimately, the patient underwent a perianal excision of the soft tissue tumor, followed by repair and advancement flap procedures. No specific pharmacological therapy was administered in this case. On a 4 week follow up duration, the patient did not suffer any symptoms of infection, bleeding, recurrent lesion growth. Digital rectal examination was unremarkable.

Discussion

The approach employed in this case exhibited several noteworthy strengths. Firstly, the clinician demonstrated a thorough assessment by acquiring a comprehensive sexual history, including the crucial evaluation of anal intercourse, which aids in assessing the risk factors for condyloma acuminata. Additionally, a meticulous physical examination was conducted, diligently observing the perianal wart's size, appearance, and tenderness, thereby facilitating a precise differential diagnosis. Furthermore, the utilization of an incisional biopsy played a pivotal role in establishing the definitive diagnosis of papilloma squamosa, while also considering condyloma acuminata as a potential alternative diagnosis, guiding subsequent management decisions.

Based on the limited number of available reports, this condition appears to be more prevalent among women, with only a few cases reported in males.[5–7] While many individuals have shown no symptoms, some have experienced itching and burning, and the condition has been persistent in all cases. The localization of this condition to the genitoperineal area is likely due to the area's moist and warm environment.[5]

The conclusions drawn in this case report are substantiated through a

comprehensive analysis of the patient's clinical presentation, diagnostic assessment, and treatment response. The patient's atypical manifestation of a large perianal wart, more commonly observed in females, and the history of anal intercourse aligned with a diagnosis of condyloma acuminata. The definitive diagnosis of papilloma squamosa was confirmed through incisional biopsy, with condyloma acuminata considered as a potential differential diagnosis. The chosen course of action, an excision with advancement flap procedure, resulted in the successful eradication of the perianal wart, further supporting the diagnosis of condyloma acuminata and the efficacy of the selected treatment modality. Nonetheless, it is crucial to acknowledge the absence of long-term follow-up or recurrence data in the case report, which could have enhanced the validation of the conclusions.

Certain limitations were encountered during the course of this case. The inability to perform a digital rectal examination due to the obstruction caused by the sizeable perianal wart restricted the assessment of the lesion's extent. Furthermore, the case report lacks comprehensive information concerning the various treatment options considered and the rationale behind opting for the excision with advancement flap procedure. Moreover, the post-operative course of the patient, including potential complications and perianal wart recurrence, was not adequately detailed, limiting the overall understanding of the case's long-term outcomes.

Perianal warts predominantly arise from HPV infection, typically linked to anal intercourse. Therefore, a comprehensive sexual history must be elicited during patient evaluations. These warts can cause significant distress, necessitating a tactful approach characterized by empathetic communication and utmost confidentiality. Condyloma acuminata, a benign lesion, manifests as single or multiple cauliflower-like lumps of skin color, predominantly found in the anogenital region. However, certain cases may progress to malignant forms like verrucous carcinoma or squamous cell carcinoma, presenting with rapid growth, easy bleeding, deep tissue invasion, and systemic symptoms like weight loss and fever. For extensive perianal warts, a diagnostic and therapeutic approach involving surgical excision and biopsy is crucial to guide subsequent treatments, as medicinal interventions may yield unsatisfactory outcomes. Preventive measures against HPV infection encompass condom usage during sexual intercourse, cessation of smoking, and HPV vaccination, which can begin at the age of 12 for both sexes.

Conclusion

Here, we presented an uncommon case of perianal warts in a young male. The case highlights the importance of careful evaluation and diagnosis in such clinical scenarios, as the initial diagnosis of anal papilloma was later refined to condyloma acuminata based on the biopsy and surgical findings. Early detection and appropriate management are crucial in cases like this to ensure the best possible patient outcomes.

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