LA TUMEUR DE BUSCHKE-LOWENSTEIN : UNE LOCALISATION BILATÉRALE INHABITUELLE.

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RÉSUMÉ

Pré requis : Les tumeurs de Buschke-Lowenstein (BL) ou condylomes acuminés géants sont rares, et font parties des carcinomes verruqueux du fait de leur potentiel évolutif local agressif. Une transformation maligne sous forme de carcinome micro invasif ou de carcinome épidermoide kératinisant bien différencié a été décrite dans la littérature d'où l'intérêt d'un diagnostic précoce et d'un traitement chirurgical consistant en une exérèse complète de la lésion, pour prévenir les récurrences et leur transformation maligne.
But : Nous rapportons une observation de tumeur de Buschke-Lowenstein à localisation inhabituelle, et nous la discutons a travers les données de la littérature.
Observation : Un homme âgé de 50ans avait consulté pour une tumeur bilatérale des deux fesses, le diagnostic tumeur de Buschke-Lowenstein était suspecté cliniquement et confirmé par l'examen anatomopathologique de la pièce d'exérèse. La perte de substance résiduelle a été couverte par un lambeau grand fessier en VY après confirmation de diagnostic par l'examen anatomopathologique.

MOTS-CLÉS

Tumeur Buschke-Lowenstein -fesse- Chirurgie- Lambeau grand fessier VY.

SUMMARY

Background: The tumor of buschke lowenstein or giant condyloma acuminata is a pseudo-épitheliomatous profileration bilonging to verrucous carcinoma group due to their aggressive local evolution.A malignant change as micro invasive carcinoma or epidermoid kératinizing carcinoma well-differentiated was reported.Diagnosis and surgical treatment represents an efficient alternative at the moment that must be precocius and large due to the frequencies of local recurrences and malignant change.
Aim: We present in this stady an observation of an unusual localization of buschke Lowenstein tumor with review of literature.
Case report: 50 year-old men presented with bilateral tumours in the battock area whose diagnosis of buschke Lowenstein tumour has been clinically suspected and confirmed by biopsy and histopathologic study .The cover has been achieved by VY fascio-cutaneous flaps of the muscle gluteus maximus.

KEY-WORDS

Battock Buschke-Lowenstein tumor-Surgery-VY gluteus maximus flap

The tumor of Buschke-Lowenstein or giant condyloma acuminate is a pseudoepitheliomatous proliferation belonging to verrucous carcinoma group due to their aggressive local evolution. The localizations of this gigantic condyloma are mainly anorectal and penial.We present in this study, an observation of an unusual localization of Buschke-Lowenstein tumour in the buttock area, whose diagnosis has been clinically suspected and confirmed by biopsy and histopathologic study .

CASE REPORT

Mr. G.M aged 50 years old, married, without case history, has developed verrucous swelling since 10 years ago based in the genitoscrotal area, treated by cryotherapy.
The patient presented since 4 years reappearance of two painful swellings in the buttocks area that rapidly increased in size.The clinical exam, showed the presence of 2 exophytic bud formations that have a venereal aspect, , measuring 4 cm of diameter each, sessile cauliflower-like, where pressure lets spring a shady liquid. The rectal touch discovered a soft partition, not of mass intra rectal, nor opening of fistula. The somatic exam is otherwise without particularities. The diagnosis of HPV tumour is established by biopsy of the lesion. Based in These results, we have conducted a large excision of the two tumours with 1 cm limit and reaching in depth the gluteus maximus muscle. The histopathologic examination of the extraction piece, showed a mass papered by a papillomatosis malpighian, acanthosis and parakeratosis epithelium.
The superficial layers represent koïlocytis and binuclear cells due to an infection caused by the HPV. The epithelial cells represent atypical curbed nuclear with hyperchromasis. The underneath chorion includes a polymorphous inflammatory infiltrate. Aspect evoking the diagnosis of Buschke-Lowenstein tumour. The cover has been achieved by VY fascio-cutaneous flaps of the muscle gluteus maximus.

DISCUSSION

The first description of Buschke-Lowenstein date from 1896 and only in 1925 that Buschke and Lowenstein's made a fully-fledged entity of it for penis localization (10).
Clinically, the tumor appears as a bud ± ulcerated lesion, with necrosis zones looking like a cauliflower. It can occur to all ages after the puberty, but as per our observation, it predominates between the 4th and 6th decades, with a higher frequency for the immunosupressed. The sex ration men-women are roughly of 2.3/1 (17).
The tumor is more often localized in the balanopreputial area for men (4) and at the vulvar region for women (23%). The localization in the buttocks area has never been reported in medical literature and this is what makes our observation so special. The tumor spreads in surface and in depth, and can be complicated by an invasion of the neighbourhood structures, super infection and fistulization to the nearby organs. An infection to papillomavirus has been proven in the condyloma acuminata and the Buschke-Lowenstein tumours, mainly HPV 6 and 11, although some cases of infection by HPV 16 or 18 have been described (1,7,12).
The spontaneous regression is exceptional, and the local recurrence can be seen especially after an incomplete resection and can reach 65% in the perianal localizations. A malignant change as micro invasive carcinoma or epidermoid keratinizing carcinoma well-differentiated (9,16) , was reported in 30 to 56% cases among series of Buschke-Lowenstein perianal tumors with weak risk of ganglionic metastases and exceptional visceral metastases(18,19,20).Its histologic characteristics are similar to those of the a giant condyloma acuminata with papillomatosis , acanthosis , hypertrophy of the basal layer, hyperkeratosis and variable parakeratosis and underlying inflammation with a respected basal membrane. The surgery remains the main therapeutic, which must be precocious and large, in order to avoid the tumorous recurrence. In this way a safety margin of 2 cm is necessary, with in depth, an excision that must reach the papillary dermis (2). In addition to the surgical treatment, several other attitudes have been proposed in the literature.
The podophyllin, 5fluorouracile ointment and chemotherapy containing méthotrexate and cisplatine are used with mediocre result (11). The cryotherapy and the destruction with laser are often insufficient and do not permit the histological confirmation of the extracted piece. The radiotherapy is used for the non surgical recurrence or in complement in case of incomplete extraction. The alpha interferon has been used in the treatment of the condyloma with good results (8,13,14,15). The imiquimod has equality proved its efficiency with a ratio of complete recovery of 47.8% to 16 weeks and a rate of recurrence of 23% to 6 months(5). Therefore, the treatment must remain surgical every time possible, due to the frequency of the recurrences, and the possible malignant transformation of the lesions. A regular and prolonged surveillance of the patients is vital after the treatment, in order to track down all possible recurrence in time. The prevention is essentially based on the hygiene and the prophylaxis of the sexually transferable diseases and the treatment of all urethritis, balanitis and vulvo-vaginitis, chronic or recurring (3).

CONCLUSION

The Buschke-Lowenstein tumor is a rare affection that belongs to the verrucous carcinoma group. Its malignant clinical character that contradicts with the histological data makes the diagnosis doubtful. The surgical treatment represents an efficient alternative at the moment that must be precocious and large, due to the frequencies of local recurrences.

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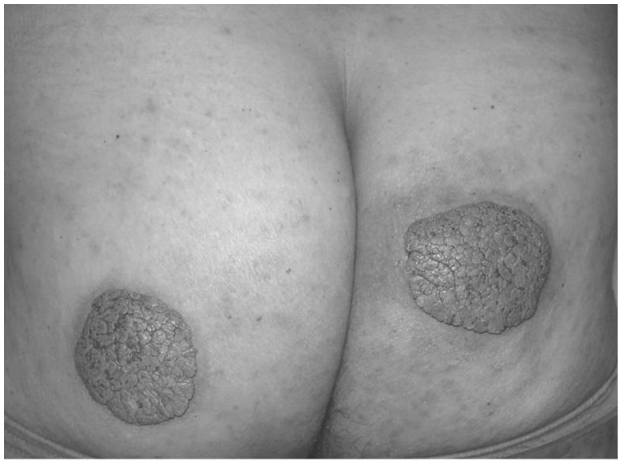
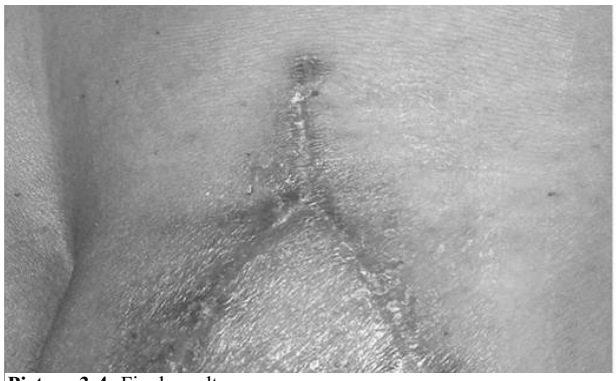
Picture 1: Aspect of the tumors



Picture 2: VY fascio-cutaneous flap of the muscle gluteus maximus.



Picture 3-4: Final results