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ASGC

23 & 24 Avril 2026

3rd NATIONAL GYNAECOLOGICAL CANCERS CONGRESS

Buschke-Löwenstein tumor in pregnancy: A case report

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INTRODUCTION

Giant condyloma acuminatum or Buschke Lowenstein tumor (BLT) is a rare clinical entity, transmitted mainly through sexual contact and first described by Abraham Buschke and Ludwig Löwenstein back in 1925 . It is a virus-induced tumor caused by human papillomavirus (HPV), particularly genotypes 6 and 11 . This tumor is more common in cases of poor genital hygiene, chronic local inflammation, diabetes, immunosuppression, HIV infection, multiple partners, or anal intercourse . The most common locations are the perineum, scrotum, penis, perianal region, and rectum. This tumor develops in the form of large exophytic lesions (cauliflower-shaped) that become ulcerated which progress slowly, infiltrate and generally invade local tissues, and, importantly, do not resolve spontaneously. BLT is a rare form of condyloma in pregnant women, with very few cases described in the literature . Non-oncogenic HPV infection in pregnant women has been accused of possibly being transmitted vertically and exposing the unborn child to the risk of juvenile laryngeal papillomatosis , which raises the issue of management and delivery. HPV infection should be screened and managed more actively among pregnant women .

CASE PRESENTATION

A 28-year-old primigravid patient with a 22 weeks pregnancy who was admitted to the Emergency Department due to a perineal painful tumor which appeared 5 months before. She reported that five months prior to the consultation, she had a rounded, painless lesion measuring approximately 1 x 1 cm in the perineal region. The tumor increased in size until it prevented her from sitting and partially prevented her from walking. On physical examination two irregular exophytic, cauliflower-like and ulcerated lesions of 05x03 cm in size of each one were found on her perineal region suggestive of giant condyloma acuminatum (figure1). The obstetric ultrasound showed no abnormalities. It was decided to perform resection ; the excision was complete and did not require reconstruction (Figure 2); After the procedure, the patient was informed of possible recurrence, which is common and presumably related to the infection in the surrounding healthy tissue.The pathology study revealed a giant condyloma acuminatum with no lesion at the surgical margin. After six weeks, complete re-epithelialization of the wound was observed (figure3). The pregnancy proceeded without complications .



FIGURE 1: Buschke Lowenstein tumor

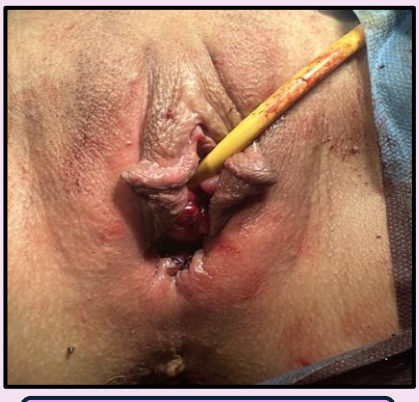


FIGURE 2: The surgical wound after lesion resection and skin closure

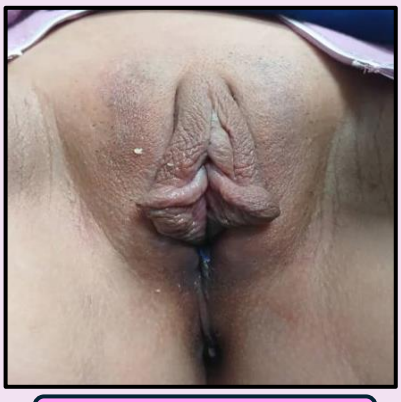


FIGURE 3 : The surgical wound six weeks later

DISCUSSION

Buschke-Löwenstein tumor is an exceptional lesion whose frequency is currently estimated at 0.1% of the general population , occurring at all ages with an average age of 45 years, and predominantly in males. In women, it is mainly located in the vulva in 90% of cases, while the anorectal location remains less common. The presence of bleeding, infiltration of the base, or the presence of lymphadenopathy should raise suspicion of malignant degeneration. A biopsy of the lesion provides histological confirmation and allows for the search for foci of degeneration.

It has been reported that the human papillomavirus lodges in the basal cells of the epidermis, causing microabrasions that lead to chronic inflammation. The virus remains undetectable for long periods. During pregnancy, changes occur in the external genitalia, which, combined with immunological effects, facilitate the replication of the human papillomavirus.

The management of BLT during pregnancy is more complicated because both the mother and her fetus must be taken into account. As with any non-obstetric surgery, this procedure carries a risk of premature delivery, and even though this risk appears to be low in limited resections, the pros and cons of this surgery must be weighed if it is performed before 34 weeks of gestation.

The mention of vertical transmission from mother to fetus has led some authors to recommend cesarean section as the method of delivery in cases of florid genital condylomatosis . However, this approach is debatable, and cesarean section appears to have little or no effect on the risk. As in the case of florid genital condylomatosis, when surgical resection appears anatomically complex and exposes the patient to the risk of incomplete excision before birth, a planned cesarean section should be preferred due to the risk of vertical transmission of HPV, but also because of the increased risk of severe perineal tearing, which will be difficult or even impossible to suture. The management of BLT is then carried out either at the same time as the cesarean section or at a later date. Conversely, when surgical removal is straightforward, as in our case, vaginal delivery may be considered if there is no recurrence and good healing before birth. Prevention of BLT will require increasingly widespread use of HPV vaccination, which will lead to a reduction in this potentially very serious condition in the future.

CONCLUSION

Buschke-Löwenstein tumor is a rare conditionthat can affect patients aged 40-50 years. There is no consensus on treatment, as the lesions can reach large sizes and the recurrence rate is high. Its manifestation during pregnancy is challenging; however, the few published cases suggest wide excision as the first-line technique. Its manifestation during pregnancy presents a challenge; however, the few cases published suggest excision with wide margins as the first-line technique. Secondary closure after surgery reduces the risk of recurrence. Due to the morbidity and 56% malignancy rate, it is important to reinforce human papillomavirus prevention measures through vaccination, sex education, screening, and timely treatment.

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