BUSCHKE-LOEWENSTEIN TUMOUR OF PENIS

By

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Giant condyloma simulating carcinoma of penis is comparatively a rare entity. The lesion was described by Buschke in 1896 and a somewhat similar clinical picture was drawn by Martens and Tilesius in 1804. Powley in 1964, however, reemphasized the clinical picture and published a case report where the tumour appeared in a circumcised man. Walkar Davies has published a further case of B. L. tumour in 1964.

The following account refers to three cases detected and treated during a period 1963–64.

An extensive warty growth appears in the prepucial sac or coronal sulcus and rapidly penetrates the penile tissue giving for all practical purposes an appearance of carcinoma. Most of the reported cases have occured in uncircumcised men.

CASE REPORT

1. An industrial worker aged 40 years was admitted in M. G. M. Hospital on 12th February 1964 with history of swelling of the prepuce for a period of eight months. The disease started with a small swelling on the prepuce which gradually increased in size. At the same time there was ulceration of the growth and foul smelling discharge. There was no history of exposure. The patient was not circumcised. On examination there was a swelling 2.5 cms. in diameter on the frenum and multiple small nodules, some of which ulcerated on the corona glandis. There was an ulcer all round at the junction of prepuce and glans about 1 cm. in diameter showing glazy looking red granulation tissue.

INVESTIGATION

V. D. R. L., was positive 1 : 8; Frei's Test was negative.

Biopsy : Section through the specimen showed a marked hyperplasia of sqamous startified epithelium with downgrowths of blunt epithelial processes. There was acanthosis and some amount of dyskeratosis also seen. The subepithelial tissue showed dense chronic inflammatory exudate with lymphocytes and few plasma cells. A giant cell system was seen which did not reveal either acid fast bacilli or fungus by special stains. No evidence of malignancy in any part was detected.

Treatment: The nodules were excised and the prepuce was removed. The patient was followed up for a period of one year. There was no evidence of either local recurrence or enlargement of inguinal lymph nodes.

Case No. 2: A married textile worker of 36 years age presented himself at surgical out patient department complaining of a growth on the penis of four months

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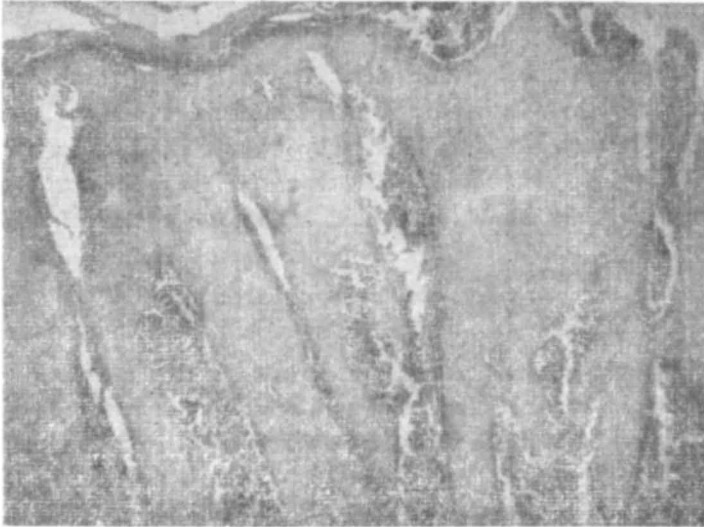

Fig. 1 Slide No. A (H. E. X. 120)
Photomicrograph showing down growths of papillomatous projection in the dermis

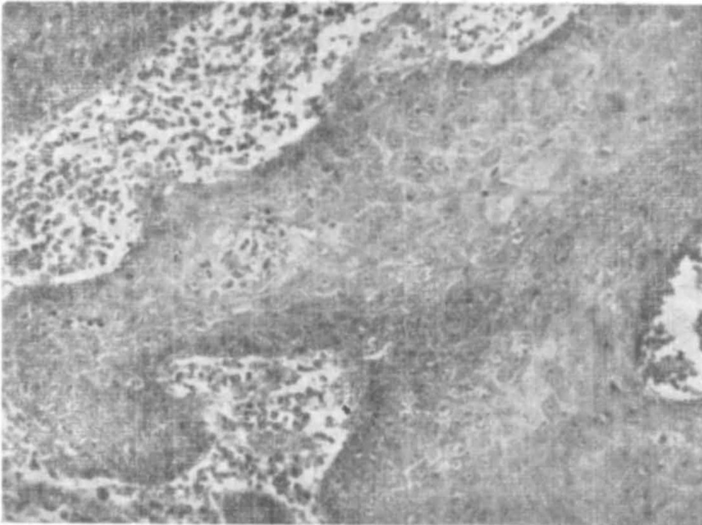

Fig. 2 Slide No. B (H. E. X. 420)
High power photomicrograph showing dyskeratosis with mitotic figures in some of the cells.
The dermis shows infiltration with chronic inflammatory cells.

duration and intermittent bleeding from the growth. He gave no history of exposure. Examination revealed a healthy man with tight prepucial sac and a friable growth projecting out of the ulcerated part of the foreskin. The growth appeared to have penetrated the prepuce and had foul smelling discharge. Initial clinic diagnosis was epidermoid carcinoma. The patient was admitted in the hospital. Under general anaesthesia dorsal slit was made to expose the growth. A giant condyloma ulcerating through the foreskin was seen. It was excised with electrocautery. During excision, the urethra was accidently opened and was repaired over an indwelling rubber catheter. The wound healed and the patient was discharged.

Investigations: V. D. R. L. and Frei's tests were negative. The histological appearance of the growth was similar to the previous case with the exception that no giant cell system was seen.

Case No. 3: A 47 years old mill-hand was admitted in the hospital with history of growth on glans penis of one year duration. He complained of difficulty in passing urine. He gave no history of venereal disease. Examination showed a huge friable growth projecting out of the prepuce and almost totally blocking the urinary passage. There were multiple soft inguinal lymphnodes which were not tender on palpation.

Investigations: Routine blood examination was normal. V. D. R. L. and Frei's tests were negative.

Partial amputation of penis was done, the patient was followed up for a period of a year and half. There was no evidence of recurrance or metastasis.

Microcopic examination: Section showed invasive processes of hyperplastic surface squamous epithelium mixed with polymorphonuclear leucocytes. Though the epithelium showed acanthosis and dyskeratosis, no evidence of malignancy was seen The subepithelial tissue showed minute suppurative foci with major portion of inflammatory exudate consisting of lymphocytes and plasma cells. Few eosinophils were also seen.

Section taken through the inguinal lymphonode showed changes of chronic lymphadenitis.

Discussion: Fri, Muelphordt and Treitz have emphasized the characteristic rapid invasion of penile tissues as was seen in case 2 and 3. Microscopically they all presented a marked hyperplasia of squamous stratified epithelium with some amount of dyskeratosis. The sinister active appearance of the basal epithelial layer has been emphasized by Davies. In no case there was any histological evidence of malignancy seen. Case No. 1 showed a giant cell system but with special stains no acid fast bacilli or fungus could be demonstrated.

In the case report by Powley investigations such as V. D. R. L. and Frei's Test were negative. Of the three cases reported here case No. 1 had a positive V. D. R. L.

1 : 8. This could be considered as an accidental finding as there were no histological criteria of syphilitic infection seen.

The growth of the tumour in the deeper tissue layers is strictly one by expansion and not by infiltration. The deeper tissues like corpora cavernosa are destroyed by compression. There is always an area of skirting round cells. The Buschke Loewenstein lesion is uniformly progressive and does not respect the tissue boundaries. The exact actiology of this lesion is not known, however, a virus is a likely aetiological agent. Most of the reported cases in the literature including three of our cases have occured in uncircumcised men.

A case of neglected condyloma which has caused erosion of neighbouring tissues is likely to be mistaken for Buschke Lowenstein tumour. However, certain charateristic features such as rapid progression, a deeper subeptithelial component and similarity in clinical appearance to carcinoma are important distinguishing points.

Treatment : Although several modes af treatment such as local application of podophyllin and X-Ray therapy are available, adequate surgical excision including partial amputation if necessary, seems to be the treatment which give more satisfactory results.

SUMMARY

Three cases of Buschke Loewenstein Tumour of the penis are reported, The apparent similarity to malignancy and their benign course are emphasized.

ACKNOWLEDGEMENT

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