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(CASE REPORT)

Extensive Buschke–Löwenstein tumor of the scrotum and perineum: A case report

OMAR TALEB *, REDA MDAFAR, RHYAN OUADDANE ALAMI, MUSTAPHA AHSSAINI, SOUFIANE MELLAS, MOHAMMED FADL TAZI, JALAL EDDINE AMMARI and MOHAMMED JAMAL EL FASSI

Department of Urology, CHU HASSAN II university hospital, FES, MOROCCO.

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Abstract

Buschke–Löwenstein tumor (BLT), also known as giant condyloma acuminatum, is a rare sexually transmitted disease associated with human papillomavirus infection, most commonly types 6 and 11. Although histologically benign, BLT demonstrates locally aggressive behavior with a high risk of recurrence and potential malignant transformation. We report the case of a 54-year-old man presenting with a 9-year history of progressive scrotal and perineal condylomatous lesions. Pelvic magnetic resonance imaging revealed a large exophytic cutaneous mass without deep tissue invasion. Complete surgical excision was performed, removing a cauliflower-like tumor measuring 14 × 6 × 5 cm. Histopathological examination showed papillomatosis, hyperkeratosis, acanthosis, and numerous koilocytes, consistent with condyloma acuminatum, without evidence of invasive carcinoma or high-grade dysplasia. Surgical margins were free of tumor. Due to wound tension, healing occurred by secondary intention with favorable postoperative evolution. No recurrence was observed after 10 months of follow-up. This case highlights the importance of imaging in assessing tumor extension and planning surgery, as well as the essential role of complete surgical excision in the management of extensive BLT lesions.

Keywords: Buschke–Löwenstein tumor; Giant condyloma acuminatum; Human papillomavirus; Anogenital tumors; Surgical excision; Koilocytosis; Scrotal tumor; Perineal lesion

1. Introduction

Buschke–Löwenstein tumor (BLT), or giant condyloma acuminatum, is a rare sexually transmitted disease associated with Human papillomavirus, most commonly types 6 and 11. It typically affects the anogenital region and is characterized by slow but progressive growth, local invasiveness, and a high risk of recurrence. Although histologically benign, BLT may undergo malignant transformation into squamous cell carcinoma in a significant proportion of cases. Risk factors include poor hygiene, immunosuppression, and unprotected sexual activity. We report a case of a long-standing scrotal and perineal BLT without deep tissue invasion, highlighting the importance of imaging and complete surgical excision.

2. Case presentation

A 54-year-old male presented with a 9-year history of progressive lesions involving the scrotum and the base of the penis. His medical history was notable for unprotected sexual intercourse.

Clinical examination revealed multiple condylomatous lesions affecting the scrotal and penile base regions. Pelvic magnetic resonance imaging demonstrated a scrotal and perineal cutaneous mass suggestive of a Buschke–Löwenstein tumor, without evidence of deep tissue invasion.

* Corresponding author: OMAR TALEB

Figure 1 Preoperative clinical image showing extensive, exophytic, cauliflower-like condylomatous lesions involving the scrotum and penile base, characteristic of a Buschke–Löwenstein tumor with long-standing evolution

The patient underwent complete surgical excision of the lesion. Macroscopic examination revealed a large cauliflower-like tumor measuring 14 × 6 × 5 cm.

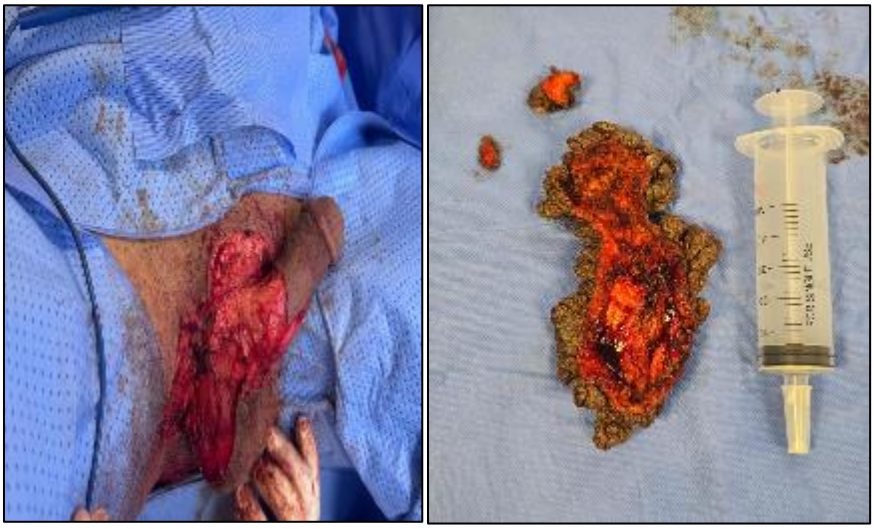

Figure 2 Intraoperative view after complete excision of the tumor, demonstrating a large cutaneous defect with no evidence of deep tissue invasion, consistent with preoperative MRI findings

Histopathological analysis showed acanthotic squamous epithelium with papillomatosis, hyperkeratosis, and numerous koilocytes, consistent with condyloma acuminatum. There was no evidence of high-grade dysplasia or invasive carcinoma. Surgical margins were free of tumor, confirming complete excision.

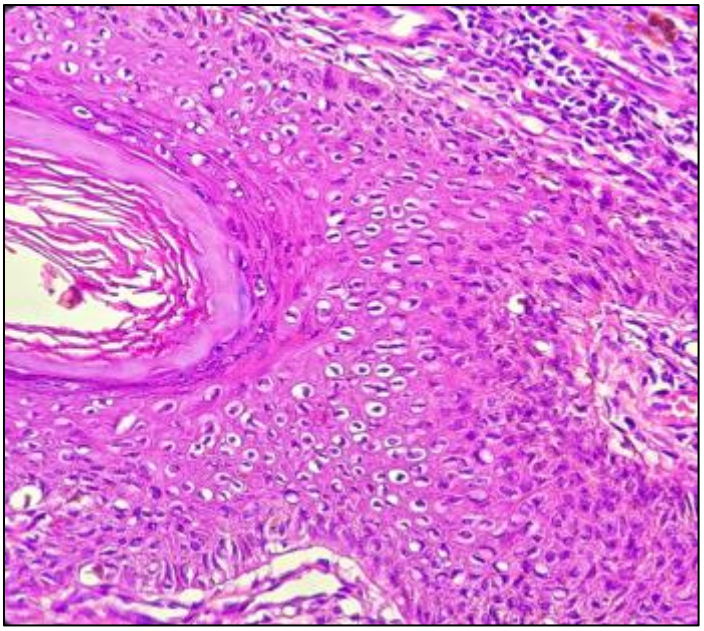

Figure 3 Histopathological examination showing numerous koilocytes in the superficial epithelial layers, with hyperchromatic nuclei and perinuclear clearing (H&E stain, ×40), consistent with condyloma acuminatum

Due to tension at the wound edges, primary closure was not feasible, and the patient required healing by secondary intention. The postoperative course was uneventful, with satisfactory wound healing and no evidence of recurrence after 10 months of follow-up.

3. Discussion

Buschke–Löwenstein tumor is a rare form of condyloma acuminatum associated with low-risk HPV types. Despite its benign histological appearance, it behaves in a locally aggressive manner with a high rate of recurrence and a risk of malignant transformation.

The characteristic exophytic cauliflower-like appearance (Figure 1), combined with the absence of deep invasion on MRI and intraoperative findings (Figure 2), supports the diagnosis…"

The prolonged evolution observed in our case is consistent with the slow-growing nature of BLT. Imaging, particularly MRI, plays a crucial role in assessing the extent of the lesion and excluding deep invasion, which directly impacts therapeutic planning.

Surgical excision with negative margins remains the gold standard treatment. Other therapeutic modalities, including topical agents and laser therapy, are generally insufficient in extensive lesions. In our case, the absence of deep invasion despite the long evolution and large size of the tumor represents a favorable prognostic factor.

Our case highlights that even large and long-standing lesions may remain superficial, emphasizing the importance of imaging in surgical planning.

Close follow-up is essential due to the risk of recurrence and potential malignant transformation.

4. Conclusion

Buschke–Löwenstein tumor is a rare but locally aggressive lesion that requires early diagnosis and complete surgical excision. Even in long-standing and extensive cases, absence of deep invasion may occur. Long-term surveillance remains essential to detect recurrence or malignant transformation.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest.

Statement of informed consent

"Informed consent was obtained from all individual participants included in the study."

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