

Giant condyloma acuminata

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A sixty-year-old patient was hospitalized at the Second Department of Internal Medicine for the investigation of anemia. B₁₂ deficiency was revealed, and the relevant supplementation was initiated. A clinical skin examination revealed a huge, brown, polypoidal mass covering the entire inguinal area that had been there for the last nine years (Fig. 1). Neither rectal nor anal lesions were observed. During hospitalization, the patient was infected with COVID-19 and, after treatment, was discharged from the hospital without any further dermatological consultation. Laboratory examination for syphilis and HIV was negative. It was a giant condyloma acuminata.

Giant condyloma acuminata is a rare disease affecting 0.1% of the population, mainly immunocompromised patients suffering from diabetes, cancer, following transplantation, and is associated with HPV 6 [1] and 11 strains yet also 16 and 18, the high-risk ones [2]. It often recurs and may be transformed into squamous cell carcinoma. Treatment includes immunomodulator agents such as imiquimod, surgical excision, and non-invasive methods such as local hyperthermia [3].

Final diagnosis: giant condyloma acuminata.

Three differential diagnoses: skin tags, molluscum contagiosum, condyloma latum.

Consent

The examination of the patient was conducted according to the principles of the Declaration of Helsinki.

The authors certify that they have obtained all appropriate patient consent forms, in which the patients gave their consent for images and other clinical information to be included in the journal. The

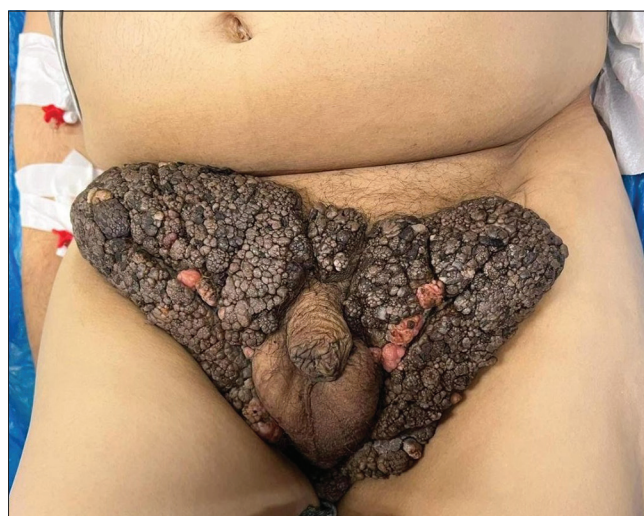


Figure 1: Giant condyloma acuminata in the inguinal region.

patients understand that their names and initials will not be published and due effort will be made to conceal their identity, but that anonymity cannot be guaranteed.

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Source of Support: This article has no funding source.

Conflict of Interest: The authors have no conflict of interest to declare.

How to cite this article: Klimi E, Giannakaki MN. Giantcondylomaacuminata. Our Dermatol Online.2024;15(1):85.

Submission: 12.07.2023; **Acceptance:** 07.11.2023

DOI: 10.7241/ourd.20241.20