



## Born With It But How? A Strange Case Of Extragenital Condyloma Acuminata

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### Abstract

Extra genital condyloma acuminata itself is an uncommon entity that has been rarely explored. Here, we describe a teenage boy with asymptomatic right axillary verrucous growth that gradually increased in size since birth. Our patient is a healthy 13-year-old boy who walked into our Dermatology OPD with his father, complaining about a gradually progressive exophytic mass over his right axillary region that has accompanied him since birth. The lesion was surgically excised and sent for histopathology which showed hyperplastic papillary squamous epithelium with parakeratosis and variable koilocytic changes. Hence, a diagnosis of condyloma acuminata was made. Since there was neither mucosal nor genital lesions, and no history of sexual activity in the child or similar maternal genital lesions, the attending clinician may easily get misled to alternate diagnosis. Thus, more attention has to be paid to all such lesions irrespective of the size and clinical background.

**Keywords:** Condyloma acuminata, Human papilloma virus, verrucous growth, koilocytes

### Introduction:

Condyloma acuminatum is a benign epithelial growth caused by the epidermotropic human papilloma virus (HPV) and is commonly transmitted sexually. <sup>1</sup>There are more than 100 varieties of HPV, but strains 6 and 11 are responsible for almost 90% of condyloma acuminatum cases. <sup>2</sup> It is usually sexually transmitted. <sup>3</sup>It mostly presents over the mucosal membranes of genitalia and perianal regions of both sexes, but conjunctival, oral and nasal cavity occurrences have also been reported. Condyloma acuminata is most common in people in their 20s, and reports of condyloma acuminata in children are uncommon. <sup>4</sup> Extragenital condyloma acuminatum that isn't linked to sexual activity is uncommon, having only been seen in the groin, inframammary fold and left axilla previously. <sup>5</sup> Hereby we report a

case of extragenital condyloma acuminata in the skin of right axilla of a boy since birth. To our knowledge, this is the first Indian record to report a case of axillary condyloma acuminata without venereal or vertical transmission.

### Case Report:

A 13-year-old boy presented with an asymptomatic growth over his right axilla that gradually evolved from the day of his birth. It started as a mustard sized lesion and gradually increased in size to the present size as that of a big marble. Lesions were bit bothersome as some protrusion was always present while he moved his arms. On examination, there was a solitary skin coloured non pedunculated verrucous plaque with a broad base present over the skin of right axilla of approximate size 2 cm × 1.5 cm (Figure

1). No other similar lesions were noticed over the body, including genitalia and oral cavity. The boy had no history of sexual contact, voluntary or involuntary. No history of occurrence of similar lesions in the mother, father or siblings. The clinical differential diagnosis were verruca vulgaris, acrochordon and epidermal nevus. An excisional biopsy was performed. Histopathology revealed a hyperplastic papillary squamous epithelium with parakeratosis and koilocytic changes. There were no evidence of increased mitosis or dysplasia. Papillary cores showed congested blood vessels, compatible with that of condyloma acuminata (Figures 2,3). The boy defaulted from further clinic attendances.

### Discussion:

Condyloma acuminatum has been reported intraorally and in intertriginous locations such as the groin and the inframammary fold, although lesions in other parts of the body without anogenital lesions are uncommon.<sup>6</sup>

A similar case of extragenital condyloma acuminata was reported in a 30-year-old man from the skin of his left axillary vault, with a 3-year history.<sup>5</sup> In our

### References:

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case, the father of the boy clearly says, the boy has presented this lesion since birth, which had the size of a mustard, and slowly increased to this present size. As it was not troublesome or painful for the boy, the family has neglected the same. The exophytic, verrucous growth, with the pathological findings such as koilocytotic alteration, hypergranulosis, and papillated epidermal hyperplasia, diagnosed the lesion as condyloma acuminata. The histopathology findings differentiate this from verrucous epidermal nevus, squamous papillomas and acrochordons. As the patient defaulted for follow-up, HIV testing was not done, although it would be a fair next step in examining a patient with extragenital condyloma acuminatum.

### Conclusion:

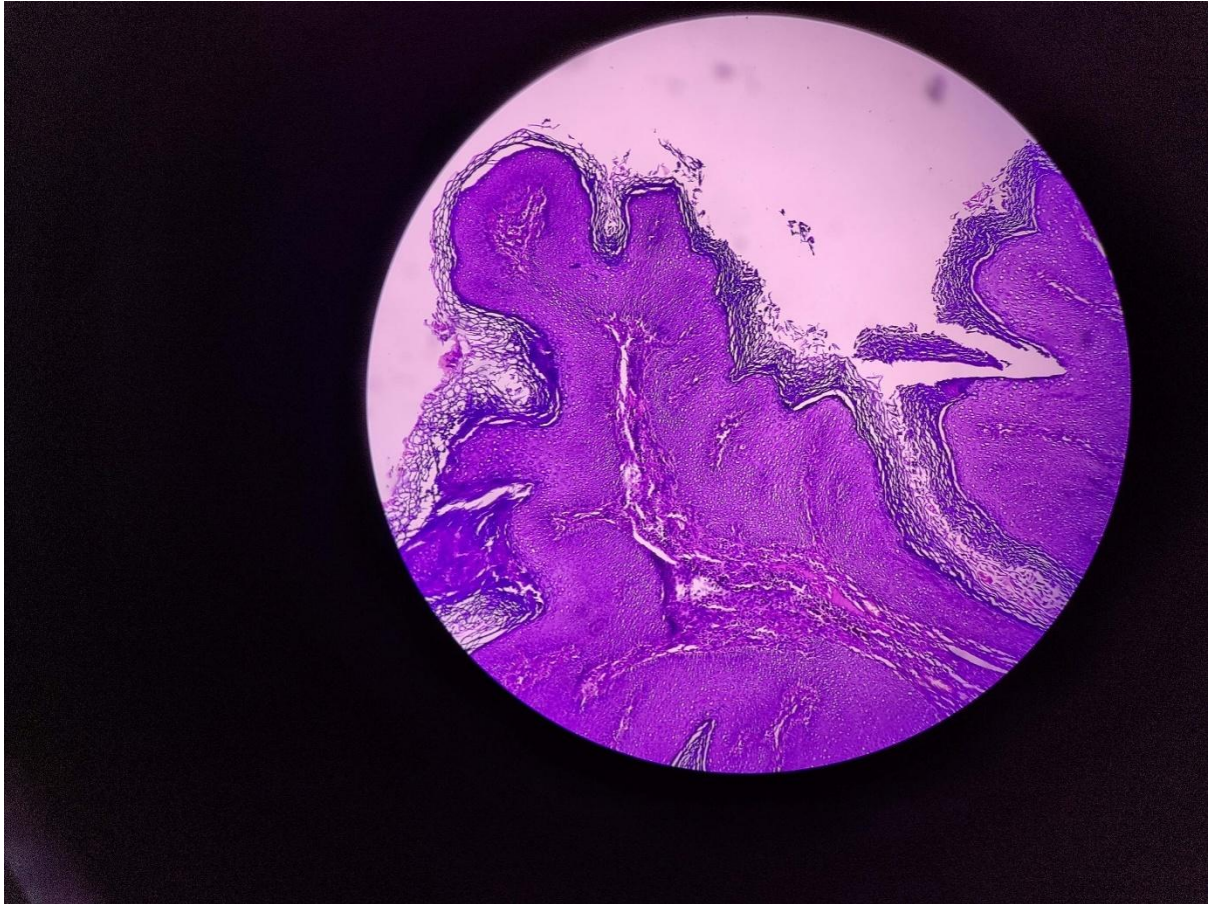
Extragenital condyloma acuminatum presenting since birth even without maternal anogenital warts is something we have to find an answer for. Also, in anyone irrespective of age, presenting with verrucous growths over the non- mucosal areas, condyloma acuminata should be kept in mind.

**Figures And Legends:**

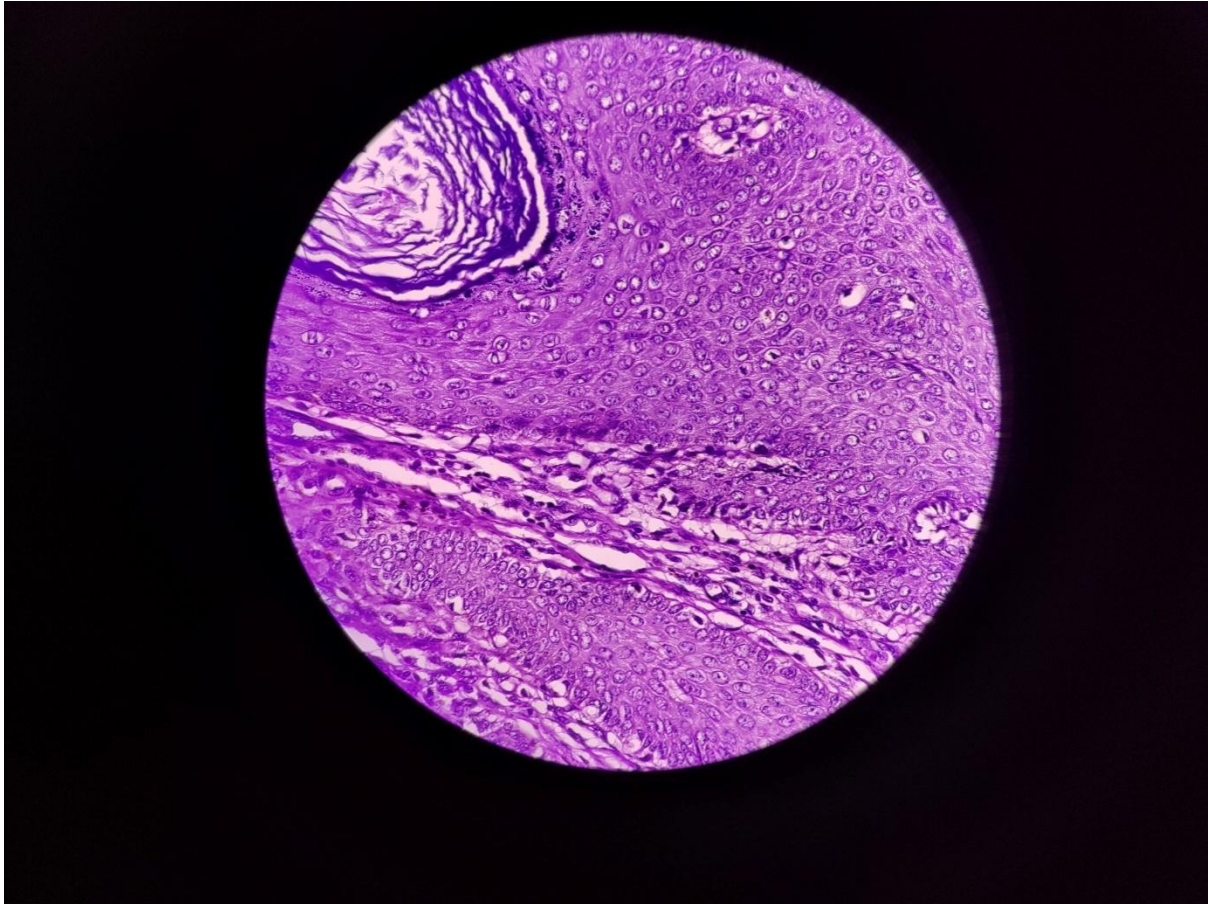


**Figure 1: A solitary skin coloured non pedunculated verrucous plaque with a broad base present over the skin of right axilla.**





**Figure 2: Histopathology specimen on low power microscopy showing papillated epidermal hyperplasia, hypergranulosis, koilocytic alterations, and papillary cores congested with blood vessels.**



**Figure 3: Histopathology specimen on high power microscopy showing hypergranulosis, prominent koilocytes and congested blood vessels.**