

Case Report

Condyloma acuminata on the breast: a case report

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ABSTRACT

Condyloma acuminatum (CA) is a benign tumor primarily caused by infection with human papillomavirus (HPV) type-6 or type-11, lesions of which are most frequently found on the genital and perianal squamous mucosa and skin. CA outside the genitals is not common. The woman underwent successful surgical excision and reconstruction for breast nipple condyloma. Breast nipple condyloma pose a management dilemma. It is possible that the pathogenesis of these lesions is through both direct contact spread as well as haematogenous dissemination of the human papillomavirus.

Keywords: Condyloma acuminatum, HPV, Nipple, Mammoplasty, Breast

INTRODUCTION

Condyloma acuminatum (CA) is a common sexually transmitted disease among males and females caused by human papillomavirus (HPV).¹ HPV is usually cleared within two years of infection, but it is possible for a latency period to occur, with the first occurrence or a recurrence happening months or even years later.² Although, CA can occur on genital and perianal sites through sexual contact, it can also be found outside the genitals by oral-genitals or oral-nipple contact.³ Here, we report an uncommon case that a female infected with CA on the right breast.

CASE REPORT

A 35-year-old female presented with a one-year history of some papillary lesions on the right breast. One year ago, the patient noticed a cauliflower lesion on the right breast, which presented reddish, fleshy, no pain, and no itch. Initially, the lesions were ignored because they grew slowly. The patient was otherwise healthy and had history of local infection due to microinjury of fungating mass.

A physical examination 15×3 mm cauliflower-like wart was found on the right breast (Figure 1). Surgical excision

of fungating mass with circular reduction mammoplasty (Figures 2 and 3). Histopathological examinations revealed massive epidermal hyperplasia, hyperkeratosis, parakeratosis, and koilocytosis, which were consistent with the diagnosis of CA. Polymerase-chain-reaction assay for HPV DNA revealed an infection with HPV type 11.



Figure 1: Condyloma acuminata on the right breast.



Figure 2: Nipple sparing surgical excision of fungating mass.



Figure 3: Circular reduction mammoplasty of right breast.



Figure 4: Post operative 1 month.

Based on the above evidences, a definite diagnosis of CA on the right breast. The patient was treated with surgical removal of fungating mass along with circular reduction mammoplasty and topical imiquimod cream for two weeks. There was no sign of recurrence within one year.

DISCUSSION

CA is a benign tumor primarily caused by infection with HPV type-6 or type-11.⁴ CA is spread through direct skin-to-skin contact with an infected individual, usually during sex.⁵ Lesions of CA are most frequently found on the genital and perianal squamous mucosa and skin infected through sexual contact.^{6,7} They can also infect lips, oral cavity, and even other sites outside the genitals through oral-genitals contact. In recent years, some atypical cases of CA occurring at sites like the breast, tongue, or groin have been reported.⁸⁻¹⁰

We reported the case of CA on the right breast, which shows that in clinical work we should pay more attention to CA outside the genitals, avoiding delay and errors in the process of diagnosis and treatment.

CONCLUSION

Condylomas related to HPV 6 and 11 may be found in extragenital locations including conjunctiva, oral, breast and nasal mucosa. Nipple condyloma acuminatum is uncommon and effective therapeutic modalities which may reduce risk of recurrence. The surgical management of warts and nipple lesions by means of cauterization, cryotherapy or excision is both disfiguring and often offer temporary relief with many patients having recurrence of warts.

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