

HIRSUTOID PAPPILOMATOSIS-LIKE CONDYLOMATA OF THE VULVA

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SUMMARY

Condylomata acuminata of the vulva clinically mimicking hirsutoid papillomas in a 80-year-old female are reported. Immunohistochemical assays with monoclonal antibodies directed against the human papilloma virus (HPV) as well as the in situ hybridization, which was positive for types 6/11, confirmed the clinical diagnosis. The treatment with 0,5% podophyllotoxyn was successful.

KEY WORDS

condylomata acuminata, vulva, hirsutoid form, podophyllotoxyn

INTRODUCTION

Hirsutoid papillomatosis is a benign condition sometimes observed on the glans penis. It is expressed as dome-shaped or hair-like papules, chiefly between the ages of 20 and 50. Histologically, the lesions consist of normal connective tissue covered by an epidermis which is acanthotic at the periphery. Similar lesions have been described in females as hirsutoid papillomas of vulva (1).

However, condylomata acuminata provoked by Human papilloma viruses (HPV) which imitate hirsutoid papillomatosis have been described (2,3).

CASE REPORT

A healthy 80-year-old Caucasian female was seen with numerous filliform white papules located on her labia

minora and on the introitus vaginae (Fig. 1). The patient excluded inflammatory processes in the genital area in the past 10 years and further denied any sexual intercourse in the past 20 years. Her medical history was unremarkable and she did not take any medication. Routine investigations, including hematological and biochemical tests, were normal.

She complained of recalcitrant and severe itching, a burning sensation and secretion in the area affected.

Two biopsy specimens obtained from papular lesions of the labia minora were processed for light microscopy. Histopathology revealed hyperkeratosis, acanthosis and papillomatosis. In the stratum Malpighii numerous partially atypical koilocytes were present. A mild perivascular inflammatory infiltrate was also noted (Fig. 2).

The immunohistochemical investigation using monoclonal antibodies directed against HPV (anti HPV Ortho) was positive. PCR and the in situ hybridization revealed viral DNA fragments specific for HPV 6/11. Thus the diagnosis of condylomata acuminata was confirmed.

The patient was efficiently treated by topical application of 0.5% podophyllotoxin in ethanol for four weeks. After 12 months no relapse of the disease was noted.

DISCUSSION

Condylomata acuminata are probably the most frequently observed sexually transmitted disease of the ano-genital area. Hirsutoid papillomatosis appears more frequently in males, but has been described also in women on the vulva (4,5). It is especially rare in elderly women not practicing sexual intercourse. In certain instances condylomata acuminata may look similar to hirsutoid papillomatosis, so that the differential diagnosis is not possible on purely clinical basis.

For these reasons we believe that this short presentation of such a case deserves to be shortly reported.



Figure 1. Clinical appearance of the lesions.



Figure 2. Histological findings: acanthosis, papillomatosis, parakeratosis with koilocytosis.

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