

## Case Report

### A Rare Case of Perianal Verrucous Condyloma Lata

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#### ABSTRACT

We are reporting an unusual presentation of secondary syphilis showing verrucous condyloma lata, in a homosexual male patient, in whom the diagnosis was considered on the basis of clinical features, histological finding and serological test. His Venereal Disease Research Laboratory test (VDRL) was reactive in a titre of 1: 256. He was treated with single dose of benzathine penicillin 2.4 million units after sensitivity testing. There was complete clearance of the perianal growth after eight weeks of treatment. Verrucous variant of condylomata lata is a very rare and less known entity. This case is being reported to describe this rare entity, with an emphasis on differentiating it from condyloma acuminata.

**Key-words :** Secondary syphilis, condyloma lata, sexually transmitted infection (STI)

#### Introduction :

Lesions of secondary syphilis, called syphilids appear 3-12 weeks after the chancre. Condyloma lata presents as grey or white moist, flat, well-demarcated papules or plaques with macerated surface in intertriginous areas, commonly in the labial folds in females or in the perianal region in both males and females. A verrucous form of condyloma lata is very rare and very few cases reported in literature.<sup>1</sup>

#### Case History :

A 24-year-old homosexual male presented with a one month history of a multiple growths in the perianal region. There was a history of repeated homosexual exposures with the patient being the receptive partner. There was no history of burning micturition, urethral discharge, rash on the body or any constitutional symptoms. On examination, multiple, non-tender, moist, greyish-white verrucous plaques were present around the anal verge (**Figure 1**). There was no other genital, oral or skin lesion. Hair, nails, palms & soles were normal. There was no evidence of lymphadenopathy. The systemic examination was within normal limits.



Haematological and biochemical investigations were normal. Serological testing for Human Immunodeficiency Virus (HIV) was negative. The Venereal Disease Research Laboratory (VDRL) test was reactive in a titre of 1:256 and Treponema pallidum hemagglutination assay (TPHA) was positive. Dark field microscopy showed multiple spiral thread like structures with motility. (**Figure 2**). The biopsy from verrucous plaque revealed

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epidermis with orthokeratosis and parakeratosis, irregular acanthosis with psoriasiform hyperplasia, focal hypergranulosis and occasional basal layer vacuolization with papillary dermal edema and congestion. Dermis shows dense perivascular lymphoplasmacytic infiltration (**Figure 3**).



Considering the clinical features, histological finding and serological test final diagnosis of verrucous condyloma lata was made.

He was treated with single dose of benzathine penicillin 2.4 million units after sensitivity testing.

There was complete clearance of the perianal growth after eight weeks of giving benzathine penicillin (**Figure 4**).

#### Discussion :

The word “condyloma” comes from the Greek word meaning knob. The condylomatous lesion associated with secondary syphilis is called “condylomata lata”.

Secondary syphilis is characterized by rash (75%), lymphadenopathy (50-80%) and mucocutaneous lesions like mucous patches and condyloma lata (40-50%).<sup>1</sup>

Condyloma lata is characterized by moist, flat, well demarcated papules or plaque with maceration present in intertriginous areas commonly in the labial fold in females or in the perianal region. Condyloma lata may be present in the axilla, web spaces and breast fold, umbilicus, nasolabial folds, eyelids, lips and behind the ears.<sup>2</sup>

Condyloma lata appears in two forms; one is a flat, moist papule and excoriated in the center and other is grayish elevated, verrucous or cauliflower like, not excoriated and large in size and has a vile odour.<sup>3</sup> They contain numerous spirochetes and are highly infectious skin lesion in syphilis.

In our patient, main differential diagnosis of perianal growth considered were condyloma lata and condyloma acuminata. Condylomata acuminata are cauliflower like, bulky and dry while condyloma lata are smooth, moist lesions with a broad base, having eroded, flat surface and may be lobulated. To differentiate syphilitic condylomata from HPV induced condylomata acuminata, a biopsy is needed for histopathological examination. A dense plasma cell infiltrate and numerous spirochetes visualized by immunostaining confirm condyloma lata.

Musher *et al.* states that in the modern era condyloma lata are commoner in sites adjoining chancres, so may be spread by direct contact rather than vascular dissemination.<sup>4</sup> Rompalo *et al.* found that patients with a previous history of syphilis were more likely to present with condyloma lata.<sup>5</sup>

Verrucous variant of condyloma lata is a very rare and lesser known entity. Till now only two cases of this entity have been reported in the literature, the first case being described by D. J. Deshpande and the second by F. G. Bruins.<sup>6</sup>

Since, the lesions appear verrucous, they are commonly misdiagnosed as condyloma acuminata. This case is being reported to describe this rare entity, with an emphasis on differentiating it from condyloma acuminata. Since verrucous variant of condyloma lata is highly infectious hence, a high index of suspicion and familiarity with this rare entity should be kept in mind when examining patients with verrucous lesion on the genitalia and perianal region.

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