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Case Report

Unusual Clinical Presentation of Condyloma Acuminata in Elderly: A Case Report

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ABSTRACT

Introduction: Condyloma acuminata is an anogenital wart caused by human papillomavirus (HPV), typically affecting sexually active individuals. However, atypical presentations in elderly patients without a history of sexual exposure are rare and may mimic malignant lesions, posing a diagnostic challenge.

Case Presentation: A 72-year-old male patient presented to the dermatology and venerology outpatient clinic of Fatmawati Hospital with complaints of reddish spots on the penis accompanied by itching that had worsened over the past 2 weeks. The symptoms had been recurring intermittently for the past four years. The patient denied any risky sexual activity. On the dermatological examination at the initial visit, multiple, erythematous, verrucous, and nummular plaques were observed on the glans penis and sulcus. Acetowhite examination yielded positive results, and the histopathological examination suggested condyloma acuminata. The patient was treated with 25% podophyllin, 90% TCA, and glycyrrhizinic acid.

Conclusion: This case underscores the importance of histopathological confirmation in elderly patients with atypical genital lesions mimicking malignancy. Careful diagnostic evaluation is essential to avoid overtreatment and misdiagnosis.

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INTRODUCTION

Age is a key risk factor for anogenital warts, with the highest rates seen in individuals aged 15–24 years. As global life expectancy rises, the elderly population continues to grow, and projections indicate further increases in the coming decades. Notably, the incidence of STIs, including HIV, has also increased among older adults [1]. HPV types 6 and 11 are usually considered low-risk HPV subtypes and are associated with the majority (over 90%) of anal condylomas. Whereas, high-risk HPV types 16, 18, 31, 33, and 35 are more commonly associated with high-grade intraepithelial lesions (HSIL) and invasive anal squamous cell carcinoma (SCC) [2].

Condyloma acuminata lesions are most commonly found on moist areas of the body in the anogenital region or mouth after oral sexual contact with an infected partner. The visuals of eflorescence in condyloma acuminata can vary, presenting as flat, cauliflower, or pedunculated. The lesions may develop as solitary keratotic papules or plaques, although they most commonly appear verrucous or clot-like [3]. Common symptoms include discomfort, itching, burning, bleeding on contact with clothing or during sexual intercourse, and difficulty in urinating or defecating [4].

CASE PRESENTATION

A 72-year-old male presented to the Dermatology and Venereology Clinic of Fatmawati Hospital with a one-year history of reddish plaques on the penis that had gradually increased in size and number. The patient also reported recurrent itching since undergoing circumcision four years prior. He denied any history of dysuria, hematuria, or high-risk sexual behavior. On physical examination, vital signs were within normal limits. Dermatological examination revealed multiple erythematous, verrucous, nummular plaques located on the glans penis and coronal sulcus, with sizes ranging approximately from 0.5 to 2.5 cm in diameter (Figure 1A). The lesions were well-demarcated with a rough, papillomatous surface. Laboratory investigations showed unremarkable complete blood count results. Serologic tests for syphilis, including VDRL and TPHA, were non-reactive. HIV testing was negative. The acetowhite test was positive.

A skin biopsy was performed prior to treatment. Histopathological examination demonstrated features consistent with condyloma acuminata, including koilocytosis, papillomatosis, acanthosis, and hyperkeratosis. The superficial dermis showed infiltration of lymphocytes, histiocytes, and perivascular inflammatory cells. The stroma consisted of fibrous connective tissue with vascular proliferation. No evidence of malignancy was observed (Figure 2). Based on clinical and histopathological findings, a diagnosis of condyloma acuminata was established. Initial differential diagnoses included condyloma lata and squamous cell carcinoma.

The patient was treated with combination therapy consisting of 25% podophyllin, 90% trichloroacetic acid (TCA), and topical glycyrrhizinic acid. Podophyllin and TCA were each administered three times at regular intervals, while glycyrrhizinic acid was applied three times daily. After 1 year of treatment and follow-up, gradual thinning and reduction of the plaques were observed (Figure 1B). The patient was advised to abstain from sexual activity during treatment and was counseled regarding the importance of regular follow-up.

DISCUSSION

In this case, the patient was a 72-year-old male, which represents an uncommon age group for condyloma acuminata, as the condition is more frequently reported in sexually active younger individuals [4,5]. Although HPV infection is strongly associated with sexual transmission and



Figure 1. (A) Erythematous multiple verrucous nummular plaques on the glans penis and coronary region. (B) After 1 year of treatment and follow-up, the verrucous plaques on the glans penis and coronary region have further thinned, with no new lesions appearing.

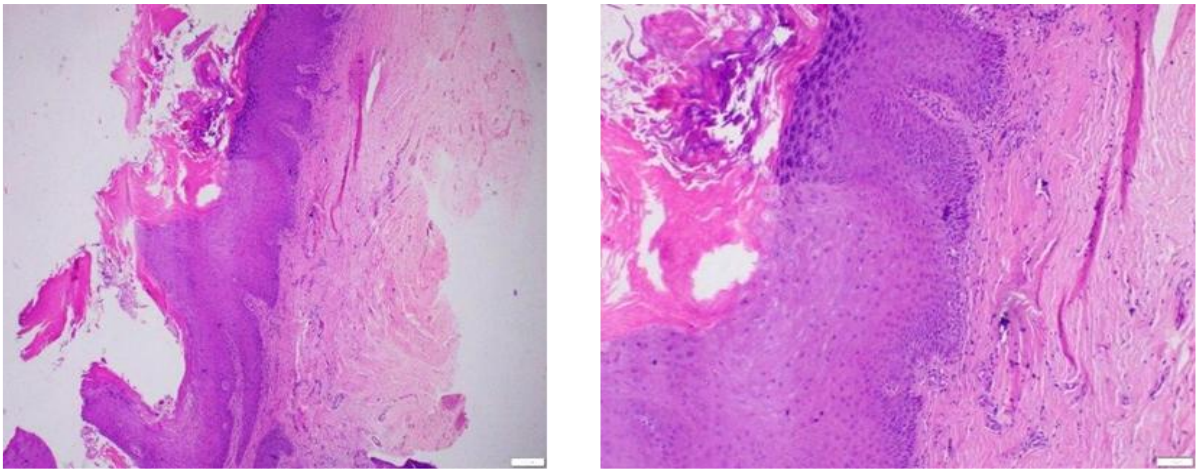


Figure 2. There is partial papillomatous, acanthotic hyperkeratosis and impression of koilocytosis. The superficial dermis shows infiltration of lymphocytes, histiocytes, perivascular inflammatorycells. The stroma is composed of fibrous connective tissue with blood vessels inside. No malignant signs are seen. Histology favored condyloma accuminata.

high-risk behaviors [6]. This patient denied any history of sexual activity, suggesting the possibility of non-sexual transmission or latent infection with delayed clinical manifestation. The history of intermittent penile itching over the past four years may indicate a prolonged subclinical course before the development of overt lesions.

Circumcision has been reported to provide a protective effect against HPV infection; however, the evidence remains inconclusive regarding its role in reducing HPV acquisition, enhancing viral clearance, or decreasing the prevalence of genital warts. In this case, the unclear history and method of circumcision limit its interpretation as a protective or predisposing factor. Additionally, variations in local immune response following circumcision may influence susceptibility to HPV infection [7]. Traditional circumcision method is more vulnerable to complications, as they are often performed using non-aseptic surgical equipment, thereby increasing the risk of pathogenic infections, including HPV [8].

A key diagnostic challenge in this case was the clinical resemblance to squamous cell carcinoma (SCC). The lesion was located on the glans penis, a site commonly associated with penile carcinoma, and presented as erythematous plaques with limited verrucous features, which is atypical for classic condyloma acuminata [9]. While condyloma acuminata typically appears as exophytic, cauliflower-like lesions, atypical presentations such as flat or erythematous plaques may mimic malignant conditions, leading to diagnostic uncertainty [10,11].

Given this overlap, histopathological examination was essential to establish the diagnosis. The findings of papillomatosis, acanthosis, and koilocytic atypia supported condyloma acuminata [12]. Differential diagnoses included condyloma lata and SCC. Condyloma lata typically presents as smoother, moist plaques associated with secondary syphilis, whereas SCC often presents as ulcerative or polypoid masses [13]. Negative VDRL and TPHA results excluded syphilis, and the absence of malignant features on histopathology ruled out SCC [14].

Although HPV genotyping using polymerase chain reaction (PCR) could provide further information regarding oncogenic risk [15]. This investigation was not performed due to limited resources, representing a limitation of this case. The therapeutic approach in this patient involved a combination of podophyllin, 90% trichloroacetic acid (TCA), and glycyrrhizinic acid. The rationale for combination therapy was based on the need to address both lesion destruction and viral activity. Podophyllin acts as an antimitotic agent, causing tissue necrosis, while TCA induces chemical coagulation and destruction of wart tissue [16,17]. The sequential use of these agents was intended to

enhance lesion clearance, particularly in thick or atypical lesions.

In this case, initial treatment with podophyllin 25% resulted in partial thinning of the lesions; however, the response was slower than expected, possibly due to lesion chronicity and patient age. The addition of 90% TCA was aligned with national clinical practice guidelines and aimed to improve therapeutic efficacy through direct tissue destruction. The observed clinical improvement supports the benefit of combination therapy in difficult cases [18].

Glycyrrhizinic acid was added as an adjunctive therapy due to its potential antiviral and immunomodulatory effects [19,20]. While its exact mechanism in HPV infection remains incompletely understood, it may enhance host immune response and contribute to viral suppression [21]. However, the evidence supporting its use is still limited, and further studies are needed to establish its comparative effectiveness against standard therapies.

Despite the improvement observed, it is important to critically note that no single therapy has been proven superior in completely eradicating anogenital warts [22]. Treatment should be individualized based on lesion characteristics, patient factors, and resource availability. In this patient, alternative modalities such as cryotherapy or surgical intervention were considered; however, they were not feasible due to lesion morphology and concerns regarding wound healing [11].

CONCLUSION

This case underscores the importance of histopathological confirmation in elderly patients with atypical genital lesions mimicking malignancy. Careful diagnostic evaluation is essential to avoid overtreatment and misdiagnosis.

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CONFLICT OF INTEREST

The authors declare that there is no known conflict of interest that could influence the work reported in this paper.

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