

Genital bölgede anogenital siğili taklit eden dev seboreik keratoz

Giant seborrheic keratosis of the genitalia clinically mimicking a genital wart

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Dear Editor,

Seborrheic keratosis is a benign epidermal proliferation that can be observed in whole body except from fingers, palms, and mucosa. (1) It is mostly located in trunk and can also be seen on face, scalp, arms, and legs. (2) Seborrheic keratosis is rarely located in the genital region. (3) Although the lesions are asymptomatic, they can cause to itching and bleeding. It can also cause bad appearance cosmetically. For this reason, a treatment can be necessary. (2) The reason for genital located SK has not been known. HPV has been blamed in etiology. In electron-microscopic studies, due to determining human papillomavirus (HPV) like particles in a little part of SK samples and encountering genital HPV types in some of SKs. (4) Unlike, in a study carried out by Serarslan et al., HPV DNA was not found in none of 12 SK samples in the paraffin-embedded blocks. (5) In a normal healthy human skin, HPV can be found as a part of microbiologic flora. (6) For this reason, determining HPV in skin tumor biopsies can only depend upon the contamination. Consequently, role of HPV on genital SK development has not recently been clarified exactly. Also clinical diagnosis of SK is hard. Genital region located seborrheic keratosis can be mistaken for condylomas. Indeed histopathologic diagnosis criteria of condyloma acuminata and SK reported in dermatology, dermatopathology and pathology textbooks show great similarities. (7)

Here we reported a rare genital located SK case that has been misdiagnosed as condyloma acuminata case. In our case, the diagnosis of SK was confirmed through the histopathology and dermoscopy.



Figure 1. Large, pigmented verrucous masses on groin and small pigmented verrucous papules on penis and mons pubis.

A 35-year-old man was presented with a large verrucous growth on the pubic area and penis of 10 years duration. The lesion started as a small pigmented verrucous papul on the pubic area, which slowly increased in size to become a large verrucous mass and in extent to involve the entire external genitalia. On physical examination, a large, pigmented few verrucous masses and small pigmented verrucous papulas were seen on the external genitalia involving both penis and mons pubis (Figure 1). We considered differential diagnosis of condyloma acuminata, Buschke Lowenstein, verrucous carsinom and giant SK. Dermoscopic examination was consistent with SK. The

histopathologic examination of a biopsy sample showed hyperkeratosis, acanthosis, and multiple horn cysts, which were also consistent with SK (Figure 2).

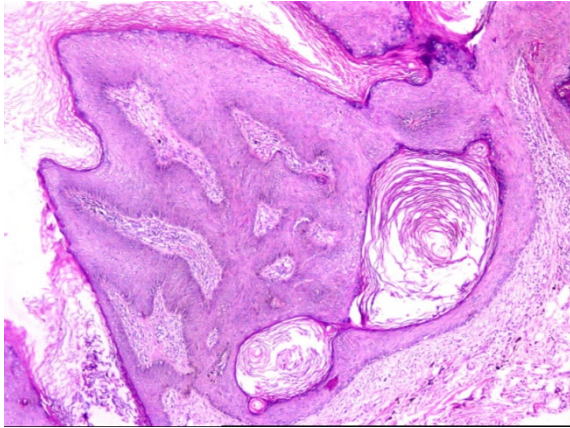


Figure 2. The acanthosis that include basaloid cell proliferation consisting of thick keratohyalin granules and a keratinized obturator structures drew attention on analysis of the sections (Hematoxylin-eosin stain; original magnification, $\times 400$).

HPV was determined on biopsy material through the PCR method. In performed HPV typing, HPV 6 and HPV 16, HPV 6 as the dominant, were determined. Due to the HPV positivity, 2 session 25% podophyllin was applied to the case. Degrowth occurred in lesions. Because there was no adequate response, the patient was directed to plastic and reconstructive surgery polyclinic for total excision.

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