



## EDİTÖRE MEKTUP / LETTER TO THE EDITOR

### A clinical sign of oncogenic human papilloma virus infection: urethral condyloma

Onkojenik human papilloma virus enfeksiyonunun klinik bir bulgusu: üretral kondilom

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To the Editor,

Condyloma accuminata (CA) is a cauliflower-like lesion seen to be the most commonly sexually transmitted disease either at first attack or as a recurrence<sup>1</sup>. Double stranded Human Papilloma Virus (HPV) is the etiology and known to have over 190 of oncogenic and non-oncogenic types<sup>2</sup>. HPV types 6 and 11 tropic to cutaneous tissue are considered to have less potential for malignant transformation whereas, types 16 and 18 tropic to mucosal tissue are strongly associated with anogenital malignant neoplasia<sup>3</sup>. Fifty percent of patients with external genital warts has negative Papanicolaou test (PAP smear) result therefore current guidelines recommend molecular methods for screening<sup>4,5</sup>. The etiology of mucosal genital warts are generally the oncogenic HPV types<sup>3</sup>. Involvement of urethral mucosa consists of 5% to 31% of patients with condyloma accuminata and 50% of these are at urethral meatus<sup>6</sup>.

A 58-year-old woman was scheduled for excision due to a mass in the anal region 1 months ago in the general surgery clinic. The pathology report of the mass is condiloma accuminata. The patient is consulted with gynecology department. At the examination, there were 2 white coloured papillomatous lesions sized 0.5 cm on the right side of the clitoris with a white colored 1-2 mm

condyloma-like mass on the right side of the urethral meatus (Figure 1). No other gynecologic abnormality was detected.



**Figure 1. Urethral condyloma in the right margin of the urethral meatus**

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The current pap-smear was negative but both HPV 16 and 18 was detected positive. She did not describe any urinary symptoms. She described occasional vulvar and vaginal itching. Due to the fact that, mucosal involvement is a natural behaviour of oncogenic HPV infections, colon and the urinary bladder is further evaluated. Colonoscopy and cystoscopy was performed and revealed no extra lesions. Anal cytology was also investigated for any abnormal anal cytological finding according to the Bethesda scoring system, but no abnormality was detected. It is learned that a patient who does not use any contraceptive method and has been menopausal for 5 years. She went to psychiatry due to depression 4 months ago. It is thought that a previous latent viral infection, which the immune system can suppress under normal conditions, may have exposed itself to stress.

Condyloma accuminata is a genital lesion which can be painless, pruritic, single, multiple, plaque like however majority of the lesions are asymptomatic<sup>4</sup>. As in our case the patient was consulted to gynecologist due to the pathology report of CA that is excised from anus. She was not aware of the urethral and the other CA.

Human papilloma virus infects and penetrates the basal layer of the genital skin and/or through microabrasions of mucosa and the lesions become visible after 3 months of sexual contact<sup>4</sup>. In our case, she did not have multi sex partner and denied anal intercourse but we don't know about her partner because she is complaining about the anal mass for the last 1 year.

It is known that 50% of patients with external genital wart has negative PAP-smear<sup>7</sup>. As in our case PAP-smear was negative. CA should not be ignored and evaluated for other co-existing sexually transmitted HPV types. The patient can be harbouring more than one type<sup>8</sup>. We detected HPV both type 16 and 18 from cervical swab. Dupin et al demonstrated that HPV 16 and 18 are responsible for CA of the urethra as a result of mucosal tropism<sup>4</sup>.

Oncogenic HPV types has tropism to mucosal tissue therefore, it is obligatory to evaluate other urogenital and anal mucosa<sup>3</sup>. So as to detect any other lesion, we perform colonoscopy and cystoscopy and revealed no lesion. Although urethral CA is asymptomatic in the case, it can also be obstructive and there are case reports published describing acute urinary retention<sup>9</sup>. In this regard, the vaginal

examination should be performed including the urethra.

HPV is widespread and HPV related cervical cancer is responsible for 260,000 deaths among women as being the 4th leading cause, current guidelines recommend virus screening<sup>9</sup>. As in our case, urethral CA which is a mucosal involvement can be accepted as a clue of an oncogenic HPV infection.

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