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Condyloma Overgrowth Caused by Immune Reconstitution Inflammatory Syndrome

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A 46-year-old man with human immunodeficiency virus presented with a condyloma that formed during 6 months and encased his penis, scrotum, and perineum. Visible condyloma growth began when this immunocompromised patient started highly active antiretroviral therapy, and it grew rapidly as his viral load plummeted. The patient underwent resection and reconstruction with skin grafting. Pathology findings revealed benign condyloma acuminatum. This rapid progression of condyloma growth is a cutaneous manifestation of immune reconstitution inflammatory syndrome. *UROLOGY* 74: 1013–1014, 2009. © 2009 Elsevier Inc.



Figure 1. Cutaneous manifestation of immune reconstitution inflammatory syndrome with genital condyloma. Gross image of condyloma encompassing penis, scrotum, perineum, and perianal skin.

A 46-year-old man with human immunodeficiency virus presented with a painful and rapidly growing genital condyloma. The patient first noticed a



Figure 2. Split-thickness skin graft reconstruction of skin defect.

0.5-cm lesion on his perineum 6 months before presenting at our urology clinic. At that time, he was extremely immunosuppressed, with a CD4 count of 7 and a viral load of 206 000. Syphilis testing was negative on several occasions. At the time when he first noticed the lesion, which was not excised or treated with any topical therapy, he also started highly active antiretroviral therapy. As his immunity improved, his condyloma grew. In 6 months, his CD4 count was 188, his viral load was 18 000, and his genitals were encased in condyloma (Fig. 1). The maximal diameter of the lesion was 40 cm.

The lesion was excised by removing the penile, scrotal, perianal, and perineal skin en masse. Split-thickness skin grafts were used to cover the defects

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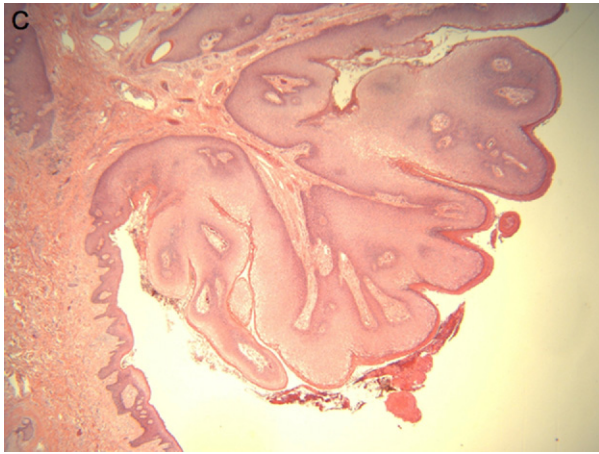


Figure 3. Pathology revealed benign condyloma acuminatum, with no evidence of high-grade dysplasia.

(Fig. 2). The pathology of the lesion was benign condyloma acuminatum, with no evidence of high-grade dysplasia (Fig. 3).

Given the temporal correlation of his condyloma growth and his improved immunity and viral count, the patient had experienced a cutaneous manifestation of immune reconstitution inflammatory syndrome.^{1,2}

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