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Genital warts mimickers: all papules are not warts!!

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INTRODUCTION

Genital papules frequently lead to the diagnosis of Condyloma Acuminata (genital warts). However, accurate differentiation from other dermatoses, particularly inflammatory and neoplastic conditions, is essential due to disparate management and prognostic implications.

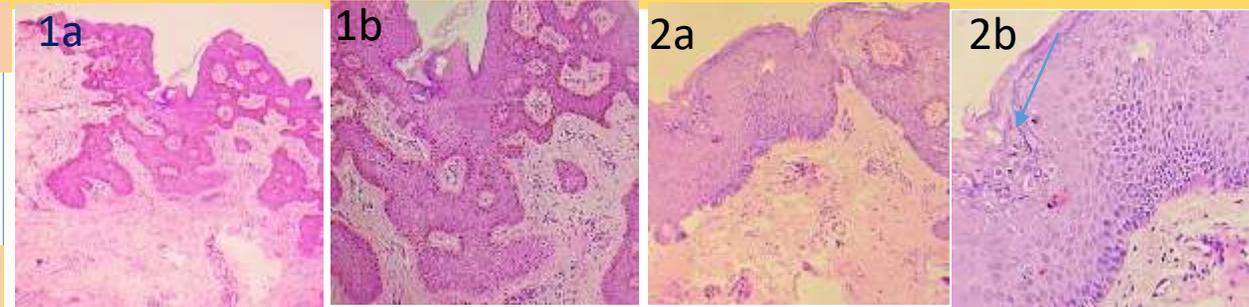
PATIENT DETAILS

1. A 33-year-old male with two years of hyperpigmented, dome-shaped, verrucous papules on the penile shaft and scrotum failed to improve despite multiple treatments for suspected genital warts.
2. A 30 years old male with 3 months of multiple verrucous papules over the penile shaft not improving with topical tacrolimus and imiquimod.
3. A 59 years old male with 1 year of multiple hyperpigmented papules over the lower abdomen and pubic area.

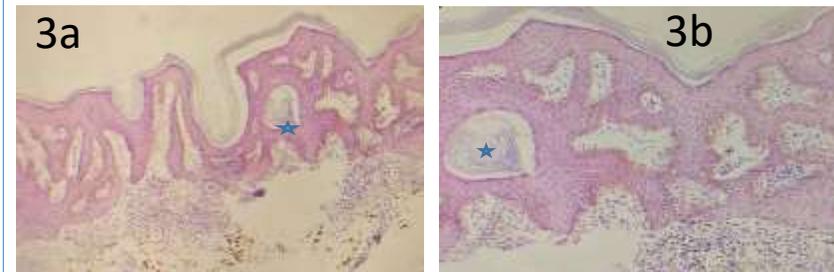


INVESTIGATIONS

All the patients underwent punch biopsy after non reactive viral markers & VDRL.



1a & 1b shows hyperkeratosis, papillomatosis, irregular acanthosis with full thickness keratinocytes dysplasia and atypia (windblown appearance) is consistent with the Bowenoid papulosis.
2a & 2b shows acanthosis, patchy parakeratosis, and swollen keratinocytes with vacuolation that contains basophilic granules (blue arrow) is consistent with epidermodysplasia verruciformis.



3a & 3b shows the marked hyperkeratosis, papillomatosis, and acanthosis with basaloid cell proliferation with horn cysts (blue star) is consistent with seborrheic keratosis.

CONCLUSION

Genital wart can mimic bowenoid papulosis, epidermodysplasia verruciformis (EDV) and seborrheic keratosis can involve even genitalia. Therefore, biopsy should be taken to confirm the diagnosis at the earliest in case of any dilemma.

There are no conflicts of interest.