

Papilloma vs. condyloma-a subtle distinction

Letter to editor

The dermatologists not very uncommonly submit lesions from the genital areas with a clinical diagnosis of condyloma acuminata. However, as pathologists trying to adhere to the well-defined criteria of these lesions, we may be reluctant to confirm that diagnosis due to absence of koilocytes. In such cases we may be designating these lesions as epidermal nevi, verruca vulgaris or merely as squamous papillomas depending on their morphology.

The importance of the lesion depends on a previous encounter and infection by certain HPV types and hence different prognoses. A squamous papilloma has HPV types 6 and 11 in 67% of the cases, whereas condyloma acuminatum has the same types in 90% of the cases. Both lesions under microscopic examination reveal varying degrees of papillomatosis, acanthosis and hyperkeratosis. However, the distinction of the two conditions will rely on koilocytotic cells that are present in condyloma acuminatum and this finding will make the condition severe because of the possibility of progression to dysplasia and eventually to cancer. On the other hand it appears that a squamous papilloma is an HPV-infected lesion that is underdeveloped and has not yet transformed into a picture of a condyloma so that the risk of developing cancer is virtually none. The sensitivity of the distinction of these two morphological diagnoses concerns the future follow-up

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of the patient for reasons of safety and therefore must be made with caution.

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