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Vulvar giant verrucous xanthoma associated with extensive limb involvement treated with bleomycin A5 hydrochloride

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Dear Editor,

Verruciform xanthoma (VX) is a rare benign hyperplastic disease frequently manifesting in the oral cavity, perineum, limbs, trunk, and occasionally the esophagus.[1] The etiology of this condition remains elusive, possibly associated with severe skin trauma and chronic inflammation.[2] Treatment includes surgery, imiquimod and tacrolimus application, cryotherapy, laser treatment, electroresection with snare, and oral administration of acitretin capsules.[2] Notably, we have successfully treated VX in challenging anatomical regions using local injections of bleomycin (BLM) A5 hydrochloride, an approach that has not been previously reported.

A 22-year-old unmarried female presented with a vulvar verrucous mass measuring approximately 6×4 cm with pink papules scattered on the clitoris and beneath the tongue, persisting for 10 years (Figure 1). Linear or scattered verrucous papules were also noted on the limbs and beneath the nails. No positive signs were detected in the tendon area.

Routine blood, urine, and stool examinations, as well as assessments of triglycerides, total cholesterol, high-density lipoprotein cholesterol (HDL-C), low-density lipoprotein cholesterol (LDL-C), non-HDL cholesterol, very-low-density lipoprotein (VLDL), LDL/HDL ratio, and fasting blood glucose, revealed no abnormalities. Human papillomavirus (HPV) type 16, 18, 31, 33, 35, 39, 45, 51, 52, 53, 56, 58, 59, 66, 68, 6, 11, 43, 42, 73, 81, 82, 83 testing was negative. Histopathology of the vulvar mass showed hyperkeratosis, epidermal papilloma-like hyperplasia, and dermal papillae aggregated by foam cells, accompanied by vasodilatation, hyperemia, and perivascular inflammation. Consequently, VX was diagnosed.

A subtotal resection of the vulvar tumor was performed under local anesthesia. Additionally, local injections of BLM A5 hydrochloride were administered to the residual vulvar mass (8 mg in 3 mL saline, injected three times at 20-day intervals), as well as to clitoral and limb papules and plaques (each injected once). The endpoint for each injection was defined as visible whitening (blanching) of the skin lesions. No adverse reactions were observed apart from pain at the injection sites. Imiquimod cream was externally applied to the limb papules and plaques. Presently, there is marked improvement in the rash on the vulva, clitoris, and limbs, with a reduction in oral mucosal rash compared to the initial presentation (Figure 1).

VX with widespread lesions needs to be differentiated from eruptive xanthomas, which appear as

crops of small, yellowish, red-ringed papules, often associated with high triglyceride levels, and tend to occur on the buttocks, shoulders, and extensor surfaces. Histologically, they show a dermal infiltrate of foam cells without papillomatosis.[3] Disseminated xanthomas, on the other hand, present as numerous, scattered yellowish papules or nodules over the body, often affecting wrinkled areas and sometimes the mucosa. Microscopically, they demonstrate a non-Langerhans cell histiocytosis with foam cells throughout the dermis, occasionally extending into deeper tissues.[4]

BLM can prevent the synthesis of DNA in vascular endothelial cells to inhibit their proliferation, resulting in cell necrosis, vasoconstriction, and lumen closure, thus facilitating the regression of lesions.[5] Hence, this intervention may be effective by obstructing the proliferating and dilating blood vessels in the dermal papillae to inhibit the growth of VX.

In conclusion, local injection of BLM has proven successful in treating VX, particularly in regions challenging for conventional excision, providing valuable insights into its management.

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Figure 1. Follow-up of vulvar masses. **A**) At admission; **B**) post operation; **C**) 15 days after the first local injection; **D**) 15 days after the second local injection; **E**) 21 days after the second local injection; **F**) 21 days after the third local injection; **G**) 1 year after the operation.