A 68 years old man with a history of a G3pT1 transitional cell carcinoma (TCC) with a carcinoma in situ component of his bladder was noted to have intraurethral tumor on follow-up flexible cystoscopy (Figures 1 and 2), with the suspicion of recurrence of his TCC being raised. These lesions were resected via rigid cystoscopy and examined in histopathology, where a diagnosis of papillary squamous warts was made. It subsequently transpired that this patient had a history of condylomata acuminate. He now undergoes cystoscopic surveillance for his TCC as well as intraurethral condylomata acuminate, and has had a laser ablation to recurrent condylomata acuminate.

Cases of condylomata acuminate of the lower urinary tract have previously been documented in literature(1) and causative link between human papillomavirus (HPV) infection and carcinomas of the lower urinary tract have recently been suggested,(2) particularly in the younger population.(3) Previously, cases involving intravesical condylomata acuminate were described in immunosuppressed patients. (4) We suggest routinely including enquiry full genitourinary history when considering a diagnosis of urothelial carcinoma, particularly in a young patient.

REFERENCES