Abstract: Verrucous carcinoma of the perianal area continues to be a rare finding, which in histopathological aspect is a highly differentiated form of squamous cell carcinoma. Many literature data show that it is quite possible that HPV viruses play probably a key role in the etiology of verrucous carcinoma. We present a case of a 48-year-old female patient with verrucous carcinoma localized in the perianal area, treated initially under the diagnosis of perianal skin tags, while surgical removal of the lesion was found rare form of HPV-associated verrucous carcinoma. A preventive chemotheraphy with methotrexate was started for an initial period of 3 months. Six months later, the provided monitoring has not shown clinical or apparative data on tumor recurrence. The poster discusses key points of the diagnostic algorithm in patients with HPV-associated lesions with anogenital localization and provides valuable recommendations for correct clinical behavior in this risk groups.

Introduction
By its very nature the verrucous carcinoma is a sub-type of the squamous cell carcinoma, which in most cases affects the skin and the mucous tissues. As a type of neoplasm, it is introduced for the first time by Ackerman (1). In most general terms, this type of neoplasm is tumors with exophytic development, slow growth and most often with a high degree of differentiation. With time, the tumor demonstrates a tissue-invasive but rarely metastase-generating character. During the last several years, the number of cases of perianal squamous carcinoma and it sub-types in the USA and Europe is increasing, together with the increase in the cases of pre-cancerous lesions and dysplasias in this area. Similar to the cervical squamous carcinoma, between the perianal - respectively the verrucous carcinoma - and the human papilloma virus (HPV) infection there is probably a proven connection (2,3).

Clinical findings
During the examination of the perianal area, multiple perianal localized verrucous formation were found with a tendency towards an exophytic circular growth, including one - located at “3.00 hours” from the anal opening - which had an uncharacteristic, cherry-like form with a rose-gray color. Via dermatoscopy regression areas were found, which are characteristic of tumor tissue as well as the lack of criteria which may come to confirm the availability of a melanocytic lesion. Clinically, the lesion looked like previously thrombosed small vessels of the perianal flap, where from the point of view of differential diagnostics it was difficult to differentiate it from haemorrhoids. No enlarged bilaterally inguinal lymph nodes were found (Fig. 1).

Histology
The histological examination has revealed a growth of nodes and considerable tracks of cells with the formation of papillar structures. The cells have a comparatively well structured epithelium, which was moderately atypical and above them one could find areas of hyper and parakeratosis (Fig. 2a-c). On the basis of this find the diagnosis was placed as a highly differentiated squamous verrucous carcinoma of the perianal area with a tumour thickness of 6.5 mm, the process being staged as pT1c N0 M0, G3. Koilocytosis and hyperchromasia keratinocytes, at locations surrounded by a cytologic red vail perinuclear as a characteristic feature of an infection with HPV viruses (Fig. 2a-c). On the basis of this find the diagnosis was placed as a highly differentiated squamous verrucous carcinoma of the perianal area with a tumour thickness of 6.5 mm, the process being staged as pT1c N0 M0, G3. Koilocytosis and hyperchromasia keratinocytes, at locations surrounded by a cytologic red vail perinuclear as a characteristic feature of an infection with HPV viruses (Fig. 2a-c).

Paraclinic and instrumental examinations
- Sediment 40 / 54;
- Other laboratory indicators – within norms;
- X-ray of the lungs in two planes – no pathological finds;
- Echography of the organs of the abdomen and regional lymph nodes – no pathological finds;
- Digital rectal examination – no palpable tumour or bleeding;
- Rectoscopy – no tumor found in the area of the anal canal.
- Consulting examination by a gynecologist – normal cyto-smear and lack of clinical or cytological data on dysplastic lesions in the area of the cervix, vaginally or the external sexual organs.

Treatment and outcome
The patient underwent a surgical incision with an area of surgical certainty of 1 cm., and the diagnosis of verrucous carcinoma was done histopathologically. The lesions, located at 7.00 hrs., 9.00 hrs., and 11.00 hrs., were also removed with histology indicating benign tumour formations. After the placing of the diagnosis, a preventive weekly chemotheraphy treatment course with methotrexate was started as per a scheme where the initial dose of 40 mg, was administered intravenously and was followed by two cycles of 25 mg, intravenously and 15 mg, per week for a total of 3 months. Six months after the chemotheraphy there were no clinical or instrumentally established data of a relapse. No rebiopsy from the tissue of the area of the surgical scar was taken.

Conclusions:
In conclusion we must note, that quite often similar lesions may be classified as a characteristic form of verrucous carcinoma only after the performance of skin biopsy. The clinical finds are quite often misleading. In the case of our patient, 3-4 such lesions were established in the perianal area but their exact clinical classification was impossible. It was only after an in-depth and concretely directed investigation in the histopathological preparations that we were able to find the rare form of verrucous carcinoma, associated with a clearly expressed koilocytosis which, on its part, should act as an alarming indication of an infection with human papilloma viruses.

A clinical examination by a specialist-gynecologist was performed with the task of excluding HPV induced cervical or vaginally localized lesions as well as for the planning of the forthcoming diagnostic and therapeutic plan, aimed at achieving maximum assurance for our patient.

REFERENCES: