

MAILING ADDRESS:

Amanda Brilhante Pontes
R. Francisco Manuel, 126
Benfica
20911-270 Rio de Janeiro, RJ
E-mail: amanda.brilhantep@gmail.com

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Condyloma acuminata at urethral orifice complicated with hemophilia A*

Shuang Jiang¹
Xianbiao Zou²

Yunjie Zhang²

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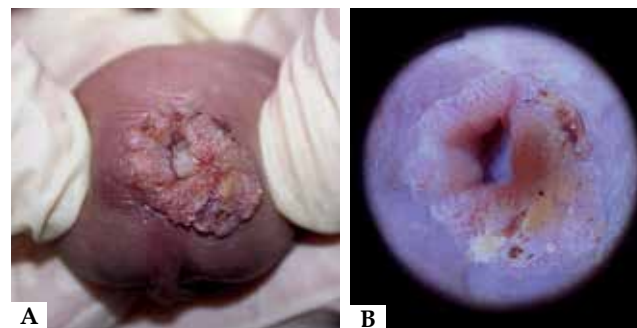
Dear Editor,

Condyloma acuminata is a sexually transmitted disease caused by the infection by human papilloma virus. Its warts are papillary or cauliflower-like. This report focuses on a case of condyloma acuminata complicated with hemophilia A. To avoid bleeding and infection during the treatment, we made a dermoscopic diagnosis, and performed the treatment with PDT, with a good clinical efficacy. The report is as follows.

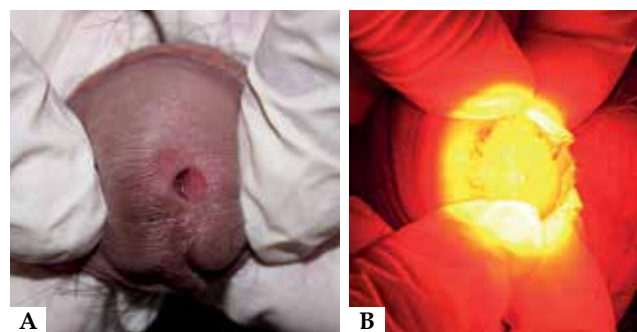
A 37-year-old male patient was referred from the Outpatient Department in August 2012. The patient suffered repeated knee joint hematoma, and was diagnosed with hemophilia A by another hospital 20 years ago. He was treated with coagulant factor VIII, cryoprecipitate and frozen plasma in the local hospital. In the past two weeks, the patient was found to have several cauliflower-like excrescences at the urethral orifice, which grew up rapidly and was positive in acetowhite test. HPV-DNA was found to be type 6. The blood test showed WBC $8.07 \times 10^9/L$, RBC $5.43 \times 10^{12}/L$, Hb 95 g/L,

HCT 33.6%, MCV 61.9 fl, MCH 17.5 pg, RDW-CV 21.7%, MCHC 283 g/L, PLT $303 \times 10^9/L$, PT 10.7S, APTT-SS 78.2S, APTT-R 2.74. Based on his clinical history, the patient was diagnosed with hemophilia A complicated with condyloma acuminata at internal and external urethral orifice (Figure 1A and 1B).

Hemophilia A is a hereditary hemorrhagic disease that causes coagulation disorders due to the deficiency of coagulant factor VIII. The major symptom of hemophilia A is spontaneous bleeding or non-stop bleeding after a minor injury. Condyloma acuminata (or genital warts) are excrescences on skin caused by the infection with human papillomavirus (HPV), and normally occur at genital or anal areas.¹ Conventional methods to treat genital warts include laser ablation, electrocauterization, microwave, corrosive drugs and destructive therapies, which however can only remove visible warts, and may cause ulcer, bleeding, damage to surrounding normal tissues, pain, infection and scarring. To avoid bleeding, we adopted dermoscopic diagnosis to clearly show the papillary excrescences and vascular characteristics. Considering the physical condition of this patient, we decided to apply 5-Aminolevulinic Acid Photodynamic Therapy (PDT) to treat condyloma acuminata at his urethral orifice. In 5-Aminolevulinic Acid Photodynamic therapy, photosensitizer, which can be selectively concentrated in the condyloma acuminata lesions, is locally applied. When the condyloma acuminata lesion is irradiated with light of 635 nm wavelength, the photosensitizer can produce singlet oxygen, which can cause necrosis of the lesions and slight injury to normal mucosal tissues.^{2,3} If the patient with hemophilia A was treated with invasive methods that can



FIGURES 1: A. 37-year-old male patient found to have cauliflower-like warts at urethral orifice. B. Papillary wart was dermoscopic visible, with obvious vascular characteristics



FIGURES 2: A. The lesion was completely removed after treatment with PDT. B. The same condyloma acuminata lesion during photodynamic therapy.

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¹ Department of Hematology of First Affiliated Hospital of PLA General Hospital - Beijing, China.

² Department of Dermatology of First Affiliated Hospital of PLA General Hospital - Beijing, China.

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cause ulcer, bleeding, and damage to surrounding normal tissues, the urethral orifice would bleed during the treatment due to the deficiency of coagulant factor VIII, and his wound would be difficult to heal. Therefore, we applied 5-Aminolevulinic Acid Photodynamic Therapy to treat the condyloma acuminata at his urethral orifice, with no ulcer, bleeding, or infection observed during the treatment. During the 6-month follow-up examination, no recurrence or scar was found; the skin was smooth; and the condyloma acuminata lesion was totally removed. (Figure 2A and 2B). □

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MAILING ADDRESS:

Yunjie Zhang
NO.51, FuCheng Road
Beijing
100048, China
Email: zhangyunjie25@sina.com

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Acquired zinc deficiency in an adult patient diagnosed by zinc therapy*

Daoxian Kang¹

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Dear Editor,

This is the report of a 67-year-old female patient presented with a history of perineal erythema and erosions for more than 14 days. In the last year, she was repeatedly hospitalized for chronic obstructive pulmonary disease, chronic pulmonary heart disease, and

type 2 respiratory failure. During each hospitalization, she was given the following treatment: mechanical ventilation, semi-liquid diet, compound amino acid, and dipeptide medium/long-chain lipid emulsion injection for intravenous nutrition. Culture of the perineal region grew *Candida albicans*. Physical examination showed perineal erythema and erosion with creamy white discharge. The preliminary diagnosis was candidal intertrigo. The condition was treated with 1:20 betagen solution hydropathic compress and topical active ingredients for 1 week. The condition worsened with expansion of the perineal erythema and ulceration of part of the erosion (Figure 1). The tongue and side palate showed soybean-sized ulcers with erythema. The combination of perineal erythema and upper extremity erythema gave a final diagnosis of acquired zinc deficiency. Alkaline phosphatase level was normal, as well as serum zinc level. A nutritionist recommended 10 ml multitrace element injection (each 10 ml contains 6.5 mg of zinc) twice a day and gluconate solution 40 ml daily (each 10 ml contains 6.5 mg of zinc). However, we were only able to give the patient the multitrace elements injection and zinc gluconate 10 ml solution once a day because of the medicine cost and the presence of mouth ulcers. After 2 weeks of treatment, the ulcer became shallow and the discharge decreased. However, we



FIGURE 1: Papules and erythema with creamy white discharge on the vulva



FIGURE 2: Resolved erythema and secretion on the vulva, after treatment with zinc

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¹ Department of Dermatology, China Aviation Industry 363 Hospital - Sichuan Province, China.

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