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Successful treatment of recurrent condylomas with topical tirbanibulin

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Introduction

Multiple condylomas represent a therapeutic challenge due to their tendency to persist and recur early after conventional treatments, especially in immunocompromised patients. In addition to impaired antiviral immunity, viral oncoproteins induce cell cycle dysregulation and activation of intracellular kinases, such as those belonging to the Src family (SFKs), which have been implicated in HPV-driven proliferative mechanisms. In these cases, inhibition of these proliferative pathways represents a useful therapeutic target. Tirbanibulin is a topical antiproliferative agent that inhibits microtubule polymerisation and Src-mediated signalling and has therefore been proposed as a potential option in the treatment of recurrent CA.

Materials and Methods

We present the case of a 63-year-old male with multiple myeloma undergoing intensified treatment with lenalidomide, bortezomib, and dexamethasone in the context of autologous haematopoietic stem cell transplantation. The patient presented with recurrent condylomatous lesions located in the pubic region, with long-standing disease and multiple recurrences despite previous standard treatments, including repeated cryotherapy and topical imiquimod. We performed cryotherapy followed three days later by 1% topical tirbanibulin, applied once daily for five consecutive days.

Results

At clinical follow-up two months after treatment completion, complete clinical resolution of all lesions was observed. The treatment was generally well tolerated. Mild irritative dermatitis developed around days 7–8 after treatment initiation, was self-limiting, and resolved spontaneously. No recurrence was observed at follow-up.

Conclusions

Topical tirbanibulin allowed complete and rapid resolution of multiple condylomas, with good tolerability and mild, transient local adverse effects. Given its antiproliferative effect and its action independent of the immune system, it represents a promising therapeutic option for recalcitrant condylomas, especially in immunocompromised patients, in whom the efficacy of conventional treatments may be limited.

