Objective: Relate a successful treatment of TBL wound. Introduction: Buschke Lowenstein tumor (BLT) is a rare variant of anogenital condylomata acuminate, related to HPV1,2. Lesion is large, vegetating, warty, exophiliic2,3. Best therapeutic strategy: not established2. Incidence: 0.1%.1,2. Tumor rapid growth is associated with immunity deficiencies1. Method: Experience report, conducted in adult Infirmary of a State Hospital of São Paulo. NGS, black, 55 years old, single, Nurse. Patient diagnosis HIV and TBL, topical treatment failed. 1st PO tumor resection, Skin Group assessment and management. Extensive raw area, involving penis body, extending to sacral region with points of necrosis. Topical care plan: PHMB solution, EFA, hydroliber with silver, transparent film. Exchange daily to prevent secondary infection. Respected bioethical principles postulated by Resolution 196/96, National Research Council (CC No. 96/2012).

Results: 3rd PO: foul smell, necrosis, slough across lesion. Secretion culture positive for Morganella morganii. Replaced secondary coverage by hydropolymer with ibuprofen foam in scrotum due to pain and hydropolymer with silver foam across lesion for infection control. After 5 days observed important score reduction for pain, adopting hydropolymer with silver across the lesion. 41st PO: pain resolution, no odor, granulation in whole extent of injury, edges contraction, no secondary infection. Programmed skin graft. Conclusion: Despite the possible confusion bias, can be inferred that use of PHMB solution, EFA and coverage with hydropolymer in this case, controlled secondary infection, pain, removed unviable tissue, promoted the granulation tissue increase, contraction of edges and ideal conditions for wound bed to receive skin graft.

Key words: Buschke-Lowenstein Tumor, wounds, EFA, PHMB, silver impregnated hydropolymer, hydropolymer with ibuprofen.