

PATIENT INFORMATION LEAFLET



Genital warts (condylomata acuminata)

The aim of this leaflet

This leaflet has been written to help you understand more about genital warts. It will tell you what it is, what causes it, what can be done about it, and where you can find out more information about it.

What are genital warts?

Genital or more accurately anogenital warts are skin lesions of the genital, perineal and anal areas; the medical term is condylomata acuminata.

What causes genital warts?

Genital warts are an infectious disease caused by sexually transmitted viruses, the Human Papilloma Virus (HPV), types 6 and 11.

The incubation period (time between infectious contact and showing clinical signs) can be as long as eight months.

Most infections by HPV cause no symptoms and clear within 2 years. This means that you might not realize that you carry the virus, (and there is a chance that you may infect another person without knowing it).

The virus can persist for months or years in the skin, with or without symptoms. If the warts reappear after clearing it is usually due to the original not a new infection. Infection can occur in up to 30% of women between 20 and 30 years of age; elderly women are less frequently affected.

Are genital warts hereditary?

No.

What are the signs and symptoms of genital warts?

The presence of external genital warts (at the outside of the ano-genital skin) is nearly always detected by the woman herself. You do not usually feel them but there may be some degree of itching.

Internal warts/condylomata may occur inside the genitals for example the cervix or vagina or the back passage (anus). They usually cause no symptoms may cause vaginal discharge, anal itch or discomfort on passing urine and very rarely bleeding.

What do genital warts look like?

The warts are small, warty lumps with fronds although some have a smooth surface. They may be browner than the surrounding skin.

How is the diagnosis made?

The diagnosis is usually easily made on their appearance.

A biopsy is necessary if the diagnosis is uncertain, if treatments have not worked or if the warts are darker than the rest of the skin, ulcerated or very hard.

Vaginal examination may show vaginal or cervical warts.

Natural course of genital warts

The natural clinical course is variable; it depends on the individual's immune system. In pregnancy the mother's immune system is altered, so warts can be more of a problem. They may resolve spontaneously; however, they may also re-appear after clearing.

Can genital warts be cured?

Yes, but it is very difficult to know if the virus has been eradicated. Persistent or recurrent lesions often require repetitive treatments; recurrences may occur even months or years later.

Warts/Condylomata are very contagious. The use of condoms is the only way to prevent sexual transmission, but this does not offer complete protection. The risk of transmission is increased by a high number of sexual partners.

Complications

Large warty lesions may be seen in pregnant women. They can cause pain, may become infected, may bleed and may interfere with passing urine, intercourse and having your bowels open. Cervical screening should also be done as sometimes there may be an infection with wart types that can cause cancer.

How can genital warts be treated during pregnancy?

The choice of the therapy is dependent on the type, the extent and the location of the warts. Treatment should be started as soon as possible. However, in the last eight weeks of pregnancy methods that destroy the warts and harm the skin should be avoided over large areas so there is no damage to the skin before delivery.

Localized lesions can be treated with freezing (cryotherapy), electro surgery or with trichloroacetic acid TCA (Trichloroacetic acid, 33% to 50%) which is a liquid that "burns" or "peels" the warts away. TCA can be applied to the lesions with a cotton tip by a physician once every 2 to 3 weeks or once a week respectively.

Some treatments must not be used in pregnancy, these are Podophylotoxin which is harmful to the baby. Imiquimod has been used in pregnancy without observed adverse effects but is not licensed for use in pregnancy.

After delivery, the woman's immunity increases and warts often clear themselves..

What can I do?

Condylomata acuminata are highly contagious and clearing is uncertain. Disease progression can lead to extensive lesions, therefore, treatment is recommended!

How will condylomata acuminata affect the baby?

The baby is not affected by the condylomata.

Maternal antibodies against the HPV are transmitted to the baby and may protect it so the chance of the baby to catching HPV from the mother during delivery is very low. The only rare serious complication is "juvenile laryngeal papillomatosis" (numerous warty papules on the vocal cords). The period of delivery should be as short as possible with the use of vaginal antiseptics; caesarean section is not justified because it does not prevent the risk of viral transmission completely.

Investigation of the male partner and his treatment

Similar diagnostic and treatment options are available for men and women. Male partners with genital warts are referred to a dermatologist, a urologist or a GU physician.

Where can I find more information about genital condylomata?

Web links to detailed leaflets:

www.genitalcondylomata

Books:

1. Human Papilloma Virus Infection. A clinical atlas. Gross GE and Barrasso R eds. Berlin. Ullstein Mosby, 1997.
2. The Sanford Guide to Antimicrobial Therapy, 20th edition of the Belgian / Luxembourg version, 2006-2007.
3. Sexually transmitted diseases treatment guidelines, 2006. Centers for diseases treatment guidelines, 2006. Worwoski KA, Berman SM.

While every effort has been made to ensure that the information given in this leaflet is accurate, not every treatment will be suitable or effective for every person. Your own doctor will be able to advise in greater detail.

This leaflet has been prepared by the EADV task force "skin disease in pregnancy", it does not necessarily reflect the official opinion of the EADV.

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