



EUROPEAN
ACADEMY OF
DERMATOLOGY &
VENEREOLOGY

Information Leaflet
for Patients

Genital Condylomata



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, and what can be done about it.

Genital Condylomata

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 even 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 *anogenital* 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, vagina, or the back passage (*anus*). They usually cause no symptoms or 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 lumps with finger-like projections, 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.

What is the natural course of genital warts?

The natural clinical course is variable as 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.

After delivery, the woman's immunity increases and warts often 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 to years later.

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

What are complications of genital warts?

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

How does condylomata acuminata affect the baby?

The baby is not affected by the *condylomata*. There is no increased risk for miscarriage. 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 (C-section) is not justified, however, because it does not definitely prevent the risk of viral transmission completely.

How can genital warts be treated during pregnancy?

The choice of therapy is dependent on the type, extent, and 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*), *electrosurgery*, or with trichloroacetic acid (TCA; 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 clinician once a week, or once every 2 to 3 weeks.

Some treatments must not be used in pregnancy:

- Podophylotoxin is harmful to the baby.
- Imiquimod has been used in pregnancy without observed adverse effects, but is not licensed for use in pregnancy.
- The experience with imiquimod as well as with sinecatechins is very limited

What tests and treatment are done for the male partner?

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

What can I do?

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

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 clinician will be able to advise in greater detail.