



GENITAL WARTS - See also Warts

Genital warts, also called condylomata acuminata or ano- genital warts are caused by the human papilloma virus (HPV) types 6, 11, 16, 18, 31, 33, 34, and 35. They should be considered quite differently from verrucae vulgaris, as they are passed through sexual transmission. As a result, other sexually transmitted infections (STIs) should be screened on presentation.

In many populations of young women, up to 30% of patients with STIs have been found to be infected with and harbor these HPV virus types. These HPV types also infect the uterine cervix and are not uncommon in the mouth, larynx, and respiratory tract. Cervical cancer is associated with cervical infection with high risk HPVs. 16, 18, 31, 33, and 45. A rare giant condyloma acuminatum, associated with HPV types 6 and 11, may cause a low-grade invasive squamous cell carcinoma, known as the Buschke- Lowenstein tumor.

Treatment for soft anogenital warts often utilizes solutions or creams of podophyllotoxin. For more keratinised lesions, destruction by cryotherapy, by curettage and cautery, or by laser may be appropriate. Imiquimod cream (Aldara®) is effective and stimulates local immunity. In any event, up to one-third of these warts can be expected to recur.

Prevention is important. In baby boys, circumcision permits more keratinization of the penile glans and thus less likelihood of virus inoculation. In adults, condoms, while not 100% foolproof, should always be used for any penetrative sex with a casual partner.

Recombinant HPV vaccine is now available; Gardasil® (Merck) for HPV types 6,11,16,18 and Cervavrix® (GSK) for HPV types 16, 18 31, 45. They are best given to girls, aged 11 or 12. In time, the vaccine program will probably be extended to boys and possibly adults.

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