

GENITAL/PERIANAL WARTS

[Human Papilloma Virus (HPV) Infection; Condylomata Acuminata]

<u>Symptoms/Signs</u>	<u>Diagnostic Criteria</u>	<u>Management</u>
<p>Soft, painless fleshy growths around the vulvo-vaginal area, anal area, penis, urethra or perineum.</p> <p>Base of lesion(s) may be stalk-like or broad.</p> <p>May be single or multiple lesions.</p> <p>Subclinical infection (inconspicuous flat lesions) may occur, especially on the cervix.</p> <p>Perianal warts can occur in both males and females who do not have a history of anal sex.</p>	<p>Typical growths visible on skin or mucous membranes.</p> <p>When appropriate, exclude diagnosis of condyloma lata by darkfield exam or serologic test for syphilis.</p>	<p>A. <u>Treatment</u> - optional, per decision of patient.</p> <ol style="list-style-type: none">1. <u>External genital/perianal- not too extensive</u> <u>Patient-applied:</u><ol style="list-style-type: none">a. Podofilox 0.5% solution or gel, ORb. Imiquimod 5% cream, per package directions. (Provider should demonstrate proper technique and identify which warts should be treated.) OR2. <u>Provider administered:</u><ol style="list-style-type: none">a. Trichloroacetic acid (80-90%). Apply only to warts; powder with talc or sodium bicarbonate to remove unreacted acid, as needed. ORb. Podophyllin 10-25% in compound tincture of benzoin. Limit each treatment to <0.5 ml. applied to <10 square cm. only. Wash off thoroughly in 1-4 hours. <p>2. For <u>extensive external genital/perianal warts</u>, or if cervical, vaginal, anal or urethral warts are present, refer to a physician.</p> <p>B. <u>Counseling/Follow-up</u></p> <ol style="list-style-type: none">1. Inform patient that no treatment is know to eradicate the virus, and recurrences are common.2. Repeat topical treatment weekly, PRN.3. Self-treatment should be done only as directed.4. If no significant improvement over a few weeks, consider alternative therapy.

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MOLLUSCUM CONTAGIOSUM		
<u>Symptoms/Signs</u>	<u>Diagnostic Criteria</u>	<u>Management</u>
<p>Smooth, firm, shiny, single or multiple papules with umbilicated centers, found on the genitals and/or on adjacent skin. Nonsexual spread and lesions on the face, extremities and trunk are common in children. Recurrences often occur in HIV-infected persons.</p> <p>The 3-5 mm. papules contain a core of caseous material.</p> <p>Lesions are usually flesh colored, but may be yellow, pink or gray-white.</p> <p>Individual lesions may resolve,</p>	<p>Typical papules.</p> <p>(For atypical lesions, must rule out other causes)</p>	<p>A. <u>Treatment</u></p> <p>Treatment is elective, as lesions will eventually resolve without treatment; client may choose to go to a private physician if treatment is desired.</p> <p>B. <u>Counseling/Follow-up</u></p> <ol style="list-style-type: none"> 1. The patient should understand that lesions are almost always self-limited and cause no medical problems. 2. Encourage HIV antibody testing if the patient has repeated recurrences, extensive lesions or lesions appearing on the face or upper trunk. <p>C. <u>Sex Partners</u></p> <p>Routine STD exam only if symptomatic.</p>

without treatment
within 2 months;
more extensive
outbreaks last an
average of 2 years
without treatment.

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