

# GENITAL WARTS (CONDYLOMA)

## BACKGROUND INFORMATION

Genital warts, or condyloma, are one of the most common varieties of the human papilloma virus (HPV). If a woman isn't vaccinated against it, the risk of infection is about 10%.

## HPV VIRUS

HPV is the acronym of Human Papilloma Virus. It is not an STD (sexually transmitted disease) as such, though it is often classified as an STI (sexually transmitted infection). For a matter of fact, HPV infection is a practically unavoidable consequence of a normal sex life. HPV 6 and 11 can cause warts (condyloma), whilst HPV 16 and 18 infections can cause cervical cancer (dysplasia). Women with condyloma do not have a greater risk of cervical cancer than women without.

## TRANSMISSION OF WARTS

Genital warts are transmitted through skin-to-skin contact such as sex or sharing sex toys. The transmission occurs through the moist tissues of the genital area.

## SYMPTOMS

Genital warts cause irritation, itching, stinging, and cosmetic inconvenience on the vulva, the walls of the vagina, the area between the external genitals and the anus, and the cervix. Some condyloma look a lot like "real" warts (condyloma acuminata), as in cauliflower-like bumps, pink or white, whilst some are more like pimples, or even flat warts.

## DIAGNOSIS

Appearance is generally sufficient to diagnose genital warts. However, we will often double check nonetheless by brushing 3% acetic acid and then looking with a special microscope (Vulvo-/colposcope). It is sometimes necessary to take a Pap test or HPV test.

## LOCATED TREATMENT

Genital warts can be treated though it is a lengthy process which can take up to several months.

At the clinic we offer cryotherapy (freezing with liquid nitrogen), probably the most gentle form of treatment and takes place approx. every other week for 2-4 months. Cryotherapy can be used by pregnant women. For larger infected areas it might be necessary to surgically cut, burn, or use a laser. Though seldom, these methods can in some cases lead to bleeding, infection, or scarring.

## HOME TREATMENT

Codyline and Wartec can be used twice a day for 3 days and repeated weekly for 3 months. 16-34% of women experience relapse. The treatment is generally done by the patient themselves.

Podofyllin can be applied by the doctor once or twice a week for up to 6 weeks. In the beginning the product must be washed off 1-9 hours after application. 21-45% of women experience a relapse, and this treatment is not compatible with pregnancy.

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Aldara is applied once a day when going to bed, 3-5 times a week for max 16 weeks, and must also be washed off every morning. Only 13-19% experience relapse but it cannot be used by pregnant women.

Trichloroacetic acid (Wartener®) is not toxic and can therefore be used during pregnancy.

All forms of localised treatments have side effects. It is vital that the chosen treatment does not worsen the situation. Some side effects can be redness, stinging, itching, bruises and scarring. It is necessary to change treatment if these side effects are too exacerbated.

Read more at (Danish): [www.sundhed.dk](http://www.sundhed.dk)

### WHO CAN I CALL WITH QUESTIONS?

You are welcome to call Kvindeklinikken every weekday from 8.00 - 15.00 on 36 46 71 40.

Revised April 2020. To be revised on an ongoing basis and certainly no later than 1 April 2022, before in case of any significant changes.

### CONTROL AND VACCINATION

Given that relapse happens for 10-50% of women, we recommend a check-up about 3 months later. Vaccination against HPV 6 and 11 (such as Gardasil) is an almost 100% guarantee against condyloma infections.

### TREATING YOUR PARTNER

It is important for your partner to get treated if he/she has visible genital warts. Remember to use a condom until you both are fully free of condyloma. Your current partner isn't necessarily the one who infected you and the infectious individual might not even have had visible genital warts themselves.

