

# THE UROLOGY GROUP

www.urologygroupvirginia.com

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1860 Town Center Drive · Suite 150/160 · Reston, VA 20190 · 703-480-0220  
19415 Deerfield Avenue · Suite 112 · Leesburg, VA 20176 · 703-724-1195  
224-D Cornwall Street, NW · Suite 400 · Leesburg, VA 20176 · 703-443-6733  
24430 Stone Springs Blvd · Ste 100 · Dulles · VA 20166

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## GENITAL WARTS – HPV INFECTION

Genital warts, also known as condyloma, is a common condition which causes small skin-colored or pink growths (which may be smooth and flat or raised with a rough texture), that appear in the genital area. Current estimates suggest that as many as 10% of adults have genital warts. Genital warts are caused by infection with the human papillomavirus (also known as HPV). There are over 70 different types of HPV that have been identified, each of which can cause warts in different areas of the body. There is a subset of HPV types which can cause infection in the genital area.

HPV is spread by direct skin-to-skin contact, including sexual intercourse or any other contact involving the genital area, i.e. hand to genital contact. Warts may appear weeks to a year or more after contact with another person who has HPV. Often, it is not possible to know when, how, or from whom the infection was transmitted.

Genital warts are diagnosed by physical exam. They typically have a characteristic appearance that allows recognition. In some circumstances, an area of HPV infection may not be readily visible. A solution known as acetic acid (which is the same thing as vinegar) may be applied to the genital skin which may show an area of sub-clinical infection. In females, a Pap smear may be done which may show the presence of HPV. There are not any blood tests which are used to establish the diagnosis of HPV.

There are a variety of different types of treatments for HPV. Topical agents are medications which can be directly applied on the warts. Choices of topical agents include: podophyllotoxin (Condylox), podophyllin, bichloroacetic acid, trichloroacetic acid, and imiquimod (Aldara). Condylox is the most commonly used medication. It is applied in treatment cycles which consist of twice daily applications for three days followed by a four-day period of no treatment. The cycle can be repeated up to four times or until the warts are resolved. There is another type of medication, interferon, which is available to treat warts, but it has not been used widely because it requires repeated injection of the medication into each of the individual warts. With any of these treatment options, warts may recur in about half of the patients.

If topical agents do not work, or if there are warts which are too large for treatment with topical agents, then there are a variety of procedures available to remove the warts, which include excision (surgical removal), cryoablation (freezing), or ablation with electrocautery or laser (destruction of warts with heat energy). Electrocautery can typically be carried out in the office. A local anesthetic is used to numb the area of skin around the wart. Laser treatment is typically performed in the outpatient area of the hospital. As with medication-based treatments, with any of the above procedures, warts may recur in as many as half the patients.

Following successful treatment of warts, patients are advised to carry out self-examination to monitor for new warts. Most people who develop recurrent warts will do so within three to six months of treatment.

For men, genital warts typically do not pose any long-term health risks unless they are uncircumcised and have poor hygiene. For women, there may be the risk of developing an abnormal Pap smear or, in some cases, precancerous or cancerous change of the cervix (the opening of the womb). Of all the different types of HPV which cause genital infection, it is only a smaller set of HPV subtypes which may cause

precancerous change of the cervix. Men should be treated for HPV to avoid placing their female partners at risk.

Genital warts are a common condition which, with appropriate treatment, can typically be addressed so they do not pose a risk to a patient's health.