



Improving lives through the prevention and treatment of anogenital & HPV-related diseases

PATIENT RESOURCES

Genital Warts -Condyloma

What are genital warts (Condyloma)?

Genital warts are small, skin-colored or pink growths that form on the vulva (the female external genitals), vagina, anus, or penis.

What causes genital warts (condyloma)?

They are caused by a virus called human papillomavirus, or “HPV.” Approximately 90 percent of anogenital warts are caused by HPV types 6 and/or 11. These HPV types generally do not cause cancer. The HPV vaccine available in the USA, Gardasil-9, protects against HPV types 6 and 11 (as well as 7 additional cancer-causing HPV types) and therefore most warts.

Genital HPV is spread by direct physical contact, such as sexual intercourse, oral sex, anal sex, or other contact involving the genital area (hand-to-genital or genital-to-genital contact). You or your partner may have acquired the infection years prior to diagnosis since the incubation period can last for months and their first recognition of a lesion may represent a relapse rather than a first episode. Condoms provide some protection against HPV transmission, but contact with genital lesions not covered by the condom can result in infection.

Is HPV dangerous?

The type of HPV that causes most forms of genital warts is not usually dangerous. But other types of HPV can lead to cancer of the cervix (a part inside the woman’s body), vagina, vulva, penis, or anus.

For most patients, the presence of genital warts is concerning because of their cosmetic appearance, association with a sexually transmitted disease, bothersome symptoms, and absence of a definitive cure. Although treatment can remove the warts, there is a risk of recurrence.

Do warts hurt or itch?

Sometimes, but not usually. Most people with genital warts have no symptoms (other than the warts). But some people have itching, burning, or tenderness.

Is there a test for genital warts?

No, there is no test. But your provider can tell if you have warts just by doing an exam. he/she might also take small samples of tissue (biopsy) if it is not clear what you have. But that is not usually necessary.

How are genital warts treated?

Prolonged treatment with frequent follow-up is often necessary. There are several medicines that can help get rid of warts. Some work by slowly destroying the warts. Others work by getting your body’s own infection-fighting system to attack the warts.

There is no high quality evidence that any treatment is significantly superior to another or appropriate for all patients and all types of warts; therefore, treatment choice is based on the location, number and size of the warts; patient factors (pregnancy, ability to comply with therapy, immunocompromised), availability of resources and clinical expertise, and patient preferences after considering side effects, cost, and convenience. Medical therapies are generally used first; surgical



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Genital Warts -Condyloma (continued)

therapy is typically reserved for patients with large or extensive lesions and those that have failed to respond adequately to medical therapy.

Most medicines are lotions or gels that go on the warts. They have to be applied one or more times a week for many weeks. Some medicines must be applied by a provider. Others you can apply yourself. People who do not get better with medicines or who have a very big wart or a lot of warts can have them removed via alternate methods as listed below.

The non-medication treatments to remove warts are:

- Cryotherapy, which uses liquid nitrogen to freeze the warts.
- Electrocautery, which uses electricity to burn away the warts.
- Traditional surgery, which involves cutting off the warts.
- Laser surgery, which uses light energy to destroy warts.

Medical and surgical therapies lead to clearance of warts in 23 to 100 percent of patients, but do not necessarily remove all HPV infected cells. Since HPV can exist beyond the treatment area, the possibility of relapse or spread of HPV to sexual partners remains. However, most HPV infections associated with genital warts are cleared within two years.

Treatments done by the medical provider in the office

Treatment	How Treated	Side Effects
Trichloroacetic acid (TCA)	Applied every 1-2 weeks by a health care provider until the warts are gone.	Skin irritation, scars, pain
Laser surgery (requires anesthesia)	Burns away the wart	Tissue injury, pain
Cryosurgery	Freezes the wart. Repeat every 1-2 weeks, until cleared.	Tissue injury, pain
Knife or scissors (local anesthesia)	Cuts off warts	Pain, bleeding



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Treatments done by the patient at home

Treatment	How Treated	Side Effects
Podofilox (“Condylox”)	Applied by the patient at home twice a day for 3 consecutive days, then followed by 4 consecutive days of no therapy. Applied for a maximum of 4 weeks.	Skin irritation, burning, redness
Imiquimod Cream (“Aldara”)	Applied by the patient at home. A thin layer is applied and rubbed into the warts at bedtime Monday, Wednesday and Friday for up to 16 weeks. It needs to be washed off using a washcloth with soap and water after it has been on the skin for 6-10 hours.	Local irritation- reddening, swelling, itching, skin flaking
Cryosurgery	Freezes the wart. Repeat every 1-2 weeks, until cleared.	Tissue injury, pain
Podophyllin	Applied weekly by the clinician; must wash off with soap and water in 6- 8 hours.	Burning; skin break down, particularly if not washed off

Can genital warts be prevented?

Yes. The HPV vaccine protects against HPV subtypes 11 and 16 that cause most genital warts. The vaccines can prevent infection only if you get vaccinated before you get warts. You can also protect yourself by not having sex with anyone who is infected with HPV. But that is difficult, because frequently people do not know that they have the virus and/or don't have any symptoms or lesions. Condoms can help reduce the risk of infection, however they are not completely protective. The virus can live in places on the skin not covered by a condom.