

# Australian STI Management Guidelines for Use in Primary Care

## Anogenital warts

### Overview

- Human papillomavirus (HPV) transmission is from direct skin-to-skin contact with apparent or subclinical lesions and contact with genital secretions. Micro-abrasions in the recipient's skin allow viral access to the basal cells of the epithelium.
- Most HPV infections are asymptomatic.
- Most anogenital warts are caused by HPV types 6 and 11 and infection results in type-specific protection.
- The long latent period, just as with herpes, means that the presence of warts in only one partner does not necessarily imply recent infidelity.

### Cause

- *Human papillomavirus*

### Clinical presentation

| Symptoms and Signs   |
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| <ul style="list-style-type: none"><li>• Warty growths in and around anogenital skin or mouth. Little discomfort (sometimes itchy) but often psychological distress is significant<ul style="list-style-type: none"><li>• Distorted urinary stream or bleeding with urethral lesions<ul style="list-style-type: none"><li>• Perianal itch</li></ul></li><li>• Rectal bleeding after passage of stools with anal lesions</li></ul></li><li>• Cervical lesions noted on vaginal examination should have cervical screening conducted as per national guidelines</li></ul> |
| Complications  |
| <ul style="list-style-type: none"><li>• Malignancy (penile, anal, oropharynx) is possible with oncogenic HPV genotypes.</li><li>• Malignancy (vulvar, vaginal, cervical, anal, oropharynx) is possible with oncogenic HPV genotypes.</li></ul>   |

See [STI Atlas](#) for images.

## Special considerations

- Consider referral and biopsy of atypical lesions or new lesions in elderly people (to test for malignancy).
- Atypical lesions, lesions with variable pigmentation or raised plaque-like lesions should be biopsied to exclude pre-cancerous change especially in patients who are immunosuppressed or have human immunodeficiency virus ([HIV](#))
- Warts can grow rapidly in pregnancy and can be treated during pregnancy with cryotherapy or diathermy.
- Pregnant people can undergo a normal vaginal delivery as the risk of transmission to the baby is extremely low.

## Diagnosis

Diagnosis is usually based on visual appearance. If there are atypical lesions (e.g. variable pigmentation, raised plaque-like lesions or cervical warts), consider biopsy to exclude cancer.

## Investigations

- A presentation with any STI provides an opportunity for comprehensive [STI testing](#).
- HPV PCR testing is not used to diagnose Anogenital warts.

## Management

| Principal treatment options |             |             |
|-----------------------------|-------------|-------------|
| Situation                   | Recommended | Alternative |

|                             |   |   |
|-----------------------------|---|---|
| Treatment for genital warts | <p>Patient applied podophyllotoxin paint topically applied, twice a day for 3 days, then 4 days off, repeated weekly for 4-6 cycles until resolution.</p> <p>OR</p> <p>Patient applied imiquimod 5% cream topically, 3 times per week at bedtime (wash after 6-10 hours) until resolution (up to 16 weeks).</p> | Clinician initiated cryotherapy weekly. (Rarely may need excision under local anaesthetic or ablative therapy under general anaesthetic. Seek specialist advice.) |
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## Treatment advice

- Treatment is cosmetic rather than curative.
- HIV infection: genital warts can have a poor response to treatment and may require longer cycles of treatment and are more likely to recur.

## Other immediate management

- If warts are in the pubic region avoid shaving or waxing as this may facilitate local spread by autoinoculation of HPV into areas of microtrauma.
- Provide patient with factsheet.
- Offer HPV vaccination if not already vaccinated. Note that HPV vaccination is not a therapeutic vaccine but may protect people from future acquisition of other HPV types.
- Genital warts is not a notifiable condition.

## Special Treatment Situations

### Special considerations

- Consider seeking specialist advice before treating any complicated presentation.
- Consider other potential causes (e.g. syphilis presenting as condylomata lata).

| Situation                             | Recommended   |
|---------------------------------------|---|
| Complicated or disseminated infection | Consider referral for laser or diathermy. Persistent intra-anal lesions in <u>people living with HIV</u> should be considered for surgical excision and HPV DNA typing to inform follow-up. |

|           |  |
|-----------|--|
| Pregnancy | Cryotherapy can have a poor response. Lesions often resolve spontaneously postnatally when immune function returns to normal following delivery. |
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## Special considerations:

- Meatal warts: treat with cryotherapy
- Intra-anal warts: treat with cryotherapy or refer for surgical management
- Cervical warts: initial cervical cytology and refer to gynaecologist for consideration of colposcopy, biopsy and treatment as indicated.

## Contact Tracing

Not recommended. The majority of partners have probably acquired the infection subclinically.

## Follow Up

Not required if symptoms resolve. Review if patient anxious or warts are difficult for patient to visualise.

## Test of cure

Not applicable.

## Retesting

Not required. Consider testing for other STIs, if not undertaken at first presentation, or retesting post the window period.

## Auditable Outcomes

100% of patients diagnosed with genital warts are provided with information.

**Endorsement:** These guidelines have been endorsed by the Blood Borne Viruses and Sexually Transmitted Infections Standing Committee (BBVSS).

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