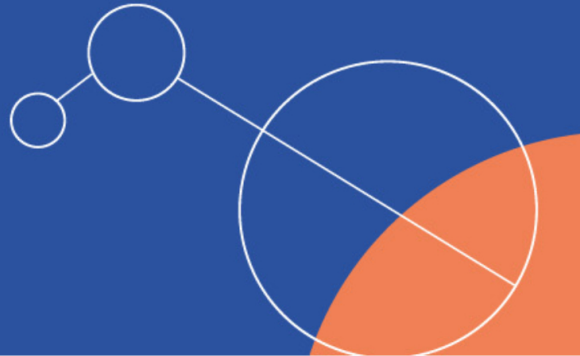


## Anogenital warts

### 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

- Warty growths in and around anogenital skin or mouth. Little discomfort (sometimes itchy) but often psychological distress is significant
- Distorted urinary stream or bleeding with urethral lesions
- Perianal itch
- Rectal bleeding after passage of stools with anal lesions
- Cervical lesions noted on vaginal examination should have cervical screening conducted as per national guidelines

#### Complications

- Malignancy (penile, anal, oropharynx) is possible with oncogenic HPV genotypes.
- Malignancy (vulvar, vaginal, cervical, anal, oropharynx) is possible with oncogenic HPV genotypes.

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>	<p>Clinician initiated cryotherapy weekly.</p> <p>(Rarely may need excision under local anaesthetic or ablative therapy under general anaesthetic. Seek specialist advice.)</p>

#### 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 <a href="#">people living with HIV</a> 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.

#### 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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**Funded by:** The Australian Government Department of Health

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Last updated: December, 2021

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