Anogenital Lesions – Human Papilloma Virus (HPV)

**DEFINITION**

External HPV lesions are warty growths which can be found on the penis, vulva, perineum, vagina, cervix, urethra, and perianal areas. 90% of anogenital warts are caused by non-oncogenic HPV types 6 or 11. Most sexually active persons become infected with HPV at least once in their lifetime.

**SUBJECTIVE**

May include:
1. HPV lesions on or near the genital area
2. Pruritic and/or postcoital burning sensation or spotting
3. Known contact of a HPV infected person
4. No symptoms

**OBJECTIVE**

May include:
1. Small to large, dry wart-like growths on or near the genital area, or oral areas.
2. Single or multiple soft, fleshy, papillary keratinized growths.
3. Aceto-positive lesions on or near the genital area. (Acetic acid application is not a specific test for HPV infections and is not generally recommended).
4. A diagnosis is typically made from clinical signs.

**LABORATORY**

May include:
1. Vaginitis/cervicitis screening, as appropriate.
2. STI testing as indicated
3. Pap smear, as age appropriate.
4. RPR, as indicated to rule out Syphilis.
*HPV typing is not recommended for anogenital wart diagnosis; it is not confirmatory and does not guide treatment.

**ASSESSMENT**

Anogenital HPV

**PLAN**

1. If left untreated, anogenital warts can resolve spontaneously, remain unchanged or increase in size or number. Because warts might spontaneously resolve within 1 year, an acceptable alternative for some persons is to forego treatment and wait for spontaneous resolution.
2. Recommended treatment regimens:
   a. **Patient applied** therapies include:
      i. Immiquimod 3.75% or 5% cream. Apply thin layer of cream to lesions 3 times a week at HS; rub the cream until it vanishes. Wash hands after application. Leave on for 6-10 hours and then wash the area with mild soap and water. Continue treatment until HPV lesions are resolved for up to 16 weeks. **OR**
      ii. Podofilox 0.5% solution or gel. Apply BID for 3 days, then no treatment for 4 days. May repeat for 4 cycles. Wash hands after application. Not recommended in pregnancy. **OR**
      iii. Sinecatechins 15% ointment. Apply to HPV lesions TID for up to 16 weeks. Wash hands after application. Not approved for use in pregnancy.
   b. **Provider applied** therapies include:
      i. Cryotherapy with liquid nitrogen. Apply liquid nitrogen to lesion and base of lesion for a few seconds, allow thawing then repeat freeze x1 or x2. May reapply treatment every 7-14 days. **OR**
      ii. Trichoracetic acid (TCA 80-90%) solution or bicholoacetic acid (BCA 80-90%) solution. Apply a small amount to the HPV lesions and allow to dry. Avoid contact with surrounding skin. Reapply every 1-2 weeks. May be used on vaginal/introital HPV lesions as well. **OR**
      iii. Surgical removal by tangential scissor excision, tangential shave excision, curettage, laser or electro-surgery.
3. Most anogenital warts respond within 3 months of therapy. A new treatment modality should be selected if there is no significant response after complete course of treatment or if there are therapy related side effects.

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<th>CLIENT EDUCATION</th>
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<td>1. Provide client education handout(s). Review manufacturer’s instructions. Review symptoms, treatment options, and medication side effects.</td>
<td>2. Advise client to avoid intercourse during course of treatment. Latex condoms and diaphragms may be weakened by Aldara.</td>
<td>3. Instruct on genital self-exam.</td>
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<td>4. Recommend client RTC prn for treatment, annually, and prn problems.</td>
<td>5. Advise client on available HPV vaccinations.</td>
<td>6. Explain that treatment does not eradicate the HPV virus and that HPV lesions may reoccur.</td>
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<td>7. Provide education on safer sex practices.</td>
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<td>1. Vaginal wall lesions or visible lesions on the cervix.</td>
<td>2. Palpable or suspected rectal wall lesions.</td>
<td>3. Lesions non-responsive to treatment.</td>
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<td>4. Immunocompromised patient.</td>
<td>5. Surgical removal for extensive HPV lesions.</td>
<td>6. Biopsy to confirm or determine diagnosis of lesion if diagnosis is uncertain.</td>
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<td>7. Refer or consult if pregnant.</td>
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References: