

Condylomas: Diagnosis, treatment and follow-up

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 Patient vaccinated against human papillomavirus (HPV) with recent appearance of condylomatous genital lesions.

Medical History

- 32 years of age. No children or previous pregnancies.
- User of oral contraceptives.
- Open heterosexual relations. Use of condom.
- Social smoker.
- Vaccinated with Cervarix[®] 10 years ago.







Action



Multiple exophytic lesions, of pink or white-gray color, on whose surface are visible filiform or papillomatous projections.



 5% Imiquimod cream is prescribed for use three times per week on non-consecutive days (e.g. Monday, Wednesday, and Friday) for a maximum
 of 16 weeks.



Evolution

- Resolution of the profile at 8 weeks of treatment.
- Check-up visits at 3, 6 and 12 months without recurrence.



infection.

Discussion

- The HPV types responsible for 95% of condylomas
 are HPV type 6 and 11.
- The lesions are generally asymptomatic. Depending on the number, size, and location, they can cause mild symptoms like itching, stinging, irritation or inflammation.



Discussion

• The diagnosis of condylomata acuminata is based primarily on the physical examination.

Discussion

TREATMENTS

Applied by the patient:

- Cytotoxic drugs: podophyllotoxin.
- Immunomodulating drugs: imiquimod and sinecatechins.

Applied by the medical professional:

- Surgical extirpation of the lesions.
- Destruction of the lesions by physical means: CO₂ laser, cryotherapy (destruction by freezing) or electrocoagulation (destruction by heat or fulguration).
- Destruction of the lesions using chemical agents. The most commonly used drug is trichloroacetic acid.

Conclusions

- There is no scientific evidence that shows that one treatment is clearly superior to another.
- Treatment should always be individualized as there is not one that is most appropriate for all patients and for all types of condylomata acuminata.

Treatment	Strength of Recommendation	Quality of Evidence
Podophyllotoxin	Strongly in favor	High
Trichloroacetic Acid	Strongly in favor	High
Imiquimod	Strongly in favor	High
Sinecatechins (Polyphenon E)	Strongly in favor	High
Excisional Treatment	Strongly in favor	Low
Cryotherapy	Strongly in favor	High
CO ₂ Laser	Weakly in favor	Low
Electrocoagulation Diathermy	Strongly in favor	High
Photodynamic Therapy	Not applicable	Not applicable
Cidofovir	Not applicable	Not applicable

Conclusions

- Cervarix[®] does not offer coverage against HPV 6 or 11.
- Gardasil[®] and Gardasil
 9[®] do protect against these strains.

Trade Name	Cervarix	Gardasil	Gardasil 9
Manufacturer	GlaxoSmithKline	MSD	MSD
Active Ingredient	HPV L1 Protein: - Τγρε 16 (20 μg) - Τγρε 18 (20 μg)	HPV L1 Protein: - Type 6 (20 μg) - Type 11 (40 μg) - Type 16 (40 μg) - Type 18 (20 μg)	HPV L1 Protein: - Type 6 (30 μg) - Type 11 (40 μg) - Type 16 (60 μg) - Type 18 (40 μg) - Type 31 (20 μg) - Type 33 (20 μg) - Type 45 (20 μg) - Type 52 (20 μg) - Type 58 (20 μg)
L1 Protein Expression System	Baculovirus	Saccharomyces cerevisae	Saccharomyces cerevisae
Adjuvant	ASO ₄ = 500 μ g AI(OH) ₃ and 50 μ g MPL*	225 µg Amorphous aluminium hydroxyphosphate sulfate	500 μg Amorphous aluminium hydroxyphosphate sulfate

Question 1

What are the primary serotypes of HPV responsible for condylomas?

- A. Unknown.
- **B.** 6 and 11.
- **C.** 16 and 18.



What are the primary symptoms of condylomas?

Question 2

- **A.** They are mostly asymptomatic.
- **B.** They indicate an active HPV infection.
- **C.** HPV is not detected.



Question 3

- **A.** Spontaneous resolution of the lesions.
- **B.** Cryotherapy.
- **C.** Treatment should always be individualized.

- Condylomata acuminata (anogenital warts): Treatment of vulvar and vaginal warts Uptodate Feb 2020
- Guía condilomas acuminados AEPCC 2015 [Spanish Association of Cervical Pathology and Colposcopy 2015 Guide to Condylomata Acuminata]
- Human papillomavirus infections: Epidemiology and disease associations Uptodate Feb 2020
- Manual de vacunas en línea de la AEP [Spanish Pediatrics Association Online Vaccine Manual] (<u>https://vacunasaep.org/</u>)