

ASSESS IF:

- Symptoms of lumps in genital region
- Having a sexual health check (male and female)
- Having an assessment of genital symptoms

DIAGNOSIS AND TESTING BY CLINICAL EXAMINATION

- Document findings
- Speculum examination in women and genital and perianal examination in both genders
- Distinguish from normal anatomical variants e.g. pearly penile papules (coronal papillae), vestibular papillomatosis, Fordyce glands etc., and from Molluscum contagiosum
- If benign appearance and diagnosis uncertain, observe and arrange follow-up review
- Offer screening for other STIs including serology for HIV and syphilis (see Sexual Health Check guideline www.nzshs.org/guidelines)

ASSESSMENT FOR TREATMENT MODALITY

- Decision made on case-by-case basis on discussion with patient
- Consider:
 - Gender
 - Pregnancy
 - Site of lesions
 - Size and number of lesions and degree of keratinisation
 - Patient preference and social circumstances

TREATMENT OPTIONS (see Management Guidelines below for details)

None: Treatment is largely cosmetic and a decision not to treat is an option.

Cryotherapy: For treatment of small numbers of warts.

Patient applied:

- Podophyllotoxin solution 0.5% twice daily 3 consecutive days per week for 5 weeks – for men only, for use on lesions which can be visualised by patient
- Imiquimod cream 5% once daily 3 x weekly for up to 16 weeks in persons over 18 years, for warts not responsive to podophyllotoxin or in areas not easily visualised. (Fully subsidised – Special Authority not required from February 2015.)

Specialist settings: Diathermy, laser or surgery.

Combination: Cryotherapy plus podophyllotoxin or imiquimod.

Other management:

- Lignocaine 2% gel pre- or post-treatment
- Counselling and education

Special situations: **Pregnancy:** Cryotherapy is the only recommended treatment option.

Children: Refer to paediatrician.

Specialist referral:

- Atypical warts (including pigmented lesions)
- For treatment on clinician request
- Management of cervical warts (or discuss with specialist)
- Pregnancy, immunosuppression, diabetes.
- Management of extensive anogenital warts
- HIV positive patients

PARTNER MANAGEMENT

- Contact tracing not required
- Partners should be offered a sexual health check and education

FOLLOW-UP

- Follow-up at end of course of treatment is recommended to confirm treatment response

PREVENTION

- Quadrivalent vaccine, currently on schedule for year 8 girls
- Funded and recommended for transplant patients and HIV positive persons under 26 years
- The vaccine is recommended but not funded for immune compromised individuals, MSM, boys and young men under 20 years

Further guideline information – www.nzshs.org or www.hpv.org.nz or phone local sexual health service.