

### ASSESS IF:

- Symptoms of lumps in genital region
- Having full asymptomatic sexual health check
- 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](http://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 (For detailed guidelines [www.hpv.org.nz](http://www.hpv.org.nz))

#### None:

Treatment is largely cosmetic and a decision not to treat is an option

#### Cryotherapy:

For treatment of keratinised and small numbers of medium sized to large 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, for warts not responsive to podophyllotoxin or in areas not easily visualised, e.g. vulval, perianal

#### Specialist settings:

Diathermy, laser or surgery

#### Combination:

Cryotherapy plus podophyllotoxin or imiquimod. Monitor side effects

#### Other management:

- Lignocaine 2% gel pre- or post-treatment
- Counselling and education – refer to [www.hpv.org.nz](http://www.hpv.org.nz)

#### 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
  - Management of intraurethral warts
  - HIV positive patients
  - Failure to respond to treatment by about 6 weeks

### PARTNER MANAGEMENT

- Contact tracing not required
- Sexual contact(s) 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

*The Ministry of Health supports the use of these clinical guidelines, developed by clinical experts and professional associations to guide clinical care.*

Further guideline information – [www.nzshs.org/guidelines](http://www.nzshs.org/guidelines) or phone a sexual health specialist.  
This STI Management Guideline Summary has been produced by NZSHS. Every effort has been taken to ensure that the information in this guideline is correct at the time of publishing (September 2017).