

What do you know about genital warts?

Q. What causes them?

A. All warts are caused by a virus, the human papilloma virus, and the number of people with genital warts is increasing. There are many types of the virus but only a few affect the genitals.

Other types of wart virus which have been identified affect other parts of the body, e.g. verruca (affects the foot), finger/hand warts.

Infection from one part of your body to another is unlikely.

Q. How do I get them?

A. You get them by direct skin to skin contact. Some people will be immune to the virus. They will not be affected even if they have been in contact with the warts. The time between contact with the virus and warts showing can vary from weeks to years. There aren't any tests to show how long the virus has been present in the body. If you, or your sexual partner or partners have been in contact with warts, it's a good idea to seek medical advice.

Information about the infection will be given and advice about regular smear tests if required.

Q. How do you know if you have them?

A. Usually genital warts look like little lumps that stand up from the skin. They vary in size and number. In men they are most commonly found under the foreskin and on the head of the penis, sometimes on the tip of the penis and around the anus ("back passage"). You do not have to have had anal sex to have warts in this place. In women they are found on the skin of the outside of the genitals, at the opening of the vagina, and around the anus. Less commonly they are found inside the vagina and on the cervix ("the neck of the womb") and can only be detected by an internal examination. Minor irritations, itching and sometimes bleeding can occur with warts.

In both men and women, warts may be very small and they are often difficult to see. That is why doctors encourage partners of people with warts to attend for examination.

Not every spot on the genitals is a wart. In men, a row of hair-like spots is often found under the rim of

the head of the penis. These are normal and do not require treatment. In both men and women, groups of small yellow spots are often seen on the genitals - these are normal sweat glands and also don't require treatment. Skin tags (quite loose flaps of skin) can also be found on the genitals, especially in women, and they are nothing to worry about.

Another virus, molluscum contagiosum, can sometimes cause small lumps that look very much like warts. These are easily treated. If a person has any doubts about spots or lumps, it is much better to seek medical advice early rather than worry needlessly.

Q. Where do you go for treatment?

A. If genital warts are found or a partner suggests you have a check up, there are two choices where to go:

1. A Genitourinary Medicine or Sexual Health Clinic - just phone to get an appointment. The service is completely confidential and you don't need a letter from your GP.
2. Attendance at your GP.

Q. How are they treated?

A. At present there is no real cure for the virus.

Treatment aims to remove the warts and allow the body's own defences to work against the virus and stop it producing more warts. A variety of treatments are available. A doctor will choose the one thought to be most useful to you. Wart "paints" or compounds that are available from pharmacies over the counter for the treatment of hand and foot warts should NOT be used - genital skin is very sensitive and you could damage yourself with these paints.

There are several options for treatment:

1. Podophyllin paint is often used to treat warts - it is applied by a doctor or nurse every one to two weeks until the wart disappears.
2. A pure form of Podophyllin (Condyline or Warticon) is available and is applied by the person twice daily for three days in a row per week. This

paint has to be prescribed by a doctor and is not suitable for use on every type of wart.

3. Other treatments that are often used are: freezing with liquid nitrogen or a special instrument and, less commonly, laser treatment or surgery. A new treatment (Imiquimod) has become available and may be useful in some cases.

Whatever type of treatment a doctor uses, stubborn warts can take several months before they disappear completely. Sometimes they disappear after only one or two treatments, but reappear within a month.

However, with correct treatment, eventually they disappear and do not return.

Q. Do genital warts cause an abnormal smear test?

A. If “smear tests” are taken from women with genital warts, at least one in four will be abnormal. The virus that causes genital warts can make the “cells” from the cervix (“neck of the womb”) appear abnormal in the smear. This does not mean that cancer is present or indeed likely to develop. In most women, these changes are very mild and often the smear becomes normal after a few months. In others, however, a second smear taken in three to six months may still be abnormal. If it is, then colposcopy is often advised (colposcopy means looking at the cervix with a special magnifying instrument-the colposcope). Warty or abnormal areas that are seen with the colposcope can be treated easily. In some clinics, colposcopy is done on every woman with genital warts.

Any woman with a history of having had genital warts or having had a sexual partner who has them is advised to have regular smears carried out, as should all women. There has been found to be a connection between certain types of the human papilloma virus and abnormal changes to the cells on

the neck of the womb that may indicate the possibility of later development of cervical cancer.

Early detection and treatment reduces the risk of cancer. These types of viruses, however, are not nearly as common as those causing genital warts.

In some places, women are tested for these types of virus. If they are found, the women are followed up regularly to detect early changes on the cervix that can be treated before cancer develops.

Q. Are warts dangerous during pregnancy?

A. In some women, genital warts become larger in pregnancy but often, within six weeks of delivery of the baby, become smaller or even disappear.

Some treatments are unsuitable during pregnancy and sometimes treatment is delayed until after the child is born. The risk of passing the virus to the baby either during pregnancy or at delivery is very small. Rarely, a child may develop warts in the genital area during the first three years of life.

Q. How do I stop passing them on?

A. Condoms are recommended while you are having treatment and for a few months after. Good hygiene practices should be employed, particularly for any contact with the infected area. Genital warts could possibly be spread to children from items such as towels, sponges and face cloths, therefore these items should not be shared. Genital warts are very common, but the way you feel about them or being in contact with them is important. Some people have said that they feel dirty, dejected or undesirable. Although this is a normal response, it is quite unnecessary. It is worth remembering that infection can happen to anyone.