

Anogenital Warts

Anogenital warts are caused by a virus that can be passed on by close sexual contact. Treatment options include chemicals or physical treatments such as freezing to destroy the warts. If you have anogenital warts, you will usually be advised to have tests to check for other sexually transmitted infections.

What are anogenital warts and what causes them?

Anogenital warts (sometimes just called genital warts) are small lumps that develop on the genitals and/or around the anus (back passage). They are caused by a virus called the human papillomavirus (HPV). There are over 100 types of this virus. Most anogenital warts are caused by types 6 or 11. (Common warts that many people have on their hands and feet are caused by a different type of HPV.)

How do you get anogenital warts?

The virus is passed on by sexual contact. You need close skin to skin contact to pass on the virus. This means that you do not necessarily need to have penetrative sex to pass on infection. Sharing sex toys may also pass on infection. Very rarely, anogenital warts may be passed on from hand warts. They may also rarely be passed on to a baby when a woman gives birth.

It can take weeks or months to develop warts after being infected with HPV. Also, most people infected with HPV do not develop warts. You can be a carrier of the virus without realising it, and you may pass on the virus to others who then develop warts. It is also possible to pass on the virus after warts have been treated or gone.

Because it can take some time to develop warts after being infected with HPV, if you have just developed noticeable anogenital warts, it does not necessarily mean that either partner has been recently unfaithful. You may have had HPV for a long time without developing warts.

Also, note that you may get anal warts even if you have not had anal sex.

How common are anogenital warts?

They are common and are one of the most commonly diagnosed sexually transmitted infections in the UK. Many more people are infected with the virus, but do not develop visible warts (they are carriers).

An individual has over a 5 in 10 chance of having HPV infection in their lifetime. However, most people do not know that they have been infected because they have no symptoms. Only about 1-2 in 100 people with HPV infection develop anogenital warts.

Where do anogenital warts develop?

In men, the warts usually develop on the outer skin of the penis. In women, the warts usually develop on the vulva, just outside the vagina. Warts may also develop on the skin around the anus, both in men and in women.

Sometimes warts develop inside the vagina, on the cervix, on the scrotum, inside the urethra (the tube that drains urine from the bladder to the outside) or inside the anus. Rarely, they occur in the mouth or nose.

What do anogenital warts look like?

They look like small, skin-coloured lumps on the skin (similar to the common warts that many people have on their hands). Warts that develop on skin that is warm, moist, and non-hairy (such as the vulva) tend to be soft. Warts that develop on skin that is dry and hairy (such as the shaft of the penis) tend to be firm.

The number of warts that develop varies from person to person. Some people have just a few that are barely noticeable. Some people have many around their genitals and anus.

What are the symptoms of anogenital warts?

In most cases, the warts cause no physical discomfort. They sometimes cause irritation and soreness, especially if they occur around the anus. Sometimes anogenital warts can bleed or cause pain on intercourse. If you have warts inside your urethra or anus, this can sometimes cause bleeding when you pass urine or bleeding from the anus.

They are benign. That is, they cause no serious physical illness. However, the warts look unsightly and some people become distressed by this.

For pictures of anogenital warts see - www.dermnet.org.nz/viral/genital-warts-imgs.html

Do I need any tests?

Anogenital warts can usually be diagnosed by their typical appearance when you are examined by a doctor or nurse. Your doctor or nurse will examine your external genitalia to look for warts. They may also suggest that they do an internal examination of your vagina or back passage to look for warts here.

So, tests are not usually needed to confirm the diagnosis. However, up to 1 in 4 people with anogenital warts also have another sexually transmitted infection. Tests such as swabs are commonly advised to check for other infections - even if you do not have any symptoms.

If you have anogenital warts, your doctor or nurse may refer you to a sexual health specialist in a genitourinary medicine (GUM) clinic, or to a sexual health clinic for treatment. If you are worried that you may have anogenital warts or another sexually transmitted infection, you may choose to visit a sexual health clinic from the outset.

What are the treatment options for anogenital warts?

There are a number of different treatments that can be used and they are described below. Whatever the treatment, it usually takes several weeks of treatment to clear the warts. Sometimes it can take up to six months of treatment.

Treatment may be a little uncomfortable and cause some irritation of the skin around the area that is being treated. Also, smokers tend to respond less well to treatment, so stopping smoking may be beneficial to your treatment. Sometimes, one treatment may not be successful. If this is the case, another treatment may be advised. There is also a chance that anogenital warts can return after treatment. This is because the treatments do not clear the HPV virus itself but just treat the warty lumps.

Wart treatments that are sold over the counter in pharmacies should not be used to treat anogenital warts.

No treatment

One option is not to have any treatment. Anogenital warts are not serious, but can be unsightly. Some people prefer to just leave them alone. There is a good chance that they will go without any treatment. In fact, about one third of visible warts disappear by themselves over six months.

Chemical treatments

A number of chemicals, when put on to warts, will burn or destroy the wart tissue.

- **Podophyllotoxin** is a chemical that comes as a cream or lotion. This may be prescribed for you to put on the warts at home. You should apply it twice daily for three days, followed by four days' rest. This is repeated four to five times depending on the type of podophyllotoxin you are given (so the whole treatment lasts about four to five weeks). There are some points to note about podophyllotoxin:
 - You must not use it if you are pregnant.
 - You should not put podophyllotoxin on broken skin or open wounds and you should be careful to avoid getting it on normal skin around the warts.
 - Sexual contact is not recommended soon after the cream/lotion is applied to your skin, as it may cause irritation for your partner.
 - You should be careful to follow the instructions carefully when you are applying the cream/lotion and you should not apply too much. If you apply too much, the cream/lotion may start to have unwanted effects inside your body.
- **Imiquimod cream** is an alternative. You apply the cream to your warts at bedtime and wash it off 6-10 hours later. This is repeated three times per week for up to 16 weeks. It may take some weeks before the treatment works. There are some points to note about imiquimod cream:
 - Imiquimod may weaken condoms and diaphragms so you should not rely on these as contraception whilst you are undergoing treatment.
 - You must not use it if you are pregnant.
 - Sexual contact is not recommended soon after the cream is applied to your skin, as it may cause irritation for your partner.
 - You should not put imiquimod cream on broken skin or open wounds and you should be careful to avoid getting it on normal skin around the warts.
 - In some people, imiquimod cream can cause either permanent loss of pigmentation (light areas) of the skin or it may cause permanent excess pigmentation (dark areas) of the skin where it is applied.
- **Other chemicals** may be advised if there is little success with the above.

Physical treatments

Various techniques can destroy the wart tissue. They include:

- **Freezing** warts with liquid nitrogen. This is a common treatment which is called cryotherapy. Liquid nitrogen is sprayed on or applied to the wart. Liquid nitrogen is very cold. The freezing and thawing destroys the wart tissue. To clear the warts fully you may need several treatments, a week or so apart. This treatment may be used if you have a small number of warts.
- **Surgical removal** of warts under local anaesthetic. This may be an option if you have just a few warts that can be easily removed in this way.
- **Electrocautery**. This is another techniques that destroy the warts by burning.
- **Alaser**. This is sometimes used to destroy the warts by burning.

Which is the best treatment?

Each treatment has pros and cons. The treatment decided upon depends on factors such as how many warts are present, where they are, whether a home- or clinic-based treatment is preferred, etc. For example, some chemical treatments should not be used internally (on the cervix, vagina or inside the anus); some chemical treatments should not be used if you are pregnant; cryotherapy is usually only used for small to moderate numbers of warts, etc.

What about my sexual partner?

Current sexual partner(s) may wish to be checked to see if they have warts or other sexually transmitted diseases.

Is there a link between anogenital warts and cervical cancer?

The types of HPV that most commonly cause anogenital warts (types 6 and 11) do not increase your risk of cervical cancer. HPV types 6 and 11 cause over 9 in 10 cases of anogenital warts. However, some other types of HPV do increase your risk of developing cervical cancer. You may have more than one type of HPV infection at the same time (one type that causes anogenital warts and one type that may increase your risk of cervical cancer).

So, it is important that women with anogenital warts (the same as every woman) have cervical screening tests at the usual recommended times and do not put it off. You do not need to have cervical screening tests more regularly if you have anogenital warts. See separate leaflet called [Cervical screening test](#) for further details.

Prevention of anogenital warts

Condoms

Condoms (male or female) may prevent HPV from being passed on to new sexual partners who are not infected. However, they do not completely protect you from getting anogenital warts as the skin that is not covered by a condom can become infected. But condoms do help to protect against other sexually transmitted infections such as chlamydia and HIV. You should also use condoms whilst having oral sex and you should not share sex toys.

It is commonly advised that you should use condoms when you have sex whilst you are being treated for warts, and for at least a further three months after they have gone.

HPV vaccine

The Department of Health originally chose a type of vaccine (Cervarix®) that did not protect against the common types of HPV that cause anogenital warts (types 6 and 11) in its national immunisation campaign. However, it has been agreed that the vaccine should be changed to a type that covers HPV-6/11/16/18 (Gardasil®) from September 2012. See separate leaflet called [HPV immunisation](#) for further details.

What is the outlook?

Anogenital warts can usually be cleared with treatment. However, in about 1 in 4 cases, new warts develop at some time after successful treatment. This is usually because the same infection has re-activated, not because you have a newly acquired infection. If warts do recur, they can be treated in the same way.

If you suspect that you have anogenital warts, or any other sexually transmitted infection, then see your GP or contact your local GUM clinic. You can go to the local GUM clinic without a referral from your GP. You can ring the local hospital or health authority and ask where the nearest clinic is. It may also be listed in the phone book under Genito-Urinary Medicine.

Further help & information

BASHH - British Association for Sexual Health and HIV

Web: www.bashh.org

FPA

50 Featherstone Street, London, EC1Y 8QU

Web: www.fpa.org.uk

Further reading & references

- Rubano E et al, Genital Warts in Emergency Medicine, Medscape, Aug 2010
- Repp KK, Nielson CM, Fu R, et al; Male human papillomavirus prevalence and association with condom use in Brazil, J Infect Dis. 2012 Apr 15;205(8):1287-93. Epub 2012 Mar 6.
- Human Papillomavirus (HPV) Vaccines, National Cancer Institute, 2011
- Lacey CJ, Woodhall SC, Wikstrom A, et al; 2012 European guideline for the management of anogenital warts. J Eur Acad Dermatol Venereol. 2012 Mar 12. doi: 10.1111/j.1468-3083.2012.04493.x

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