

Viral infections of the vulva

Information and advice for patients

Gynaecology

Genital Warts

What are genital warts and what causes them?

Genital Warts, like warts on other parts of the body, are caused by human papilloma viruses (HPV). These are the same sort of viruses that cause warts on the hands and veruccas on the feet. They are usually spread to the vulva through sexual contact but can be spread by other means.

Genital warts usually occur in women of child bearing age but may be seen before puberty or after menopause.

What are the signs and symptoms?

The entrance to the vagina (vestibule) and the folds of the lips (labia) are the most common site of the disease. Warts can also occur around the anus, in the vagina, on the cervix and around the urethra. They usually appear first as small thickened areas of skin with definite edges. The wart may become surrounded by seedlings (smaller warts) that may grow to involve other areas. Occasionally, they spread and enlarge, forming a large cluster of warts that look like tiny cauliflowers. The warts appear on the vulva as raised and sometimes reddened patches that may hurt or itch.

How are genital warts diagnosed?

In most cases the diagnosis can be made just by examining the area. Occasionally the warts may look unusual or have not responded to treatment. If this were to be the case, biopsies (samples of the skin and warts) would need to be taken.

What treatments are available?

Chemical destruction: Warts can be destroyed by applying chemicals to them such as podophyllotoxin or trichloroacetic acid (TCA). Treatment is usually supervised by genito-urinary medicine clinics.

- These treatments are simple and safe and do not require any form of anaesthetic.
- Sometimes they can cause discomfort in the skin but this is usually short lived and can be managed by attention to local cleanliness and simple pain relievers. The risk of skin irritation is common with podophyllotoxin, occurring in 1 in 10 patients. A severe skin reaction is uncommon, occurring in less than 1 in 100 patients.

Surgical treatment: Warts can be destroyed by freezing (cryocautery), burning (diathermy) or laser treatment. Excision with a scalpel under local or general anaesthesia is sometimes necessary. Surgical treatments tend to be used if other treatments have failed or there are too many warts to treat by the other methods.

Viral infections of the vulva

Information and advice for patients

Gynaecology

- These tend to be more effective than chemical or immunological treatments but do require some type of anaesthetic (general or local).
- The risk of surgical treatment is that scarring can occur depending upon how many warts need to be removed and the areas of the vulva affected by them.

Immunological methods: Imiquimod cream is a new treatment that boosts the body's natural immunity to clear the warts.

- As the body's immune system has memory, the warts are less likely to come back with this treatment.
- There is a 6 in 10 risk of erythema (reddening of the skin) with imiquimod. Other risks include a 3 in 10 risk of erosion (wearing away of the skin), less than 3 in 10 risk of flaking or scaling of the skin and a less than 2 in 10 risk of oedema (accumulation of fluid beneath the skin).

These treatments are not always successful; the warts may come back. It is important to watch for recurrences.

What happens if I don't have treatment?

Without any treatment, the warts may persist for much longer, larger warts becoming infected and painful. In some patients, the warts might disappear without any treatment although, again, this usually takes some time.

What else should I be aware of?

There is little you can do once the warts have become infected other than take precautions-ensure that your partner is aware and avoid sexual contact until the warts have been treated. You can pass on this type of infection to your partner.

Molluscum Contagiosum

What is molluscum contagiosum?

This is a viral infection caused by the poxvirus group. It can occur in both children and adults.

What are the signs and symptoms?

It causes small, smooth bumps with a central dimple. They are usually 1-2mm in diameter. When opened or squeezed, they contain a white core of curd-like material. They may affect the lower abdominal wall, pubic area and inner thighs, as well as the vulva. Occasionally they itch or are painful.

Viral infections of the vulva

Information and advice for patients

Gynaecology

How is molluscum contagiosum diagnosed?

Scrapes or biopsies from the lumps can be examined under the microscope to help make the diagnosis but the condition is usually fairly obvious to the trained observer.

What causes molluscum contagiosum?

This is usually a sexually transmitted viral infection although the hands can transmit the virus to other areas of the body.

The rash may not appear for many months after exposure to the virus, making identification of the sexual contact difficult.

What treatments are available?

Treatment involves opening the lesion with a needle and removing the core by scraping. It does not usually require anaesthesia. Following treatment the area should be kept clean and dry to prevent infection.

- The risk of passing on the infection is reduced once treatment is complete.
- Any surgical or chemical technique can cause scarring but in practice this is uncommon. No scarring should occur if the correct technique is used.

Other treatments include cryotherapy (freezing) or trichloroacetic acid.

- They have good success rates and can all be delivered without the need for an anaesthetic. However, there is a risk that more than one session of treatment may be necessary depending on the size of the lesions.
- There is a small risk of severe reaction such as blistering or depigmentation with cryotherapy (risk of less than 1 in 100).

What else should I be aware of?

You should avoid sex with untreated partners to prevent re-infection.

Viral infections of the vulva

Information and advice for patients

Gynaecology

Support groups and further information

The Vulval Pain Society (VPS) provides women with information on vulvodynia and other vulval disorders.

The Vulval Pain Society
PO Box 7804,
Nottingham,
NG3 5ZQ

www.vulvalpainsociety.org

National lichen sclerosis support group UK

www.lichensclerosus.org

The cystitis and overactive bladder foundation

www.cobfoundation.org

National vulvodynia association

www.nva.org

Vulvar pain foundation

www.vulvarpainfoundation.org

Vulvodynia.com

www.vulvodynia.com

Interstitial cystitis association

www.ichelp.com

Contact details

If you have any questions or concerns you can contact:

Professor Luesley, Consultant Gynaecologist

Tel: 0121 507 5337

Monday – Friday, 9am – 5pm

Viral infections of the vulva

Information and advice for patients

Gynaecology

Sources used for the information in this leaflet

- British Association for Sexual Health and HIV, 'United Kingdom National Guideline on the Management of Molluscum Contagiosum', 2007
- British Journal of Dermatology, 'Guidelines for the management of cutaneous warts, 'July 2008
- Clinical Knowledge Summaries, 'Molluscum Contagiosum', September 2012
- Clinical Knowledge Summaries, 'Warts and Verrucae', June 2009
- Dermatology, Third Edition, 'Human Papillomaviruses', 2012
- Patient.co.uk Professional Reference, 'Molluscum Contagiosum', December 2013

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5303 or email: swb-tr.swbh-gm-patient-information@nhs.net



A Teaching Trust of The University of Birmingham
Incorporating City, Sandwell and Rowley Regis Hospitals
© Sandwell and West Birmingham Hospitals NHS Trust

ML4620
Issue Date: May 2015
Review Date: May 2018