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ANOGENITAL WARTS ON A RAMPAGE: A CHALLENGING CASE SERIES

Dermatology

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KEYWORDS

Anogenital Warts, Combination Therapeutic Modalities, Cryotherapy, 5% Imiquimod, Radiofrequency Ablation.

INTRODUCTION

Anogenital warts have a huge psychological impact on patients, as the treatment is difficult, time consuming and multiple sessions may result in incomplete clearance. Hence a treatment which is easy to use, with a good safety profile and low-recurrence rate is always desirable, especially in difficult scenarios like pregnancy, HIV and in children.

CASE SERIES

CASE 1: A 25-year old boy presented with asymptomatic papules over penis and fleshy growths over anal area for 6 months . O/E- multiple non-pruritic verrucous papules were present over the glans penis extending to the perianal region. He was treated elsewhere with podophyllotoxin 0.5% lotion biweekly and oral acitretin 25mg for 4 months. Patient was resistant to management and hence we evaluated him further. He gave history of sexual exposure with fellow male colleagues in the hostel. He tested positive for HIV with a CD4 count of 350 cells/mm^3. Sequential therapy was started with Cryotherapy followed by 5% imiquimod L/A and oral acitretin 25mg daily. Radiofrequency Ablation was done for the perianal lesions.

CASE 2: A 27-year-old, 8 weeks pregnant female presented with asymptomatic verrucous papules over the vulva for past 4 months. On examination, multiple confluent verrucous papules were present over the vulva extending into the vagina and anal region. Serology-HIV negative. Eight sessions of Touch cryotherapy was done weekly once until remission.

CASE 3: A 14 year old boy studying in hostel presented with asymptomatic lesions over the penis. On examination, multiple verrucous papules over the penis and anal region was seen. History of exposure with fellow students was present. Serology and viral markers were negative. Radiofrequency ablation was done for the bigger lesions along with 5% imiquimod twice weekly and oral vitamin A 50,000 IU was started.

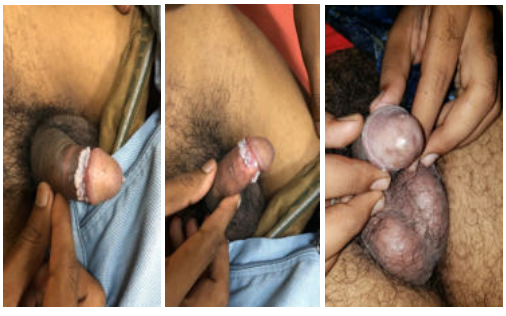

Figure 1, 2,3 : A 25 year old boy presented with asymptomatic papules over penis and fleshy growths over the anal area for 6 months. O/E: multiple non-pruritic verrucous papules were present over the glans penis extending to the peri-anal region. (Photo on Day 1, Day 4 and 3 weeks after treatment)

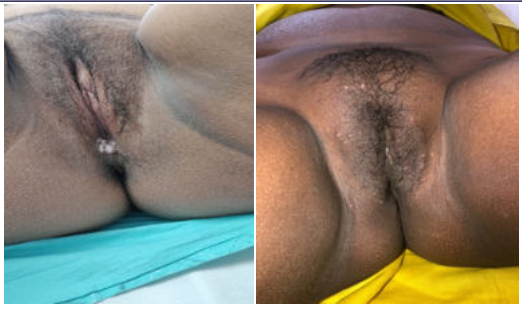

Figure 4, 5 : A 27 year old 8 weeks pregnant female presented with asymptomatic verrucous papules over the vulva for the past 4 months. O/E: Multiple confluent verrucous papules were present over the vulva extending into the vagina and the anal region. (Photo on Day 1 and 1 month after treatment)

Skin Biopsy done was consistent with verruca vulgaris and all 3 cases showed near 100% resolution of the papules and plaques in 3 months time. Most importantly no recurrence was noted on follow-up for the next 4 months. Consent was obtained from all the patients for publication of their data.

CONCLUSION

This case series elucidates the efficacy of using combination therapeutic modalities in management of anogenital warts early on in the course of disease. We can thus save the patient from huge psychological stress and the physician from long, repeated and cumbersome treatment options.

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