Warts Do Not Always Indicate Recent Infection

Only 20% of new human papillomavirus infections actually produce lesions during the first few months.

BY JANE SALODOF MCNEIL  Contributing Writer

HOUSTON — Diagnosis of human papillomavirus (HPV) infection in a genital wart should not trigger a rush to judgment regarding recent sexual transgression or child abuse, Peter J. Lynch, M.D., said at a conference on vulvovaginal diseases. Only 20% of new human papillomavirus (HPV) infections produce lesions within the first few months. The average incubation period lasts 2 months to 2 years, after which the virus can remain latent for years or even a lifetime in the unsuspecting human host, said Dr. Lynch, a dermatologist in Sacramento.

The attributable rate of adult infections to sexual transmission was confirmed but genital warts in children often result from infections transmitted by parents. Transmission not only can happen during vaginal delivery in a woman who is asymptomatic, but infections can also remain latent for years before a wart is detected, he said at the meeting, sponsored by Baylor College of Medicine.

Theoretically, a patient infected with a finger or hand wart can transmit the virus innocuously when bathing a child. If a genital wart is the only evidence of child abuse, he advised practitioners not to assume the child was assaulted.

"Vertical transmission occurs and, thus, not all childhood genital HPV infections should be assumed," he said. "Latency occurs, so that the appearance of active disease does not tell you anything about when the original infection was acquired."

HPV is widespread in the general population, but it is difficult to diagnose, and its prevalence has been hard to establish, according to Dr. Lynch. It grows only in epithelial cells, and researchers have been unable to grow the virus in culture.

Clinicians are unable to diagnose latent virus in the absence of discernable lesions, Dr. Lynch said, warning that acetic acid soaks have turned out to be misleading and should not be used. Conventional biopsy can also be misleading, he said; sometimes pathologists will misidentify clear cells as karyocytes.

The best test for identifying HPV type uses polymerase chain reaction, which is expensive and generally reserved for research. Dr. Lynch said, but simple inexpensive test kits have become available, he predicted questions about their accuracy would prevent wide use until they are reviewed.

Meanwhile, research in women with sexually transmitted diseases has shown 60% to be infected with HPV. In more typical populations of sexually active women, he estimated prevalence at 20%. Because cervical infections are more common than vulvar infections, he reckoned that 5% to 10% of women have active or latent HPV infections of the vulva. Sexual partners do not need to be examined after a woman is diagnosed with HPV. "The acquisition may not have been sexual; it may have occurred years ago and been latent," he said.

"How would you examine the partner anyway?" he asked, describing one test used in men as "neither accurate nor specific." Nonetheless, he added, men diagnosed with HPV should notify female sexual partners because of the risk of cervical and vulvar infection.

When anogenital warts are diagnosed in pregnancy, he said, they are likely to be nearly 100% will resolve spontaneously within 2 years. If such warts are treated, he recommended home therapy with imiquimod (Al dara) or podofilox (Condylom). Dr. Lynch estimated at the meeting.

His recommendation: "Either use imiquimod (Al dara) or podofilox (Condylom). The weekly frequency might be every other day for imiquimod or 3 days in a row for podofilox. Dr. Lynch estimated about a third of patients will have complete clearance after 2 months of such treatment.

Office-based medical therapy allows the clinician to monitor compliance. Dr. Lynch characterized this choice as inconvenient for patient and clinician, and the response rate is similar to home-based treatment.

Office-based destructive treatment can be quite effective. Treatments requiring anesthesia (electrosurgery, excision, laser therapy) can have a 100% response rate. Treatments that can be done without anesthesia (cryotherapy, podofilox, topical or intralesional) will lead to complete clearance in two-thirds of patients, Dr. Lynch estimated at the meeting.

"Unfortunately, there are no criteria to choose one [treatment] over the other. It is disturbing how little we have, except for anecdotal data," Dr. Lynch said of the three options.

His recommendation: "Either use home therapy, where the patient treats herself . . . or go to destructive therapy. Expect at least a 35% recurrence rate with either approach. Medical therapy in the office has all the disadvantages of home therapy without any improvement in results."

One caveat: Dr. Lynch said warts should be treated in pregnant women, but he warned that podophyllin and its derivatives should not be used.

SEROPOSITIVE RATE DOUBLES WITH RAPID HIV-1 ANTIBODY TEST

WASHINGTON — The first 1,000 uses of the OraQuick Advance Rapid HIV-1 Antibody Test in New Jersey identified nearly double the number of HIV-positive patients, compared with the traditional blood tests, Evan Cadoff, M.D., wrote in a poster presented at the annual meeting of the American College of Venereal Medicine.

However, the data represent rates of seropositivity, not necessarily rates of new HIV infections, he wrote. Dr. Cadoff of the University of Medicine and Dentistry of New Jersey. The test requires an oral fluid sample, and delivers results in 20-40 minutes.

Rapid testing in New Jersey began in November 2003 at publicly funded counseling and testing sites throughout the state. After the first 1,000 results, the seropositive rate increased to 4.72%, or double the 2.36% seropositive rate recorded with traditional testing during the previous year.

Overall, 63% of the people who tested positive had not previously been diagnosed with HIV. However, whether the numbers represent improved detection rates in previously targeted at-risk populations or new groups of patients who previously went untreated remains uncertain, according to the poster.

The rapid availability of test results reduces the time between a patient’s initial diagnosis and re- ferral, bolstering HIV prevention and treatment efforts, Dr. Cadoff said.