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 MacNeil

H OUSTON — Diagnosis of 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.

He attributed 90% of adult infections to sexual transmission but said 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 person 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," said Dr. Lynch. "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 up to be misleading and should not be used. Conventional biopsy also can be misleading, he said; sometimes pathologists will misidentify clear cells as koilocytes.

The best test for identifying HPV type uses polymerase chain reaction, which is expensive and generally reserved for re-referral, bolstering HIV prevention and treatment efforts, Dr. Cadoff said.

Patient Concerns Drive Wart Treatment

BY JANE SALODOF MACNEIL

H OUSTON — Diagnosis of human papillomavirus infection in a genital wart should not trigger a rush to judgment regarding recent sexual transmission or child abuse, Peter J. Lynch, M.D., said at a conference on vulvovaginal diseases.

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Sero positive 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 paper presented at the annual meeting of the American College of Preventive Medicine.

However, the data represent rates of sero positivity, not necessarily rates of new HIV infections, wrote Dr. Cad off 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 undiagnosed remains uncertain, according to the poster.

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

—Heidi Splete

The patient’s wishes, concerns about cancer risks, and legal vulnerability make genital wart treatment difficult to ignore.

BY JANE SALODOF MACNEIL

Patient Concerns Drive Wart Treatment

H OUSTON — Whether to treat genital warts would seem like a no-brainer, but Peter J. Lynch, M.D., has a list of reasons for not trying to eradicate some vulvar lesions.

Many genital warts resolve spontaneously. The underlying cause, human papillomavirus (HPV), is so widespread that it’s “nearly universal.” Moreover, destroying the lesion will not eradicate latent virus in the host, he said at a conference on vulvovaginal diseases sponsored by Baylor College of Medicine.

“There’s a high rate of recurrence with all forms of treatment and a high cost for treatment, both economically and psychologically, with very little benefit,” concluded Dr. Lynch, a dermatologist in Sacramento.

Having said all that, he included three therapeutic options:

- Home-based medical therapy in which the patient applies a 5% cream of imiquimod (Aldra) or podofilox (Condylox). 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, podophyllum, trichloroacetic acid, 5-fluorouracil) 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 vulvar warts should be treated in pregnant women, but he warned that podophyllin and its derivatives should not be used.

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