



This optimal use guide is intended mainly for primary care health professionals. It is provided for information purposes only and should not replace the clinician's judgement. The recommendations in this guide apply to persons aged 14 years and older¹. They were developed using a systematic process and are supported by the scientific literature and by the knowledge and experience of Québec clinicians and experts. For further details, consult the following report: *Traitement pharmacologique des infections transmissibles sexuellement et par le sang – Condylomes externes (verrues anogénitales)*.

GENERAL INFORMATION

ETIOLOGY	<p>Human papillomavirus (HPV)</p> <ul style="list-style-type: none"> • Mainly types 6 and 11 <ul style="list-style-type: none"> - Low cancer risk - Cause more than 90% of condylomas
TRANSMISSION	<ul style="list-style-type: none"> • High risk of transmission • By any type of sexual contact (genital, orogenital, anal or oroanal) • HPV can infect areas unprotected by a condom
NATURAL HISTORY	<ul style="list-style-type: none"> • The vast majority of people are unaware that they are infected with HPV; <ul style="list-style-type: none"> - it is difficult to determine when the initial infection occurred; • Condylomas can disappear spontaneously at any time; • The disappearance of condylomas does not protect against a recurrence of infection by the same HPV type or against co-infection by another type.

CLINICAL MANIFESTATIONS

CONDYLOMA	<ul style="list-style-type: none"> • Are often multiple, asymmetrical and polymorphic; • Appear as one of the following: <ul style="list-style-type: none"> - Generally, as cauliflower-like or rooster comb-like exophytic lesions (condylomata acuminata); or - Less often, as flat, plaque-like or pigmented papular lesions or as local erosion; • Occur anywhere, especially in areas of friction sites (e.g., skin on skin, skin on mucous membrane, or mucous membrane on mucous membrane); • Are generally asymptomatic: <ul style="list-style-type: none"> - Occasionally cause itching and, more rarely, bleeding.
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1. If sexual abuse is suspected, please consult the [Guide d'intervention médicosociale pour répondre aux besoins des victimes d'agression sexuelle](#).

MANAGEMENT

- ▶ Intervention with the affected individual should include:
 - The option of treating or not treating the external condylomas (if they are few in number and small or medium size), taking the following, among other things, into account:
 - The fact that condylomas can have negative psychosocial consequences;
 - The fact that condylomas can disappear spontaneously within a year, remain unchanged or increase in size or number;
 - The fact that condylomas disappear with treatment in most people;
 - The fact that treatment can be long and leave more or less long-term physical sequelae (mainly cutaneous, namely, itching, sensitivity, erythema or ulcers, pain and even scars);
 - A recommendation to use a barrier method for any type of sexual contact:
 - Barrier methods provide a certain level of protection, but it is not complete because only the covered areas are protected;
 - The duration of contagion after the lesions disappear, with or without treatment, is unknown;
 - A recommendation to inform the current sexual partners;
 - The sexual partners should do a self-examination and consult a physician if they suspect that they have lesions.

CONDYLOMAS	ADDITIONAL INVESTIGATION
<ul style="list-style-type: none">• Internal lesions• Numerous or large external lesions• Atypical lesions (e.g., heterogeneous pigmentation, indurated, very irregular surface, asymmetrical, ulcerated or that bleed easily)	Refer patient to an experienced colleague
<ul style="list-style-type: none">• Perianal or intra-anal condylomas	Anoscopy
<ul style="list-style-type: none">• Lesions at or near the urethral meatus and symptoms of abnormal urination	Cystourethroscopy or Refer patient to an experienced colleague

TREATMENT PRINCIPLES

- ▶ Treatment is aimed at improving the signs and symptoms and, ultimately, at eradicating the condylomas.
 - With or without treatment, condylomas often reappear.



TREATMENT ¹			
TREATMENT OPTION	DOSAGE	MAXIMUM LENGTH OF A TREATMENT CYCLE ²	ADDITIONAL INFORMATION
APPLIED BY A HEALTH PROFESSIONAL			
Bi- or trichloroacetic acid	<ul style="list-style-type: none"> Once a week or every 2 or 3 weeks <ul style="list-style-type: none"> Let dry after applying. The treated area does not need to be washed. 	3 or 4 months	<ul style="list-style-type: none"> Can be used in pregnant and breastfeeding women. Solutions of 50% to 90% in 70% alcohol are more effective. Have a bottle of water or sodium bicarbonate solution on hand in case of an accident. Is a caustic substance that can cause blisters and ulcers, especially when the acid drips on the skin during application.
Cryotherapy	<ul style="list-style-type: none"> Once every 2 or 3 weeks <ul style="list-style-type: none"> Ensure sufficient freezing with a rim of 1 or 2 mm around the lesion. Repeat two freeze-thaw sequences per session. 	3 or 4 months	<ul style="list-style-type: none"> Can be used in pregnant and breastfeeding women. Destruction of the skin generally limited to the epidermis or squamous mucosae. Aggressive treatment of the lesions can lead to scarring. It has not been established that more frequent treatment results in faster healing.
APPLIED BY THE PATIENT			
Imiquimod 5% cream³	<ul style="list-style-type: none"> Apply at bedtime 3 times per week (with at least one day between applications). <ul style="list-style-type: none"> The treated area should be cleaned 6 to 10 hours after application. 	16 weeks	<ul style="list-style-type: none"> Not recommended for pregnant women. The 3.75% formulation is a treatment recommended in breastfeeding women. Recurrence rate lowest among patient-applied treatments. Can reduce the effectiveness of latex condoms.
Imiquimod 3.75% cream⁴	<ul style="list-style-type: none"> Apply DIE at bedtime every day. <ul style="list-style-type: none"> The treated area should be cleaned 6 to 10 hours after application. 	8 weeks	
Podofilox/podophylotoxin 0.5% solution	<ul style="list-style-type: none"> Apply BID (every 12 hours) for 3 consecutive days per week (with no treatment on the other 4 consecutive days). <ul style="list-style-type: none"> The total daily dose should not exceed 0.5 ml. 	6 weeks	<ul style="list-style-type: none"> Not recommended for pregnant or breastfeeding women.
Sinecatechins 10% ointment⁴	<ul style="list-style-type: none"> Apply TID. <ul style="list-style-type: none"> The total daily dose should not exceed 250 mg (0.5-cm strand on each wart). There is no need to wash the treated surface to remove the ointment. 	16 weeks	<ul style="list-style-type: none"> Safety in pregnant and breastfeeding women unknown. May be more effective on keratinized condylomas than the other topical treatments.

1. Because of the lack of scientific evidence, preference cannot be given to any one professional- or patient-applied treatment and priority cannot be given to one option over another.
 2. The amount of time to eradicate the condylomas or up to the maximum duration of the treatment option.
 3. Exception drug. Indications recognized for coverage under the Public Prescription Drug Insurance Plan (PPDIP): for the treatment of external genital and perianal condylomas and of condylomata acuminata upon failure of physical destructive therapy or chemical destructive therapy of a minimum duration of 4 weeks, unless there is a contraindication.
 4. Drug not covered under the PPDIP.

PARTICULAR SITUATION		TREATMENT PRINCIPLE
Adverse effect	Major local skin reactions during treatment	<ul style="list-style-type: none"> • Skip a few applications, then <ul style="list-style-type: none"> - Gradually resume, reducing the intensity (contact time, quantity and frequency) of the treatment; • Protect the surrounding skin as needed.
Condylomas not responding to treatment	After a first treatment cycle ¹	<ul style="list-style-type: none"> • If the diagnosis is not called into question, recommend a second treatment cycle combining a patient-applied treatment and one applied by a health professional (unless this was the case during the first cycle).
	After the second treatment cycle ¹	<ul style="list-style-type: none"> • Refer the patient to an experienced colleague to confirm the diagnosis (if uncertain) or recommend other treatment options.

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FOLLOW-UP

- ▶ In the case of a patient-applied treatment, it is recommended that at least one follow-up visit 2 weeks after the end of the treatment cycle be scheduled.

VACCINATION

- ▶ Preventive vaccines against HPV have no therapeutic effect on existing condylomas.
- ▶ Vaccines have some efficacy in preventing reinfections due to the strains of HPV included in them.
- ▶ A person with a current or past history of condylomas may receive a vaccine against HPV.
- ▶ The nonavalent vaccine (HPV-9) provides protection against HPV types 6, 11, 16, 18, 31, 33, 45, 52 and 58. It therefore includes the types that cause most condylomas. The bivalent vaccine (HPV-2) provides protection against HPV types 16 and 18.
- ▶ For up-to-date information on indications, efficacy, adverse effects and the free program, refer to the [Protocole d'immunisation du Québec](#).

STBBI PREVENTION MEASURES

When a person consults a medical practitioner, for instance about STBBIs, contraception or a routine examination, the practitioner should:

- Assess risk factors for STBBIs and screen as necessary, as many people are asymptomatic and ignore that they are infected;
- Inform the person about safer sexual practices and encourage consistent use;
- Vaccinate against hepatitis A and B and the human papillomavirus as indicated in the [Vaccinate against hepatitis A and B and the human papillomavirus as indicated in the *Protocole d'immunisation du Québec*](#).

A variety of tools featuring preventive measures against STBBIs are available on the [MSSS's website](#), such as:

- [ITSS à rechercher selon les facteurs de risque décelés](#)
- [Prélèvements et analyses recommandés en fonction de l'infection recherchée chez les personnes asymptomatiques](#)
- [Outils pour le soutien à la personne atteinte pour qu'elle avise ses partenaires](#)
- [Liste des dépliants et brochures à l'intention des patients](#)
- [Estimation du risque associé aux activités sexuelles](#)
- [Vaccination et ITSS](#)
- [Ressources – Intervention préventive relative aux ITSS](#)
- [Intervention préventive relative aux ITSS : outil d'aide à la pratique, visite initiale et visite subséquente](#)
- [Guide québécois de dépistage des ITSS](#)

REFERENCES

To consult the references, please refer to the [report in support of the OUG](#).