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Condyloma Acuminatum (HPV)

Condyloma acuminatum (CA) is a human papillomavirus infection that develops fleshy papules and skin-colored lesions in the anorectal region. It is primarily a sexually transmitted disease (STD) (HPV).(Yuan2018) These growths are also known as anogenital warts, anal warts, or venereal warts. HPV infection causes condyloma acuminata. There have been over 100 different forms of HPV discovered, and 40 of these strains have been linked to anogenital problems. The sexually transmitted disease that causes Condyloma acuminata can be prevented by using protection.

Condylomas lesions are typically discovered on moist mucous membranes of the anogenital or oral regions. (Yuan2018) They can have several characteristics, including a flat, cauliflower-shaped, or peduncled form. Although they are most frequently observed agglutinated, they can sometimes form alone as single keratotic papules or plaques. (Yuan2018) Clinical manifestations initially appear as flesh-colored papules on the skin that are 1-2 mm in diameter. These papules then develop in size to a few centimeters or possibly take on a gigantic form. The CA can have a variety of warty appearances, including white, pink, purplish to reddish-brown, flat, warty, or cerebriform. (Yuan2018) Severe discomfort, itchiness, burning, bleeding on contact with clothing or during sex, and trouble peeing or defecating are possible symptoms. The lesions may be connected to dysuria, hematuria, or aggressive bleeding in males

and develop near or even inside the urethra. Scrotal lesions in immunocompetent organisms are incredibly uncommon. Several patients reported that the affected areas had an offensive discharge odor. (Yuan2018)

About half of new infections commonly emerge in young adults between the ages of 15 and 24. The phenomenon of growing CA infections is inversely associated with the age at which sexual activity began and is significantly connected to the number of sexual partners. However, the anorectal infection affects homosexual males the most frequently.

A comprehensive clinical history and physical examination can find CA. When warty lesions turn white in infected areas in the subclinical phases, the 3-5% Acetic Acid test may be helpful. The diagnosis of warty lesions can be aided by anoscopy or colposcopy. Only when lesions with suspected malignancy or an increased risk of malignant transformation are present, associated with ulceration, immobility, a sudden change in the appearance of the lesion, or non-responsive to treatment is a biopsy in the suspected region required to make the correct diagnosis. Squamous cell carcinomas (SCCs), such as VC, Bowenoid papulosis (BP), and other comparable lesions, are found through biopsy but are typically not necessary for diagnosis. Molluscum contagiosum, condyloma latum (CL), vulvar papillomatosis, pearly penile papules, angiokeratomas of the scrotum or vulva, skin tags, SCC, BP, and seborrheic keratosis are among the entities that can be excluded from the differential diagnosis of CA.(Dițescu2021)

Most common CA treatments now available focus on reducing the wart growth rather than treating the underlying viral infection. There is little proof that existing treatments work to eliminate genital warts that have been present for a long time or that they have much of an impact on keeping warts from turning into potentially cancerous lesions. Several medicines are being used right now, and each has a different cost, side effect profile, overall success level, and

length of therapy. (Yuan2018) The optimum therapy for CA has yet to be determined; instead, the best therapy is determined by the unique characteristics of each patient. Three main approaches are used to treat CA: locally using Podophyllotoxin, Imiquimod 5%, 3.75%, Sinecatechins 15% ointment, Podophyllin, and 5-Fluorouracil (5-FU)), surgically and destructively using TCA, cryotherapy, electrosurgery, scissor excision, and carbon dioxide (CO2) laser, and systemically using Interferon (IFN). Due to its low efficacy and toxicity, the routine use of 5-FU, Podophyllin, or IFN is not recommended for primary care.(Li 2019)

Condyloma acuminata might be challenging to cure, but it is treatable. However, over time, lesions can need a variety of treatments or a combination of treatments. Condyloma acuminata can return after many treatment methods, although surgical excision is the only approach with clearance rates close to 100%. Most genital warts caused by HPV infections will go away on their own, often taking a few months to two years. However, even if your genital warts go away on their own without therapy, the virus may still be present. Genital warts can spread widely in enormous clusters if left untreated.(Li 2019)

Given that it affects the anogenital epithelium, condyloma acuminatum is frequently seen as a sexually transmitted illness. The virus is thought to be spread through genital-oral contact. However, autoinoculation is also a possibility. A papillary exophytic nodule, which may be pink or white, is once more the clinical appearance. Since condylomata are rarely single lesions, it is frequently sessile lesion that can expand and join with neighboring condylomata. Commonly affected oral sites include the labial mucosa, lingual frenum, palate, and tongue. Condyloma acuminatum is a sexually transmitted illness; during an oral exam on a pediatric patient, it is a sign of child abuse, and a clinician must report and document the situation.(Percinoto2014)

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