

WARTS

1. What causes warts?

Warts are caused by viruses. Known specifically as human papilloma viruses, they are diverse in nature. Some have a predilection to form common warts on hands and feet. Others have a tendency to infect the penis, vagina, cervix and rectal area.

2. How did I get my wart?

Warts are usually the result of contact with an infected individual. Most of the time, it is difficult to determine precisely where they came from. Warts on the genitals are usually the result of sexual contact with an individual infected with warts.

3. How do warts affect my health?

The effect of wart virus infections is variable. Many warts on the trunk and extremities are annoying because they can be painful and interfere with everyday activities but they are not life threatening. Warts of the genital area have been linked with the development of cancer, especially carcinoma of the cervix.

4. How are warts diagnosed?

Often you will notice the warts yourself. They present as small, rough, bumps on the skin. On the soles, they may be very flat and look like a corn or a callus. Genital warts can range from flat, white or flesh-colored bumps that are the size of a pinhead upward through large cauliflower-like growths.

5. How are warts treated?

There a variety of ways that warts can be treated. These include any or all of the following:

- a.) Chemical destruction; a chemical that destroys wart tissue and virus can be applied to the wart.
- b.) Electrosurgery; the use of medical electrical currents to remove and destroy warts.
- c.) Laser surgery; the carbon dioxide laser is used to vaporize wart tissue. This is especially useful in difficult to work areas such as around the fingers, on the soles of the feet, and on extensive warts around the genitals and anal area.
- d.) Cryosurgery; the use of extreme cold to freeze and damage the wart tissue.
- e.) Topical or intralesional chemotherapy; the use of anti-tumor agents to suppress wart growth and proliferation. This group includes immunologic agents (Interferon), antimetabolites (Fluorouracil), and cytotoxic agents (Bleomycin).
- f.) Surgical excision; the use of a scalpel to remove the wart.

Any or all of the above modalities may be used, either alone or in combination to obliterate warts with the least amount of destruction of uninvolved skin.

6. What are the risks of wart treatment?

- a.) Recurrence. Warts are caused by an infectious virus and the risk of re-occurrence from clinically normal infected skin is always a possibility. For this reason, a margin or ring of normal tissue is often included in the treatment of warts.
- b.) Scarring. There is risk of scarring after any wart treatment procedure. Scarring, if it occurs, tends to improve with time. If you have a tendency to form keloids or abnormal scars, please bring this to your doctor's attention.
- c.) Damage to other body parts. When warts around the fingers are treated, there is a slight danger of damage to underlying nerves or vessels. This is minimized by your physician selecting prudent treatment approaches for the wart.

7. My wife's doctor diagnosed her as having genital warts. I do not see any on myself. What is there to worry about?

Clinically, normal skin can harbor the wart virus. More frequently, for small warts, a painless office technique can easily be used to determine if these small, minute warts are present. Of equal importance is the possibility of wart infection inside the urethra, the tube leading from the tip of the penis into the bladder. A wart virus in this tube can be a source of re-infection to both the patient and the spouse. If there is suspicion that these lesions may exist, your urologist can perform a simple office procedure to determine the presence or absence of these and the appropriate treatment needed.

8. How long will it take to get rid of my warts?

Response to treatment is variable. Many individuals will respond to treatment of their warts in one or two treatment sessions. Primary wart treatment usually consists of a highly effective and rapid method of wart destruction. The response of this treatment will determine the course that further treatments will take.

9. If I have warts, is it also possible to have another sexually transmitted infection (venereal infection)?

Having warts neither protects nor predisposes you to other venereal infections although individuals with one venereal infection often harbor others. If you have had any painful or painless sores, either blisters or red areas, discharge or drainage from the tip of your penis or urethra or swelling with or without pain in the groin, please inform your physician. Any or all of these are indicators of possible venereal infections and appropriate diagnosis and treatment may then be undertaken.