

# External Genital Warts (EGW) Treatment Options




TREATMENT	INSTRUCTIONS	CAUTIONS	COMMENTS
<b>Office-based</b>			
<b>Cryotherapy</b> (liquid nitrogen, Histofreezer™, nitrous oxide)	Applied every 1-2 weeks Provide freezing with a rim of 1-2 mm around the wart	<b>Safe for use in pregnancy</b> Aggressive treatment may cause scarring	Often used as first line therapy Usually well tolerated, but can be painful
<b>Bi/trichloroacetic acid</b> (50-80% solutions in 70% alcohol are most effective)	Applied weekly for 6-8 weeks Does not need to be washed off	<b>Safe for use in pregnancy</b> Caustic, may cause blisters	Protect healthy skin with petroleum jelly or 2% Xylocaine ointment
<b>Podophyllin</b> (10-25%)	Applied only to the wart Washed off after 1-4 hours May repeat 1-2x/week (total dose per visit ≤ 1-2 mL)	<b>Not for use in pregnancy</b> Not for treatment of cervical, meatal, vaginal, or anal warts	Systemic toxicity has been reported Never used for patient-applied therapy Second line, used only if other therapies cannot be used
<b>Electrofulguration, CO<sub>2</sub>, laser ablation, excision</b>	Requires specialist referral Good response rates	May cause scarring	Used for extensive warts or warts resistant to other therapies
<b>Patient-applied</b>			
<b>Imiquimod</b>	Applied 3x/week, up to 16 weeks Washed off after 6-10 hours	<b>Not for use in pregnancy</b>	Recurrence rate lower than other treatments Available in Canada as: Aldara™ (Rx) \$\$\$
<b>Podophyllotoxin</b>	Applied every 12 hours for 3 consecutive days of each week, up to 6 weeks (total dose per day ≤ 0.5 mL)	<b>Not for use in pregnancy</b> Not for treatment of cervical, meatal, vaginal, or anal warts	Available in Canada as: Wartec™ (OTC) \$ Condylone™ (Rx) \$

## Diagnosis

- exophytic fronds/cauliflower-like/papular growths on anogenital skin/mucous membrane
- frequently multiple, asymmetric and polymorphic
- occasionally cause bleeding, pruritis, local discharge

## Differential Diagnoses

### normal variations=

- sebaceous glands/cysts 
- vestibular papillae/micropapillomatosis 
- pearly penile papules 

### pathologic variations=

- secondary syphilis with condylomata lata
- molluscum contagiosum
- intradermal nevi
- skin tags
- seborrheic keratoses
- intraepithelial neoplasia

## Notes

- consider using combined therapy for better clearance and improved recurrence (ex: cryotherapy and imiquimod or cryotherapy and podophyllin)
- consider anoscopy in patients with anal warts
- consider urethroscopy in patients with extensive urethral warts not amenable to other forms of therapy
- refer for colposcopy in the presence of clinically visible growths, warts, or suspicious findings on the cervix
- see the Ontario Cervical Screening Practice Guidelines for current pap testing guidelines at [www.cancercare.on.ca](http://www.cancercare.on.ca)



**Durham Health Connection Line**  
905-666-6241 or 1-800-841-2729  
[durham.ca](http://durham.ca)

If you require this information in accessible format, contact 1-800-841-2729.

For additional information on prevention, diagnosis, or treatment of HPV and other STIs, please refer to the Canadian Guidelines on Sexually Transmitted Infections, 2010 Edition, Ottawa, ON: Public Health Agency of Canada, 2010.