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CONDYLOMATA ACUMINATA — A CLINICAL STUDY

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Summary

140 cases of genital warts were seen during a period of 3 years (1971–73) at Gandhi Hospital, Secunderabad. They constituted 2.8% of the total number of V.D. cases and were more common among the females than males when compared to other venereal diseases. The prepuce was the common site of involvement in the males and labia majora in the females. They were more common among the unmarried but almost all patients had history of exposure. Chemical treatment is the treatment of choice.

Introduction

Condylomata acuminata or soft genital warts also known as venereal warts belong to a group of infectious epitheliomas (benign) of viral origin.

Anal warts were identified as early as the 1st century A. D., though the aetiology was unknown at that time. During the 15th century no distinction was made among syphilis, gonorrhoea and warts, as all these conditions were classified as venereal in origin. John Hunter gave a clear description of genital warts as a manifestation of syphilis. It was Bell who recognised genital warts as a separate entity. This was later confirmed by Goverdan and Ricord. After the isolation of gonococci in the year 1879, it was confirmed that genital warts are not due to gonococcal infection.

Material and Method

A total of 140 cases of genital warts attending the V. D. Department of Gandhi Hospital, Secunderabad during the period 1971 to 1973 were studied. Detailed data were collected regarding sex, age, marital status, history of exposure, site of lesions, duration of lesions, other associated venereal diseases, history of circumcision, and warts on other parts of the body. Special stress was made on the history of sodomy in cases of anal warts and attempts were made to get all the contacts as far as possible.

Results and Comments

Incidence: Condylomata acuminata accounted for 2.8% of the total number of V. D. cases (140 out of 5020) which attended the V.D. Department during the period of 1971 to 1973. It is seen that the incidence of genital warts has gradually increased from 1971 to 1973 as has been the case with other venereal diseases also (Table 1).

TABLE 1

Incidence of condylomata acuminata (1971 - 73)

Year	Total V.D. cases	Sex warts M	Sex warts F	Total with warts	% to total V.D. cases
1971	1497	41	4	45	3.0
1972	1628	32	6	38	2.3
1973	1895	49	8	57	5.1
Total	5020	122	18	140	2.8

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Sex Distribution : Genital warts were more common in the males than in the females giving a M : F ratio of 7 : 1 against the sex ratio 9 : 1 among overall V. D. cases. This shows that the incidence of genital warts is common among the females in comparison to other venereal diseases (Table 2).

TABLE 2
Sex distribution

ear	Total No. of patients with V.D.		Sex ratio	Total No. of patients with warts		Sex ratio
	M	F		M	F	
1971	1362	135	10:1	41	4	10:1
1972	1507	121	12:1	32	6	5:1
1973	1689	206	8:1	49	8	6:1
Total	4558	462	9:1	122	18	7:1

Age Incidence : Genital warts were found to be more common in the age group of 12-25 years and uncommon above the age of 45 yrs. This indicates that warts are more common during the sexually active period of the individuals as is the case with other venereal diseases. The higher incidence in females between the age group of 12–25 years, is due to the fact that females start their sex life at an earlier age. This fact also holds good in the case of other V. D. One case of genital warts was noted in an unmarried girl of 11 years who had no history of exposure (Table 3).

TABLE 3
Age Distribution

Year		Below 12 Yrs	12-25 Yrs.	26-45 Yrs.	Above 45 Yrs
1971	M	Nil	29	10	2
	F		3	1	nil
1972	M	Nil	27	5	nil
	F	1	5	nil	nil
1973	M	Nil	34	12	3
	F	1	6	2	nil
	Total	1	104	30	5

Marital Status : All the females were married except one girl of 11 years. Majority of the males were unmarrried but all of them gave history of multiple exposures with prostitutes. All the 6 cases with anal warts gave history of homosexuality and admitted that they were passive agents. (Tables 4 and 5).

TABLE 4
Marital status

Year	Sex	Married	Single	Widowed
1971	M	11	30	nil
	F	4	nil	nil
1972	M	10	22	nil
	F	6	nil	nil
1973	M	16	32	1
	F	7	1	nil
	Total	54	85	1

TABLE 5
Sexual contacts (Males)

Year	Prostitutes	Homosexual
1971	40	nil
1972	29	3
1973	46	3
Total	115	6

Both in the unmarried and in the homosexuals, sexual contacts were not available for examination and the married individuals who brought their partners for examination were clinically free. Among the males who gave history of extra-marital exposures, contact tracing was not possible. Hence sexual transmission can be only postulated.

Most patients being sexually promiscuous, the incubation period could not be precisely determined.

Duration of the Disease: This varied from one to six months. Most of the patients came for treatment due to fear of having contracted V.D. after exposures. Unmarried patients came wanting to get married. Some came because of their physical disability (Table 6).

Associated Infections : Majority of the patients had only genital warts. 2 had syphilis, 4 gonococcal infection and 9, other venereal diseases (Table 7).

TABLE 6

Duration of the disease

Year	Upto 1 month	1–3 months	3–6 months	Above 5 months
1971	10	29	4	2
1972	12	16	6	4
1973	20	24	8	5
Total	42	69	18	11

TABLE 7

Associated lesions

Year		Only Warts	Syphilis	Gonorrhoea	Chancroid	LGV	NSU
1971	M	34	2	1	2	1	1
	F	4	nil	nil	nil	nil	nil
1972	M	30	nil	1	1	nil	nil
	F	6	nil	nil	nil	nil	nil
1973	M	45	nil	2	2	nil	nil
	F	6	nil	nil	2	nil	nil
Total		125	2	4	7	1	1

Site of Lesion : Genital warts were seen on the prepuce, coronal sulcus, shaft of the penis, and frenum in that order of frequency. Labia majora were the most common sites in the females. 6 cases of anal warts were all in homosexual males. One patient who was circumcised had his lesion on the coronol sulcus. Whether a long prepuce is of any etiological significance in genital warts is doubtful, since warts have occurred in the circumcised also. (Table 8).

TABLE 8

Site of Lesions

Site	1971	1972	1973
Males			
Coronal Sulcus	15	10	18
Prepuce	20	13	18
Shaft	3	nil	4
Frenum	2	2	2
Glans	1	4	3
Anus	nil	3	3
Females			
Labia majora	2	5	7
Vagina	1	1	1
Mons pubis	1	nil	nil

Treatment : 107 patients were treated by chemical means (25% podophyllin) and the rest with electrical or surgical excision. Response with chemical therapy is usually good in the case of small multiple warts. Biweekly applications (3 or 4 applications) resulted in complete resolution without leaving any scar. The larger warts and the anal ones required surgical excision or electrical cautery. Reoccurrence was almost nil after treatment.

TABLE 9

Methods of treatment

Year	Sex	Chemical	Surgical	Electrical
1971	M	28	7	6
	F	4	nil	nil
1972	M	20	8	4
	F	4	nil	2
1973	M	43	4	2
	F	8	nil	nil

Conclusion

There is no doubt that genital warts is a sexually transmitted disease, since all the patients gave a history of exposure some time or other before they developed the genital lesions. It was surprising to note that none of the married partners had contracted the infection. It is presumed that a psychological background may also be a contributory factor for the development of genital warts. It is well known that warts disappear by psychotherapy. We presume that warts can also appear on the basis of a fear-psychosis of a suspicious sex life. All the 6 cases who had Anal warts gave a history of homosexuality. Such a history was not obtained in patients with genital warts. Whether homosexuality has any causative role in genital warts is a point for consideration. History of homosexuality must be taken from every patient who comes with warts.

Acknowledgments

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