Indian Journal of
Dermatology & Venereology

(Incorporating Indian Journal of Venereal Diseases & Dermatology)

Vol. 37; No. 6. November-December 1971

CLINICAL ARTICLES

CONDYLOMATA ACUMINATA

(Statistical Study of 281 Cases.)

By

M. C. RAMA AYYANGAR *

Introduction : The Condylomata Acuminata, also known as genital warts or venereal warts, belong to the same family of verruca vulgaris, plain warts and plantar warts, being caused by the same virus. It is the only example of a tumor (benign) being caused in human beings by a virus. The virus is a DNA - Virus, belongs to the Papova group, is cuboidal in shape and 45 milli microns in size. It occurs as intranuclear inclusions in the epithelial cells. Excessive moisture due to chronic genital discharges and pregnancy act as aggravating factors.

The disease is usually acquired by sexual intercourse, natural or perverted, though rarely the non venereal mode of spread by auto inoculation may occur in some. It affects the moist areas of mucocutaneous junction of the anogenital zone. The lesions are multiple, soft, pinkish, moist and easily bleeding; their surfaces are covered with finger like processes with pointed (acuminate) ends. They vary in size and there is no regional adenitis. Histopathologically the lesion is a squamous papilloma. Treatment consists in the management of the genital discharges, in cautious application of 25% podophyllin paint to the small lesions and in surgical excision or diathermy of the larger ones

Material and Methods: A statistical study of the case records of 281 male patients with condylomata acuminata, who attended Government Erskine-Hospital, Madurai during the 6 year period 1958 to 1963 is attempted in regard to its incidence, sex, age, marital status, residential and occupational distributions as well as with reference to its duration, incubation period, site, clinical types and effect of treatment. From the data studied certain observations are concluded and recorded.

Results and Comments (1) Incidence: Condylomata Acuminata formed 2.8 % of all male V. D. cases (281 out of a total of 10,122). Its incidence was

*Reader in Venereology. Tirunelveli Medical College, Tamilnaidu.

Received for publication on 8-10-70

thus low in comparison to balanoposthitis, syphilis, gonorrhoea, N. G. urethritis, lymphogranuloma venereum, and chancroids whose % incidence was respectively 34.1% (3443 cases), 19% (1933), 17.2% (1746), 12.6% (1281), 7.4% (742), and 5.2% (528). But venereal granuloma 1.6% (158 cases) and herpes progenitalis 0.7% (72) had a lower incidence. There were 226 cases of genital and 55 of anal warts.

(2) Sex Distribution : During the period under review while 281 men were treated for anogenital warts, 41 women had attended the department for similar disease. Thus the sex ratio works out to be 7 Males to 1 Female It was also noticed that 5 out of the 11 women whose husbands had genital warts were also suffering from the same condition.

(3) TABLE I

Showing Distribution with Regard to Marital Status

CASES	SINGLE	MARRIED	OTHERS	TOTAL
ANAL	43	8	4	55
GENITAL	125	96	5	226
TOTAL	168	104	9	281

It is thus seem that the Anal Warts are 5 times more common in the unmarried while there is no such great disparity in the case of genital lesions.

(4) TABLE II

Showing Age Distribution of the 281 Patients

AGE	ANAL CASES	GENITAL WARTS
10 - 19	29	20
20 - 24	14	84
25 - 29	5	89
39 - 40	7	30
More than 40	Nil	3
TOTAL	55	226

The minimum age in Anal cases was 10 and in genital 15, while the maximum age was 32 and 50; the mean age was 17 and 25 respectively. These figures reveal that the predominantly vulnerable age group is that of the young adults and that anal lesions occur most in adolescents. This is significant from the aspect of institution of control measures.

TABLE III
Showing Distribution Regarding Residence

LESIONS	URBAN	MOFUSSIL	TOTAL
ANAL CASES	26	29	55
GENITAL	121	105	226
TOTAL	147	134	281

It is seen that venereal warts (both anal and genital) are prevalent as much in the villagers as in the residents of urban areas.

(6) *Occupational Status* : The data (Figures have been omitted for brevity) reveal that the anal lesions were rare in the agricultural labourers, the group of people that had the maximum incidence of genital warts and that formed the bulk of the population.

(7) *Duration of Genital Lesions* : This was found to vary from 5 days to 2 years, being 1 week in 17 cases, 2 to 4 weeks in 69, 2 to 6 months in 72, 7 to 12 months in 24, 1 to 2 years in 16 and indefinite in the remaining 28. Thus it is seen that a large number of patients have had the disease for number of weeks and months but had not sought treatment early probably because the lesions were painless, few or small

(8) *Incubation Period :* This, as deduced from the history of patients with genital warts, was seen to vary from 1 to 8 weeks in the case of 162 patients, while in the case of the rest 64 the history was either indefinite or vague and unreliable.

(9) *Mode of Infection* : Of the 125 single patients with genital warts 89 accepted recent sexual exposures and only 6 denied. Of the 96 married, 34 accepted extra marital exposures. Of the total 226, eight had evidence of past V. D., 50 had other venereal diseases concomitantly (infectious syphilis in 7, latent syphilis in 17, gonorrhoea in 8, N G.U. in 11, soft sores in 3, and lympho granuloma venerium in 4). Of the 55 anal cases only 11 denied passive homosexuality. On the whole 10 patients had also a few verrucous lesions elsewhere on the body. Thus it is seen that anogenital warts are predominantly acquired venereally.

(10) *State of the Prepuce* : Of the genital cases there were 18 with phimosed prepuce (acquired in 13 and congenital in 5), 2 with paraphimosis and in 15 circumcision had been done previously.

(11) *Data Showing the Size and Type of Lessions a) Genital* : i) tiny and small warts in 161 cases (ii) medium sized in 45 and (iii) large papillomatous in 20 cases. The lesions were macerated ande roded in 28 cases and were complicated by balanoposthitis in 52 (phagedenic in 4). There were dry and verrucous lesions in 4.

b) Anal warts : were tiny in 5, small and discrete in 23, papillomatous growths in 26 (few in 9, partly around anus in 5 and alround the anus in 12) while in one case there was a large cauliflower like growth extending to the

perinium. There was only one patient in whom both genital and anal lesions were present. Thus it is seen that the genital warts were mostly multiple, small and discrete while the anal ones were mostly few, large and papillomatous.

(12) *Data Showing the Site of Genital Warts* :

a) Only at a single site : coronal sulcus - 50; fraenal site - 10; glans - 6; inside of prepuce - 8; prepucial edge - 16; outside of prepuce - 3; (ie) in 93 cases or 41%.

b) At multiple sites : In the remaining 59% the lesions were seen at coronal sulcus in 57; at fraenal site in 27; at glans in 43; inside of prepuce in 64; on the edge in 23; on the outside in 11; on the shaft of penis in 14 (on the root in 5) and intrameatally in 6

c) There were verrucous lesions elsewhere too, on the body in 10 cases (face - 2, forearm - 1, hand - 3 and scrotum and thigh -4). Thus it is seen that the lesions occur commonly on the coronal sulcus, inside of prepuce and glans in that order.

Treatment and Follow up (a) Genital Warts : (1) No treatment was received by 93 patients and none of them was followed up so that no spontaneous regression or subsidence was noticed. (2) Podophyllum paint 25% in liquid paraffin was applied to 100 patients, who had only small lesions and retractable prepuce, to the warty lesions once daily for 1-4 days or more. Care was exercised not to spill over the paint to the surrounding healthy areas and patients were advised to wash off the paint after 4 hours. The application was repeated daily or once in 2 to 4 days depending upon the resultant inflammatory reaction and balanoposthitis. The follow-up and results are :—

TABLE IV

Showing Follow up of the 226 Cases

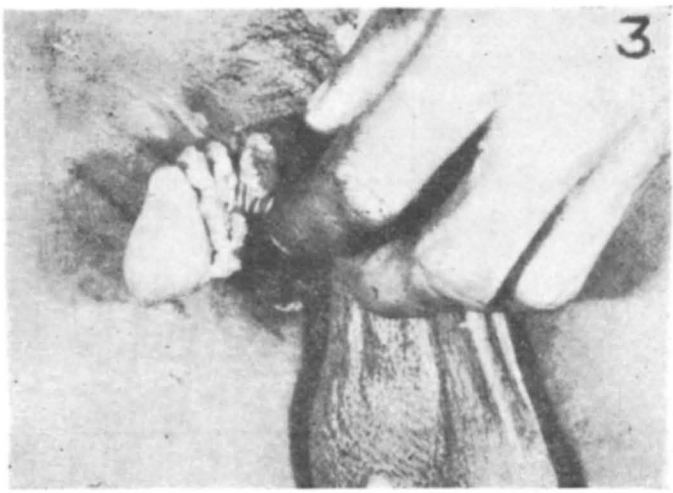
Days Treated	Cases	Number followed up	For one week	One month	Three months	Six months	One year or more
One	30	11	7	4	—	—	—
Two	32	15	9	3	—	1	2
Three	12	9	3	3	1	1	1
Four & more	16	14	4	1	3	4	2
Irregular	10	6	—	—	—	2	4

TABLE V

Showing the Effect of Treatment in the Followed up Cases

Days Treated	Cured	Slight Subsidence	Nil	Developed Balanoposthitis	Total
1 Day	—	1	3	7	11
2 Days	8	—	1	6	15
3 Days	7	—	—	2	2
4 Days	7	3	2	2	14
Irregular	1	1	4	—	6

Of the 23 cured 8 had only few tiny warts. 10 had multiple larger lesions while 5 had extensive warts. The warts at the coronal sulcus showed the maximum cure and those on the inside of prepuce the least. The cases that showed no improvement at all were those with dry verrucous lesions or those that had large and extensive lesions especially on the inside of prepuce. There were recurrences in 3 cases.



(Fig 1)

Out of the 100 painted 34 developed inflammatory reaction with subpreputial discharge and some phimosis. All the 34 were treated with P.A.M. 6 lakh units on alternate days for 3 to 5 times.

(iii) *Circumcision*: was done on 10 patients who had the warts only on the prepuce.

(iv) 23 patients with extensive or large papillomatous warts were advised surgical excision or diathermy and were not followed-up.

(B) *Anal Warts*: Of the 55 patients, 38 received no treatment; surgical excision or diathermy was advised in 9, and podophyllin was applied in 8 (once in 2 cases, twice in 2, thrice in one, fourtimes in 3 cases). 1 was not followed up; 3 developed inflammatory reaction; 2 showed no improvement while only one was found cured after 4 applications.

SUMMARY

By way of introduction the disease is described briefly in all its aspects.

A statistical study of 281 male patients with Condylomata Acuminata is attempted under different heads of epidemiology, clinical aspects and treatment.

This sexually transmitted disease formed only 2.8% of all male V. D. cases.

The Sex ratio was 7 males to 1 female.

Anal warts were found to be more common in the unmarried and in the adolescents but rarer in the agricultural labourers.

Mostly the genital warts were small multiple and descrete while the anal lesions were few, large and papillomatous.

The common sites of occurrence were coronal sulcus, anal margin and inside of prepuce.

Application of podophyllin paint was effective when the genital lesions were few and small but produced inflammatory reaction in 34%.

ACKNOWLEDGMENT

The Author wished to express his thanks to the Superintendent, Erskine-Hospital, Madurai for permission to make use of the hospital records in publishing this paper.

REFERENCES

1. Sahu, K. C. (1954), Ind J of Ven. & Derm. 20 : 4
2. Willcox, R. R. (1964) Text Book of V. D. & Treponematosis.