

Florid perianal warts in individual engaged in active anal sex: a case report

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Abstract

Perianal warts are uncommon compared to the genital warts among sexually active individuals. It is caused by infection with Human Papilloma Virus (HPV). The usual clinical presentation of genital warts is rough, crest-like growth or polyps around the genital area. Generally, about two-third of people who have sexual contact with a partner who has genital warts develop them within three months. Genital warts are indirectly associated with the use of birth control pills due to increased sexual contact without the use of barrier protection, multiple sex partners and having sex at an early age. We present a case of a 21-year-old undergraduate lady with florid perianal warts. She agreed to practice of anal sex with her boyfriend reason being that her boyfriend preferred anal sex to vaginal sex. She had serological screening test done and discovered to be reactive to HIV while others were essentially normal. She was treated with Podophylline and prophylactic antibiotic and was referred to the HIV unit for counselling and treatment. Thereafter she defaulted from the follow-up clinic.

Keywords: Anal sex, Perianal warts, Podophylline, HIV, immunosuppression, Undergraduate lady.

Introduction

Perianal warts like the Genital warts are condyloma acuminata and they are caused by Human Papilloma Virus (HPV) infection, which typically has over 40 different strains, through direct contact with mucous membranes of the skin of a person who carries them. Such as through sexual contact or from mother to child during natural child birth¹. Genital warts are rough, crest-like growth or polyps on the genitals or anus, causing itching, burning sensation or discharge. Typically, genital warts are viral infections that thrive in humid conditions, causing lesions or abnormal tissue. Genital warts are curable, but HPV remains in the body for life. The HPV is also directly linked to cervical cancer; however, the virus is preventable by getting the HPV vaccine before the individual is exposed to the virus.

Genital warts are caused by infection with the HPV which typically has over 40 different strains through direct contact with the mucous membranes of the skin of a

person who carries the virus such as through sexual contact or from mother to child during natural birth². The commonest HPV strains associated with genital warts are 6 and 11. The infection damages the tissues and causes lesions, particularly HPV 6 and 11 variants, the major cause of external and internal genital warts. Typically, warts are not associated with cervical cancer except co-infected with other multiple high-risk HPV such as 16 and 18 that may lead to cervical cancer or anal cancer⁴.

The transmission modes of genital warts are sexual contact, other sites such as mouth, hands, finger toes, sharing personal items such as glasses, lipsticks, towels, soap, razors, oral sex, skin-skin-contact or having sex without ejaculation, diabetes mellitus, herpes simplex and mother-to-child transmission.

The clinical symptoms are bumps or polyps that protrude from the mucosal surface, skin and spread outward like cauliflower or cockscomb, polyps or bumps of various colours, brown, red or pink. It could be single, cluster or polyps from the skin, itching or burning sensation, discomfort or soreness. Bleeding from the warts can occur while having sex⁵.

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The common sites are clitoris, foreskin, penis, scrotum, mouth, cervix, vagina, urethra, groin, anal, rectum, vaginal wall, labia minora and majora.

Treatment of genital warts could be medical or surgical. Prevention of the genital warts can be achieved through vaccination with HPV vaccine before individuals are exposed to the HPV infection. The genital warts can be treated with topical application such Podophylline or surgical removal. Surgically, cryotherapy, curettage, electrodesiccation, surgical excision, carbon dioxide laser treatment, and combination therapy if topical medical treatment fails.

Complication of genital is not common as it is curable and not associated with cervical cancer. This is a case report of florid perianal warts in a 21-year-old undergraduate lady engaged in active anal sex.

Case 1

A 21-year-old single undergraduate lady presented with three months history of abnormal growth around the anal region and spreading to the vulva and mons pubis regions. She also observed mild weight loss. She has history of multiple sexual partners, and her stable sexual partner preferred anal sex to vagina sex. There was no history of dyspareunia except mild discomfort during sex.

She weighed 45.5kg and blood pressure was 110/70mmHg. She was not ill-looking and was well kept. There was no oral lesion. There were no other abnormal clinical findings on abdominal examination.



Fig. 1: Florid perianal warts in a 21-year-old single undergraduate lady engaged in active anal sex who tested positive for HIV screening test.

The perineum revealed multiple cauliflower lesion warts at the left labia majora and other similar spots at the introitus but more at the perianal region with healed scarification marks as shown in Fig. 1. The vaginal wall and cervical mucosa were normal. The diagnosis of florid perianal warts was made, to rule out association of any cause of immunodeficiency state.

The possible diagnosis and treatment were explained to her including serology screening tests and she accepted. She tested positive for HIV screening test but negative to others such as VDRL, HBsAg, and HCV. The Monitoring and Evaluation (M&E) team for HIV was invited and a repeat confirmation HIV test was done and still reactive. She was counselled on the need for commencement of HART, and she accepted.

She was counselled on the different modalities of treatment for the perianal warts, and she accepted topical treatment, hence podophylline cream was prescribed to be applied twice a week and to be followed up in the Gynaecology clinic. She was also advised to come with her boyfriend as contact tracing and treatment. She was also given antibiotics prophylactically in case of possible subclinical pelvic inflammatory disease. She has not shown up for follow up since then.

Discussions

Perianal warts are uncommon compared to the genital warts among sexually active individuals. Genital warts are among the sexually transmitted disease that are common among both male and female of reproductive age group that are sexually active. It is caused by HPV especially type 6 and 11 variants. It is associated with individual with multiple sexual partners and immunosuppression. This young lady had multiple sexual partners and indulges in anal sex activity. She is also HIV positive. These are the predisposing factors observed in the young lady. She was referred to the M&E unit of HIV of the hospital and commenced on HART. She was also given topical treatment for the warts and subsequent follow up in the Gynaecology clinic. She was advised to come along with her boyfriend as contact tracing for treatment as well, but she defaulted.

The case is reported to educate the public of the association between anal sex and perianal warts. Moreover, anal sex should be discouraged among young

and old individuals as it gives room for transmission of sexually transmitted diseases compared to sex through normal genital routes.

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