Wart’s Up, Nurse?

Those unseemly bumps Down There

January 1, 2000 By Greg Lugliani

Hail, Nursie!
Many a soul has genuflected before my monster member, saying it makes them see God. But the worship’s been on the wane lately, as I’ve developed a small group of warts under my foreskin. Will this blight pass? Or will I have to submit my sublime sex to a scalpel?

—Pickle in My Pants

Dear Pickle:
Your miraculous meat puppet may enjoy cult status, but—saints alive—I pray you’re keeping it enshrined in latex during all consensual rituals. Don’t even get me started on unsheathed butt-banging, for all the obvious reasons and also for the fact that the nasty growths spread like wildfire that way.

While it’s a bit too late for you, it bears saying that wearing a rubber can help protect your future partners’ holiest of holies from disfiguration by *condylomata acuminata*. Yes, dear, that’s Latin for *genital warts*—the pink, raised, cauliflowerlike eruptions that frequently result from infection with human papilloma virus (HPV), one of the most common sexually transmitted diseases in the United States. Those whose business it is to know such things estimate that some 24 million Americans have HPV; that number, like the bumps on your organ of veneration, is growing. All told, there are about 60 types of HPV, about one-third of which are passed by doing the dirty.

Like another little virus we know so well, HPV infection can lie latent and show no visible symptoms. Grim but true: HPV is highly contagious. About two-thirds of those who come into contact with genital warts will get them, usually within three months of exposure. And—don’t you know it?—they set up shop in the darndest places: Besides the tip and shaft of the penis, and around the anus or in the rectum, genital warts can grow on the scrotum, in the mouth and on the face. In women, the little buggers can also blight the vulva, labia, cervix and vagina.

So now that you know all the lovely places these grotesqueries can gather, you’ll likely note that even condom-careful contact won’t necessarily protect you. One rule is to avoid touching an outbreak wherever it may be (although even that may not be fool-proof because HPV can be contagious before growths appear).

A visual exam by your doctor usually confirms a diagnosis. As for remedies, none eradicates HPV, and recurrent outbreaks are a real possibility. Size and location determine treatment, and some procedures are more painful and bothersome than others (see *POZ*, June 1999, for “A Bum Rap”). The first course of

action may be a topical application of one of the following: imiquimod cream, podophyllin (20 percent) solution, podofilox (0.5 percent) solution, 5-fluorouracil (5 percent) cream or trichloroacetic acid, all available by prescription from your doc. (Pregnant women should avoid podophyllin and podofilox, which are absorbed by the skin, as well as 5-fluorouracil.) Smaller warts may also be frozen off (cryosurgery) or burned away (electrocautery). The scalpel or the laser—or even injection with alpha interferon—is usually deployed to root out flourishing colonies.

Condyloma may signal a potentially more serious problem, too. Although HPV strains that can cause cervical and rectal cancer are not the wart-causing kind, the fact that you have warts indicates that you're more likely to have the cancer-causing strains as well. So all you wart-bearing women should have your cervix examined via colposcopy, Pap smear or biopsy. And you readers with bumps around your butt-hole—or a history of them—ask your doc for an anal Pap smear.

Nurse's final warning: Don't even think about self-treating *condyloma*, especially with the over-the-counter medications used for garden-variety warts. Pay your genitalia the respect they deserve by getting them off to your physician at the first tell-tale sign.

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