

Genital condyloma acuminata in elderly woman treated with topical imiquimod 5% cream

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Abstract Condyloma acuminata (CA) is the most common sexually transmitted infection caused by *human papillomavirus* (HPV). Transmission mainly through sexual intercourse and affects the population between the ages of 25 and 44, although it can occur in older people. Treatments that can be administered are podophyllin, trichloroacetic acid (TCA), imiquimod, 5-fluorouracil, and surgery. Self-administered topical imiquimod has a low recurrence rate. A 64-year-old woman presents with genital warts since 5 years ago. It was painless and did not bleed easily. Venereology status revealed multiple verrucous papules. Genital warts didn't achieve complete clearance, getting bigger and growing in numbers. Trichloroacetic acid and podophyllin had been administered to the patient once a week for the past 2 years, the warts have decreased in size and then grow again. The patient was advised to undergo surgery, but the patient refused. Then, the patient was given imiquimod 5% cream, 3 times a week for 24 weeks. There was no recurrence after 1 year discontinuation of treatment. A case of genital condyloma acuminata has been reported in elderly woman who was treated with imiquimod 5% cream for 24 weeks and showed a significant improvement.

Key words

Genital condyloma acuminata, imiquimod 5% cream.

Introduction

Condyloma acuminata (CA) is caused by *human papillomavirus* (HPV), especially HPV types 6 and 11.¹ According to WHO, more than 290 million women have been infected by HPV.² Based on data reported by the Indonesian Sexually Transmitted Infection Study Group (KSIMSI) from 13 hospitals, condyloma acuminata ranks first in the highest number of patients in 2015-2017.³

The clinical manifestations of CA are characterized by "cauliflower-like" masses,

keratotic or papule-shaped lesions.⁴ CA occurs mostly on populations between the ages of 25 and 44. Several choices of treatments is available for CA which are cytotoxic agents (podophyllin, trichloroacetic acid (TCA), 5-fluorouracil), physical ablation (electrosurgery, cryotherapy, surgical excision, laser), or immunomodulation.³⁻⁵ Imiquimod is an immunomodulator with a low recurrence rate.³

We report a case of genital condyloma acuminata in elderly woman who has been successfully treated with imiquimod 5% cream.

Case report

A 64-year-old woman, married, visited our outpatient clinic with a chief complaint of genital warts since 5 years ago accompanied with minimal itching. It was painless and did not bleed easily. Her last sexual intercourse was ±4

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Figure 1 Before treatment.



Figure 2 After treatment with imiquimod 5% cream for 24 weeks.



Figure 3 After 1 year discontinuation of treatment.

years ago with her husband without using a condom. The patient denied any sexual intercourse other than her husband. No symptoms were reported by the husband.

Venereology examination revealed multiple verrucous papules on the left labia majora, with erythema in the surrounding skin. The patient was treated with TCA and podophyllin once a week for the last 2 years, the wart has decreased in size and then grows again. The patient was advised to undergo surgery, but she refused. Then, the patient was given imiquimod 5% cream, 3 times a week for 24 weeks until the lesions cleared. The patient was monitored every 2 weeks and there has been no recurrence after 1-year discontinuation of treatment.

Discussion

Condyloma acuminata (CA) is a sexually transmitted infection with an incubation period of 3 weeks to 8 months, even up to 18 months.^{1,6} Certain subtypes, such as 6 and 11, are associated with warts, while other subtypes like 16 or 18 are prone to malignant transformation.⁷ Genital HPV infection is transmitted mainly through sexual intercourse.^{1,4} CA occurs mostly on populations between the ages of 25 and 44 (sexually active) and rarely occurs in people over 60 years. Condyloma acuminata on the skin surface may appear as single or multiple papules with an average 2-5 mm in size, but they may

grow to several centimeters. In women, lesions can occur on the vulva, vagina, cervix, perineum and anus.^{8,9}

Genital warts can seldom cause irritation and discomfort, predominantly during intercourse, while most cases are asymptomatic. There are several treatment modalities for CA.^{5,10} However, there is no specific antiviral therapy to treat HPV infection. The aim of treatment is to remove the physical symptoms but does not eradicate HPV infectivity. Among the treatment modalities, the recurrence rate was quite high (25-65%).⁵ While cytotoxic and physically ablative methods have the risk of application-site reactions and destructive effects, immunomodulator could lead to resolution of the lesion without any physical changes and would help the immune system target the virus at the lesion site and in adjacent tissues, thus leading to complete resolution and reduce the recurrence rate. Imiquimod has no antiviral activity, but capable of modifying the immune response through stimulating cytokine production. Imiquimod cream is indicated for lesions limited to the external anogenital area.^{3,4} Administration of 5% imiquimod cream provides a clearance of 72% in women.³ Adverse effects of imiquimod include itching (54.2%), erythema (33.3%), burning sensation (31.3%), irritation (16.7%), pain (12.5%), ulceration (10.4%).¹¹ Administration of imiquimod 5% cream in this patient for 24

weeks showed a significant improvement with no recurrence after 1-year discontinuation of treatment.

Conclusion

The administration of imiquimod 5% cream for 24 weeks showed a significant improvement and no recurrence after 1-year discontinuation of treatment.

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