

15.3 Condylomata Acuminata

SUBJECTIVE May include:

1. Single or multiple painless growths around the anus, vulvo-vaginal area, urethra, perineum, penis and mouth.
2. Malodorous discharge and/or pruritus.

OBJECTIVE May include:

1. Small to large dry papillary or sessile fungating wart-like growths.
2. Vaginal discharge.

LABORATORY May include:

1. Pap smear within last 12 months.
2. STD screening with VDRL or RPR.
3. Wet prep as indicated.

ASSESSMENT Condylomata Acuminata.

PLAN

1. Treat according to regimen recommended by current CDC STD Treatment Guidelines.
2. Refer to vaginitis protocol in the presence of discharge.
3. RTC for re-evaluation or re-treatment.

CLIENT EDUCATION

1. If podophyllin is used for treatment, wash podophyllin off vulva after 1-4 hours (or sooner with burning) with warm soapy water.
2. Advise client to avoid intercourse or use condoms during course of treatment.
3. Advise client's sex partner(s) be evaluated for STDs (not recommended by CDC), and Pap smears as indicated.
4. Advise client that client and partners may remain infectious even though warts are gone.

CONSULT/REFER TO PHYSICIAN

1. If no improvement after treatment.
2. Pregnancy.
3. Extensive lesions.
4. Chronically recurrent lesions.
5. Internal lesions.
6. Lesions within the urethral meatus or rectum.
7. Lesions questionably identified as condylomata acuminata.
8. Women over 50 years of age with new onset of condylomata.