

10.1 ANOGENITAL LESIONS - HPV

TITLE	DESCRIPTION
DEFINITION:	External HPV lesions are warty growths which can be found on the penis, vulva, perineum, vagina, cervix, urethra, and perianal areas. Ninety percent of anogenital warts are caused by non-oncogenic HPV types 6 or 11 which are covered by the HPV vaccine. Most sexually active persons become infected with HPV at least once in their lifetime.
SUBJECTIVE:	<p>Must Include:</p> <ol style="list-style-type: none"> 1. Sexual Health Assessment <p>May Include:</p> <ol style="list-style-type: none"> 1. HPV lesions on or near the genital area. 2. Pruritic and/or postcoital burning sensation or spotting. 3. Known contact of a HPV infected person. 4. No symptoms.
OBJECTIVE:	<p>May Include:</p> <ol style="list-style-type: none"> 1. Small to large, dry wart-like growths on or near the genital area, or oral areas. 2. Single or multiple soft, fleshy, papillary keratinized growths. 3. Acetopositive lesions on or near the genital area. (Acetic acid application is not a specific test for HPV infections and is not generally recommended). 4. A diagnosis is typically made from clinical signs.
LABORATORY:	<p>May Include:</p> <ol style="list-style-type: none"> 1. Vaginitis/cervicitis screening, as appropriate. 2. STI testing as indicated. 3. Pap smear, as age appropriate. 4. RPR, as indicated to rule out Syphilis. <p>*HPV typing is not recommended for anogenital wart diagnosis, it is not confirmatory and does not guide treatment.</p>
ASSESSMENT	Anogenital HPV.
PLAN:	<ol style="list-style-type: none"> 1. Treat according to regimens recommended by the current CDC STI treatment guidelines. 2. If left untreated, anogenital warts can resolve spontaneously, remain unchanged or increase in size or number. Because warts might spontaneously resolve within 1 year, an acceptable alternative for some persons is to forego treatment and wait for spontaneous resolution. 3. Most anogenital warts respond within 3 months of therapy. A new treatment modality should be selected if there is no significant response after complete course of treatment or if there are therapy related side effects. 4. RTC for re-evaluation or re-treatment.
EDUCATION:	<ol style="list-style-type: none"> 1. Provide client education handout(s). 2. Advise client to avoid intercourse during course of treatment. 3. Advise client if prescribed Aldara that latex condoms and diaphragms may be weakened by Aldara. 4. Instruct on genital self-exam.

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	<ol style="list-style-type: none"> 5. Advise client on available HPV vaccinations. 6. Explain that treatment does not eradicate the HPV virus and that HPV lesions may reoccur. 7. Provide education on safer sex practices.
REFERRAL TO MEDICAL PROVIDER	<ol style="list-style-type: none"> 1. Vaginal wall lesions or visible lesions on the cervix. 2. Palpable or suspected rectal wall lesions. 3. Lesions non-responsive to treatment. 4. Immunocompromised client. 5. Surgical removal for extensive HPV lesions. 6. Biopsy to confirm or determine diagnosis of lesion if diagnosis is uncertain. 7. Refer or consult if pregnant.
REFERENCES:	<ol style="list-style-type: none"> 1. <i>Hatcher RA, Trussell J, Nelson A, Cates W, Kowal D, Policar M. Contraceptive Technology. 20 edition. Pp 608-611. Atlanta GA: Ardent Media, Inc., 2015.</i> 2. Centers for Disease Control Genital HPV Infection Fact Sheet, (https://www.cdc.gov/std/hpv/stdfact-hpv.htm). 3. Center for Disease Control and Prevention. Sexually Transmitted Disease Treatment Guidelines MMWR; 2015. pp 86-90. (https://www.cdc.gov/std/tg2015/tg-2015-print.pdf)