CONDITION

Genital warts

Genital warts are small skin growths caused by certain types of human papillomavirus.

WHAT IT IS
Viral skin growths around the genitals or anus

BODY SYSTEM
Skin and reproductive system

MAIN SYMPTOMS
Genital bumps, itching, irritation, light bleeding

WHAT CAUSES IT
Infection with certain human papillomavirus types

HOW IT IS DIAGNOSED
Visual examination; biopsy for uncertain growths

MAIN TREATMENT
Topical medicines or removal procedures

CAN IT BE CURED?
Sometimes - warts cleared, HPV may remain

IS IT AN EMERGENCY?
No - routine clinical assessment usually appropriate

LONG-TERM OUTLOOK
Often manageable, with possible recurrence after treatment

Overview

Genital warts are soft growths caused by certain types of human papillomavirus, usually called HPV. They develop on or around the genitals and anus and are also known as anogenital warts.

HPV spreads mainly through close sexual skin-to-skin contact; penetrative sex is not required. It can pass between people when no warts are visible, so it is often impossible to know when or from whom it was acquired.

The HPV types that usually cause genital warts are different from those most strongly linked with cancer. Having genital warts does not mean you have cancer. However, people can carry more than one HPV type, so routine cervical screening remains important if you are eligible.

Warts are usually harmless but may cause discomfort or worry. Treatment removes visible warts, not necessarily HPV in nearby skin, so they can return.

Symptoms

Genital warts may appear as one bump or a group. They can be flat, raised or attached by a narrow stalk, and clusters may have a cauliflower-like surface. They may be flesh-toned, pink, grey or darker than nearby skin.

They may develop on the:

Many warts are painless. Others itch, feel irritated or become sore from rubbing. Internal warts may be difficult to see. Occasionally, a wart bleeds after sex, wiping or friction.

Not every genital lump is a wart. Skin tags, blocked glands, normal skin structures and other infections or conditions can look similar. A new or changing growth should be assessed rather than diagnosed from pictures alone.

- Vulva, vaginal opening or cervix
- Penis, foreskin or scrotum
- Groin, upper thighs or area between the genitals and anus
- Skin around or just inside the anus

Causes and risk factors

Genital warts result from infection with certain HPV types. The virus enters through tiny breaks in the skin during close contact. Vaginal, anal or oral sex can spread it, as can genital contact without penetration.

Warts may appear weeks, months or longer after exposure because HPV can remain inactive before becoming visible. A new diagnosis does not show when infection began and is not proof that a current partner has had sex with someone else.

Anyone who has sexual skin-to-skin contact can acquire HPV. Visible or recurring warts may be more likely in people with a weakened immune system, including from HIV or immune-suppressing medicines. Smoking is also associated with HPV being harder to control.

Condoms reduce transmission but do not cover all nearby skin. Toilets, towels, swimming pools and ordinary household contact are not considered usual sources of genital HPV.

Diagnosis

A clinician can usually diagnose genital warts by examining the skin. They may examine nearby

areas for additional warts. Depending on symptoms and location, this may include an internal genital or anal examination.

HPV tests are not used to confirm genital warts. They are mainly designed to identify higher-risk HPV types during cervical screening or related assessment and do not guide wart treatment.

A biopsy may be recommended if the diagnosis is uncertain or a growth is unusually dark, hard, fixed, ulcerated or bleeding, or does not respond as expected to treatment.

You may be offered tests for other sexually transmitted infections because infections can occur together. Genital warts alone do not usually require cervical screening more often than the schedule recommended for you.

Treatment and management

Treatment is optional in some cases. Untreated warts may disappear, remain unchanged or increase. People may choose treatment because of discomfort, bleeding, appearance or concern about transmission.

Treatment removes visible warts but does not guarantee that HPV has gone from nearby skin. The best option depends on the number, size and position of the warts, pregnancy, immune health, cost, convenience and preference.

Prescription treatments used at home may damage wart tissue or help the immune system respond. Use them only on the prescribed areas and for the stated length of time because they can irritate healthy skin.

Clinic treatments include:

Several sessions may be needed. Temporary soreness, redness, swelling or skin-colour changes can occur. Scarring is possible but uncommon with careful treatment.

Do not use pharmacy wart removers intended for hands or feet on genital skin. They can cause burns and significant irritation.

Tell the prescribing clinician if you are pregnant, could be pregnant or are breastfeeding. Some genital wart medicines are unsuitable during pregnancy, although other treatment options can be used.

Medicines commonly used for this include imiquimod . Which one suits you, if any, is a decision for you and your doctor.

- Freezing with liquid nitrogen, called cryotherapy

- Applying a controlled chemical treatment
- Removing warts with minor surgery, heat, electrical treatment or laser

Complications

Recurrence is the most common problem because HPV may remain in nearby skin. It is particularly common during the first few months after treatment but can happen later.

Large or numerous warts may cause itching, soreness, bleeding or discomfort. Rarely, warts near the urethra or anus interfere with passing urine or stool.

The emotional effects can also be significant. You may feel anxious about sex, relationships or telling a partner. HPV may have been present without symptoms for a long time, and diagnosis does not show who acquired it first.

The HPV types commonly causing genital warts are considered low risk because they do not usually cause cancer. However, a hard, ulcerated, persistently bleeding or rapidly changing growth needs assessment because it may not be an ordinary wart.

During pregnancy, warts may become larger or more numerous but do not usually prevent vaginal birth. A maternity team can assess large warts or those affecting the birth canal.

Prevention

Genital HPV cannot always be prevented because it can spread from uncovered skin and from someone without visible warts.

HPV vaccination protects against the types responsible for most genital warts. It works best before exposure but may protect against types not previously acquired. It does not treat existing warts or clear an established infection. Eligibility and schedules vary by country and age.

External and internal condoms reduce, but do not eliminate, transmission. Dental dams can reduce skin contact during oral sex.

Avoid sexual contact while treated skin is sore or healing. Visible warts may be more likely to spread HPV, but the virus can remain after they disappear.

Tell current sexual partners about visible warts so they can make informed choices. Partners do not usually need an HPV test for genital warts but can request an examination or tests for other sexually transmitted infections.

Living with it and what to expect

Warts may disappear without treatment, remain unchanged or increase. Treatment may require repeated applications or several clinic visits over weeks or months.

A recurrence does not necessarily mean treatment failed or you were exposed again. HPV may remain active in nearby skin. Over time, many immune systems control the infection, making further warts less likely. No routine test can prove HPV has completely left the body.

Genital warts do not usually affect fertility or prevent relationships, sex or having children. Waiting until treatment irritation settles may make sex more comfortable. Condoms reduce, but do not remove, the chance of transmission.

There is no agreed point after treatment when transmission becomes impossible. A sexual health clinic can offer confidential support about discussing HPV with a partner.

Continue routine cervical screening if eligible. Genital warts do not replace screening or, by themselves, require more frequent screening.

When to get medical help

Arrange a routine appointment with primary care or a sexual health clinic for new genital or anal bumps, persistent itching, unexplained bleeding or an uncertain growth. Seek assessment if a sexual partner has genital warts or another sexually transmitted infection.

Contact a clinician if treatment causes marked pain, open sores or irritation that does not settle. Assessment is also important if warts recur, grow rapidly or do not improve with treatment.

Seek prompt medical advice if you are pregnant, have a weakened immune system, or notice a hard, ulcerated, darkly pigmented or persistently bleeding growth.

Get urgent medical help if swelling or growths make it difficult to pass urine, or if you develop severe pain, spreading redness, pus or fever after a procedure.

Call emergency services for trouble breathing, facial or throat swelling, faintness or another sign of a severe allergic reaction after using medicine.

Common questions

Are genital warts the same as herpes?

No. Genital warts are caused by HPV. Genital herpes is caused by herpes simplex virus and

more often produces painful blisters or ulcers. Their symptoms and treatments differ, although either infection can be mild or unnoticed.

Do genital warts mean my partner cheated?

No. HPV can remain inactive for months or longer before warts appear. There is usually no reliable way to know when it was acquired or which partner had it first. Diagnosis alone cannot establish infidelity.

Can genital warts turn into cancer?

The HPV types that usually cause genital warts differ from the higher-risk types linked with cancer. Warts themselves do not usually become cancer. An unusual, rapidly changing, ulcerated or persistently bleeding growth should still be examined.

Will genital warts go away on their own?

They can. Some disappear as the immune system controls HPV, while others remain or increase. Treatment is available if they are uncomfortable or unwanted.

Can I have sex if I have genital warts?

Yes, but HPV can pass through close skin contact. Condoms reduce rather than eliminate the risk. Avoid sex if treatment has left skin sore, broken or painful, and tell current partners about visible warts.

Can I get genital warts again after treatment?

Yes. Treatment removes visible growths but may not remove HPV from nearby skin. Warts can return, particularly during the first few months, and recurrence does not automatically mean a new exposure.

Sources

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