

Il trattamento dei condilomi: cosa ci dicono le linee guida

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2011

IUSTI 2011 GW guidelines V7 130911

2011 European Guideline for the Management of Anogenital Warts

C J N Lacey¹, S C Woodhall¹, A Wikstrom² and J Ross³

¹Hull York Medical School, University of York, York, UK; ²Department of Dermatovenereology, Karolinska Hospital, Stockholm, Sweden; ³Whittall Street Clinic, Birmingham, UK

Aprile, 2015



**UK National Guidelines on the Management of
Anogenital Warts 2015**

Clinical Effectiveness Group
British Association for Sexual Health and HIV

Date of writing: April 2015
Date for review: April 2020

Recommended outcomes are:

- Adherence to a treatment algorithm (see Appendix for example) - 90% of patients.
- Percentage of patients with original wart clearance at 3 months - 60%.

What is new in the 2015 guidelines?

- Clearer advice on the choice of treatments
- Updated evidence on the efficacy of different treatment options
- Treatment algorithms for male and female patients

Giugno, 2015

Centers for Disease Control and Prevention

MMWR

Morbidity and Mortality Weekly Report

Recommendations and Reports / Vol. 64 / No. 3

June 5, 2015

**Sexually Transmitted Diseases
Treatment Guidelines, 2015**

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VERRUCHE

Ano-Genitali e Cutanee

Linee Guida e Raccomandazioni SIDeMaST
2016 - 2017

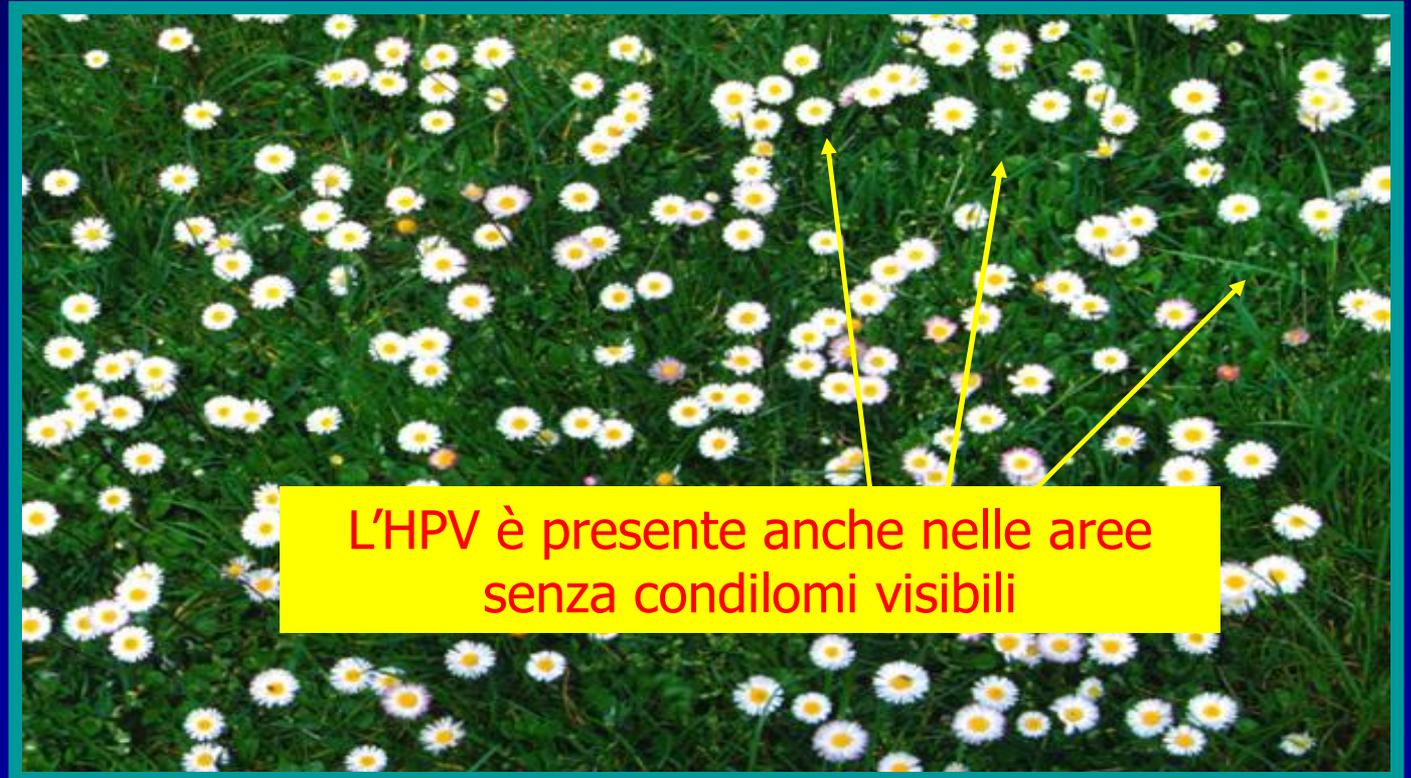
Hot points

- Capire l'infezione
- Il concetto di recidiva
- Gli obiettivi del trattamento
- Il “ fallimento terapeutico”
- Efficacia / tollerabilità
- Strategia terapeutica
- Le terapie sequenziali

Infezione regionale



Condiloma: manifestazione clinica dell'infezione da HPV



L'HPV è presente anche nelle aree
senza condilomi visibili

Il concetto di campo



semina



terreno



condizioni ambientali



Il concetto di campo



Esposizione
ad HPV



condizioni immunitarie



FATTORI LOCALI:

- uso di cortisone
- dermatite, ferite
- depilazione

Depilazione



Le recidive

- All treatments have significant failure and relapse rates.

- Although genital warts can be treated, such treatment does not cure the virus itself. For this reason, it is common for genital warts to recur after treatment, especially in the first 3 months.

Recurrences, including new lesions at previously treated or new sites, occur after all therapies, and rates are often 20–30% or more.

Definizione di recidiva

Comparsa di **nuove lesioni**

dopo la regressione completa delle stesse
a seguito di un trattamento

lesione residua \neq recidiva

comparsa di nuove lesioni durante il trattamento \neq recidiva

Gli obiettivi del trattamento

1. Rimozione o riduzione delle lesioni visibili

tutti i trattamenti

2. Riduzione della contagiosità

3. Prevenzione delle recidive

solo trattamenti immunomodulatori

4. Sollievo dello stress legato alla malattia:

solo il colloquio

Trattamento dei condilomi

OSPEDALIERO

Fornito dal medico

- crioterapia
- DTC
- chirurgia o shaving
- LASER
- Nitrizinc complex
- TCA

DOMICILIARE

Gestito dal paziente

- podofillotossina
- imiquimod
- Sinecatechine
- Nitrizinc complex
- [5-fluoruracile]

Tassi di regressione e recidiva

Table 1: Summary of the results of randomized controlled trials of therapies for anogenital warts among HIV negative patients (modified from Lacey et al ²¹ with permission)

Treatment	Range of clearance rates based on an `intention to treat analysis`	Range of clearance rates based on a `per protocol analysis` (determined at time in weeks; range)	Range of recurrence rates (determined at time in weeks; range)	
Podophyllotoxin solution 0.5%	45-83%	55-83% (3-6)	13-100% (8-21)	
Podophyllotoxin cream 0.15%	43-70%	43-70% (4)	6-55% (8-12)	Ib, A
Imiquimod cream 5%	35-68%	55-81% (16)	6-26% (10-24)	Ib, A
Cryotherapy	44-75%	67-92% (6-10)	21-42% (4-12)	Ib, A
TCA	56-81%	81-84% (8-10)	36% (8)	Ib, A
Electrosurgery	94-100%	94-100% (1-6)	22% (12)	Ib, A
Scissors excision	89-100%	89-100% (6)	19-29% (40-48)	

Sinecatechine 15% ung | 47-59%

| 50-58%

| 7-11%

Principi di trattamento

No definitive evidence suggests that any one recommended treatment is superior to another, and no single treatment is ideal for all patients or all warts. The use of locally developed and monitored treatment algorithms has been associated with improved clinical outcomes and should be encouraged.

Efficacia / tollerabilità



Il “ fallimento terapeutico ”

Regressione **incompleta** delle lesioni

o

Comparsa di **recidive**

dopo la regressione completa delle lesioni



SWITCH TERAPEUTICO

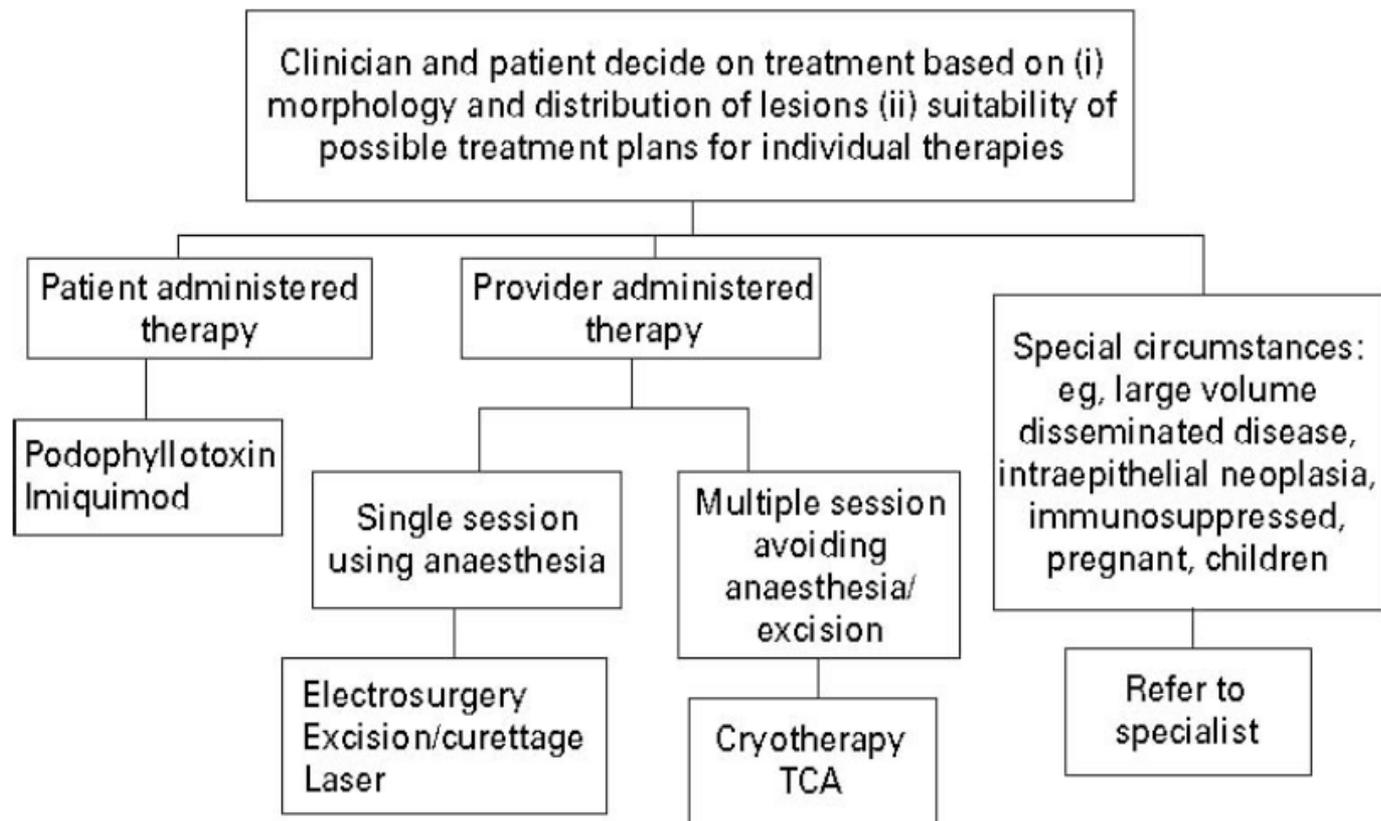
Quando cambiare trattamento ?

A new treatment modality should be selected when no substantial improvement is observed after a complete course of treatment or in the event of severe side effects;

A change in therapy is indicated if either the patient is not tolerating the current treatment, or there is less than a 50% response to the current treatment by 4 to 5 weeks (8-12 weeks for Imiquimod). (IV; C)

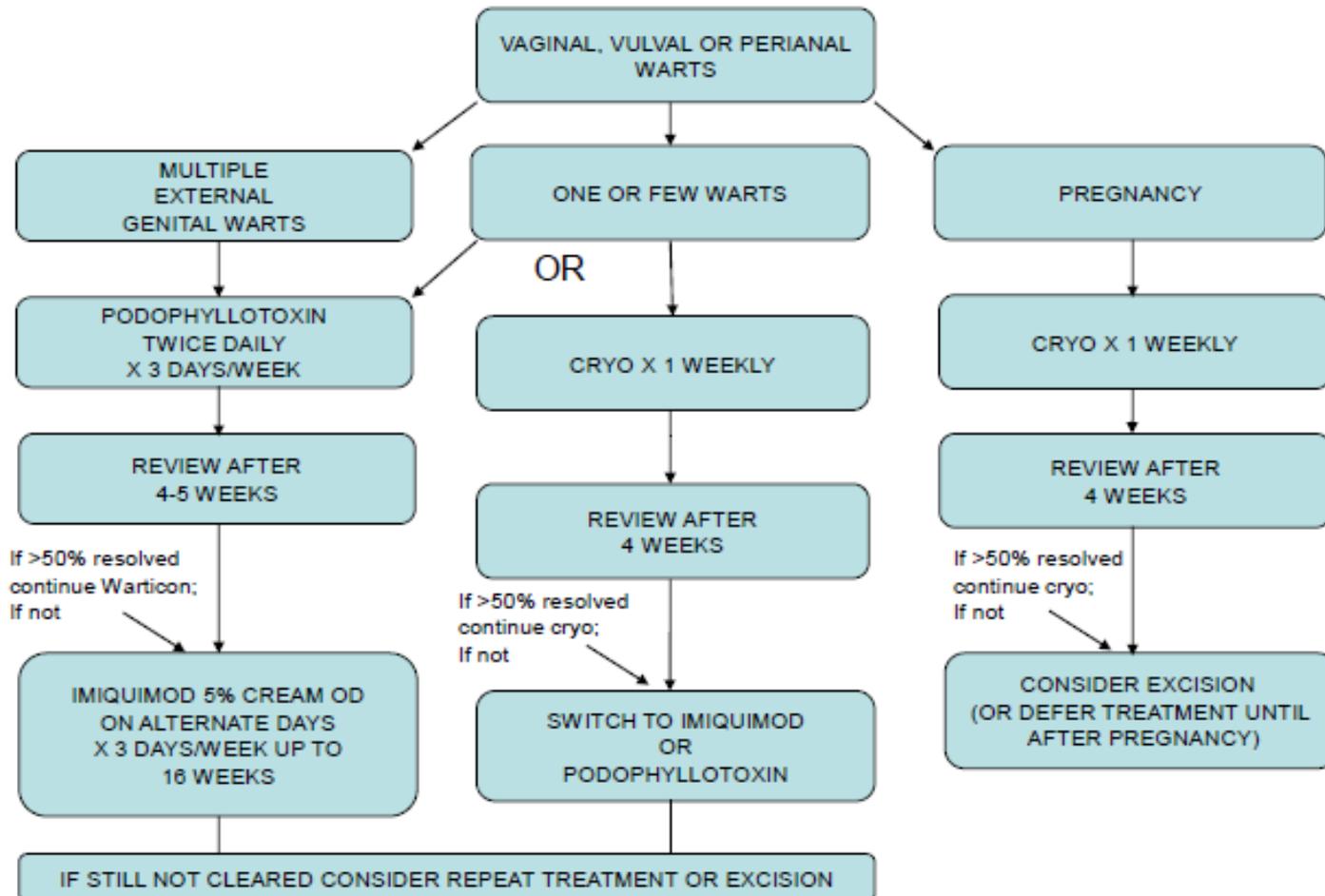
Flow-chart IUSTI 2011

Figure 1. Algorithm for the treatment of external anogenital warts⁴³



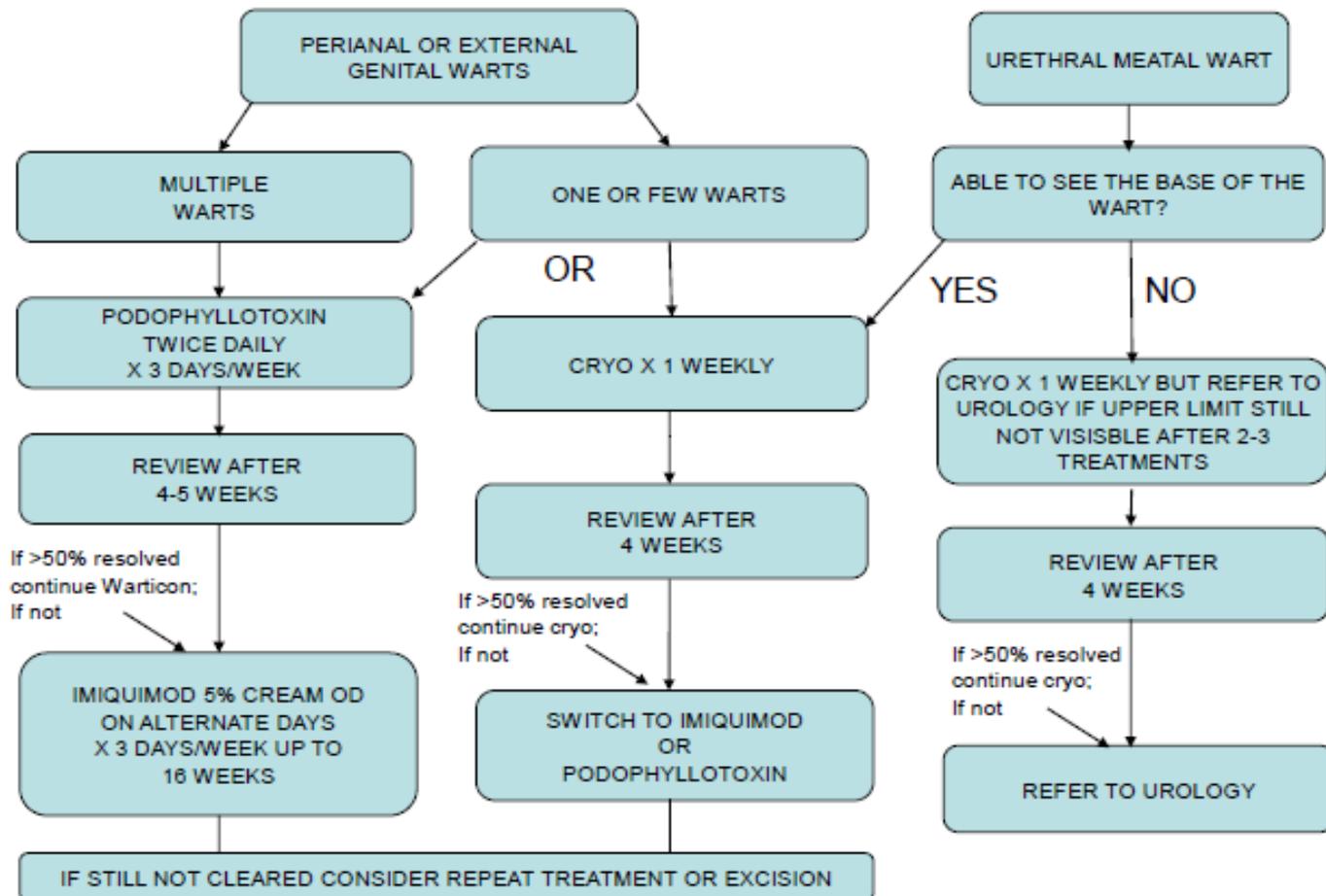
Flow-chart BAASH 2015 (F)

Flow-chart of management of warts in women

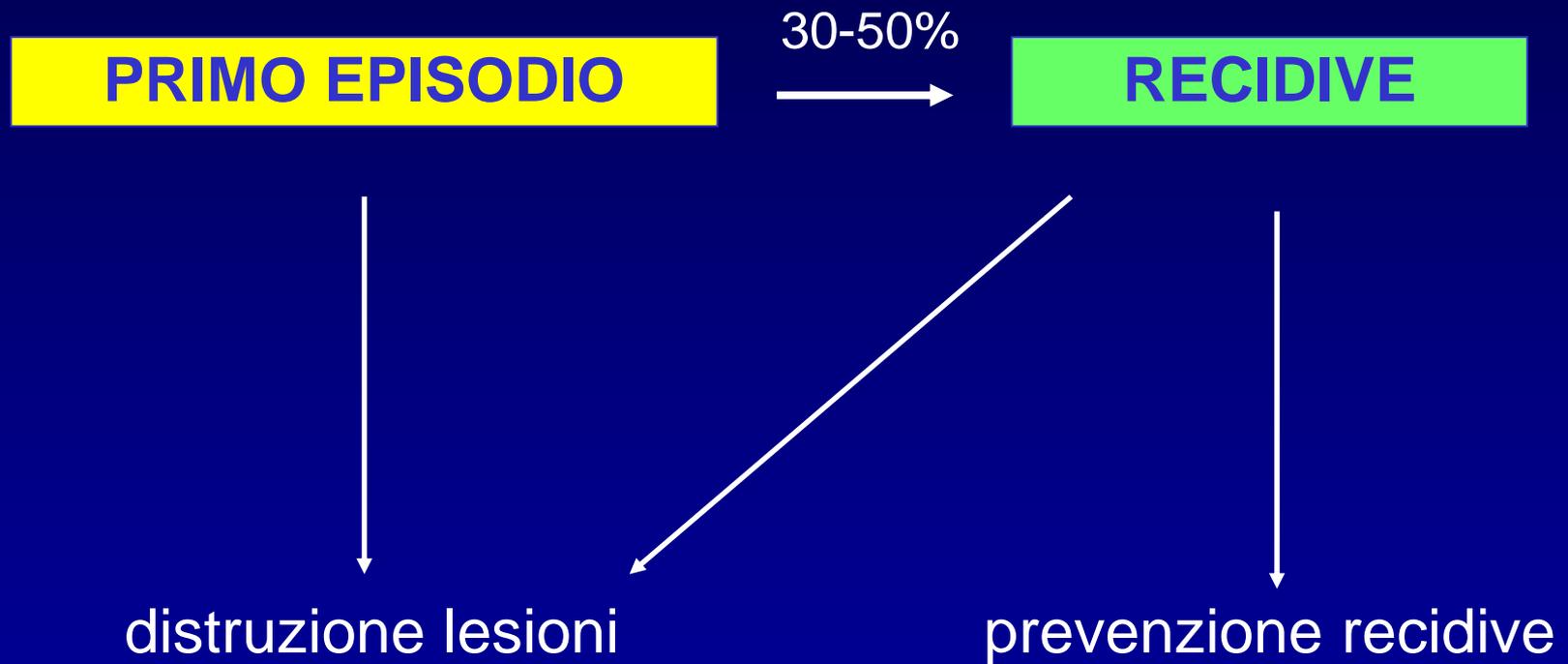


Flow-chart BAASH 2015 (M)

Flow-chart of management of warts in men



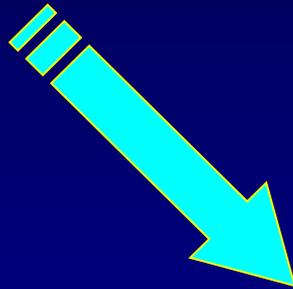
Strategia terapeutica



Trattamento dei condilomi

DISTRUZIONE DELLE LESIONI

- crioterapia
- DTC
- Laser CO2
- Podofilotossina
- Nitrizinc



STIMOLAZIONE RISPOSTA IMMUNITARIA



- imiquimod
- sinecatechine

PRIMO EPISODIO

NUMERO

Pochi ≤ 5

Molti > 5

Piccoli
 ≤ 3 mm

Grandi
 > 3 mm

Grandi
 > 3 mm

Piccoli
 ≤ 3 mm

DTC

- Crioterapia
- Podofillettossina
- Nitrozin complex

- Imiquimod
- Sinecatechine

in assenza di risposta

in caso di recidiva

RECIDIVE

EVOLUZIONE

Stabili o
in regressione

In aumento

Pochi ≤ 5

Molti > 5

- Podofilottossina
- Nitrizine complex
- Crioterapia
- DTC

- Imiquimod
- Sinecatechine

in assenza di risposta

in caso di recidiva

Le terapie sequenziali

³² Gross G, Roussaki A, Baur S, et al. Systematically administered interferon alfa-2a prevents recurrence of condylomata acuminata following CO₂-laser ablation. The influence of the cyclic low-dose therapy regimen. Results of a multicentre double-blind placebo controlled clinical trial (letter). *Genitourin Med* 1996;72:71.

²⁷ Carrasco D, vander Straten M, Tying SK. Treatment of anogenital warts with imiquimod 5% cream followed by surgical excision of residual lesions. *J Am Acad Dermatol*. 2002;47(4 Suppl):S212-6.

³⁴ Sherrard J, Riddell L. Comparison of the effectiveness of commonly used clinic-based treatments for external genital warts. *Int J STD & AIDS* 2007;18:365-8

⁴¹ Gilson RJ, Ross J, Maw R et al. A multicentre, randomised, double-blind, placebo controlled study of cryotherapy and podophyllotoxin cream as treatment for external anogenital warts. *Sex Transm Inf* 2009; 85:514-9.

Opzione "no treatment"

§ Because warts might spontaneously resolve within 1 year, an acceptable alternative for some persons is to forego treatment and wait for spontaneous resolution.

No treatment may be an option, as about 30% of patients will experience spontaneous clearance of warts over a period of up to 6 months. |

As warts regress spontaneously in some patients, no treatment is an option for warts at any site.



lifestyle. They cause feelings of anxiety, guilt, anger, and loss of self esteem, and create concerns about future fertility and of cancer risk.^{6,7}



Concludendo...

“ Qualsiasi chirurgo può rimuovere i condilomi ma il compito del dermatologo è parlare al paziente e spiegarne il significato ”

