

Acta Derm Venereol (Stockh) 1993; 73: 465–466

Ano-genital Warts in Consecutive Male Heterosexual Patients Referred to a CO₂-laser Clinic in Copenhagen

CARSTEN SAND PETERSEN and TORKIL MENNÉ

Department of Dermatology, University of Copenhagen, Gentofte Hospital, Copenhagen, Denmark

The relation between sexual practices and location of ano-genital warts is discussed. Results were derived from clinical examination and interview of 56 consecutive male patients referred to CO₂-laser treatment of therapy-resistant genital warts, at a clinic at the Department of Dermatovenereology, Gentofte Hospital, located in the northern area of Copenhagen. Twenty (100%) patients with anal warts and 36 (100%) patients with penile warts all claimed to be strictly heterosexuals. None of the patients interviewed had had anoreceptive coitus or been engaged in sexual practices with oro-anal contact. The study population otherwise had a heterosexual profile with approximately one fifth of the patients having had other sexually transmitted diseases, mainly chlamydia. The group of patients with anal warts had significantly fewer known sex partners with genital warts (25% versus 58%, $p < 0.05$) compared to the patients with penile warts. All patients received one or more CO₂-laser treatments using local anesthesia, resulting in cure rates of 80% (16/20) and 89% (32/36) in men with anal warts and penile warts, respectively. Anal warts seem to be much more common in a heterosexual male population. There is a need to elucidate the nature and epidemiology of anal human papillomavirus infection in heterosexual males.

(Accepted June 21, 1993.)

Acta Derm Venereol (Stockh) 1993; 73: 465–466.

were performed for concomitant STDs. None of the patients had any known immunodeficiency or received immunosuppressive drugs, and none were HIV-antibody positive. One patient had diabetes mellitus and one patient sarcoidosis; the other patients were otherwise healthy.

All patients were treated with CO₂-laser in local anesthesia using 5 to 15 ml of 2% lidocaine. CO₂-laser vaporizations were performed as described previously (6). Perianal and intraanal warts were treated with the patient in lithotomy position and buttocks parted. An anoscope was used in patients with warts above the dentate line. Colposcopy/periscopy with application of 3 to 5% acetic acid solution in order to detect subclinical HPV lesions was not carried out routinely.

All operations were performed by the same doctor (Carsten Sand Petersen), with seven years of experience in the procedure. Patients with recurrence of the disease were offered repeated CO₂-laser treatments at intervals of 1 to 2 months. The patients were followed for a mean of 6 months (range 3 to 12 months).

We used the χ^2 and Fisher's exact tests for statistical analysis in the study. $P < 0.05$ was considered significant.

RESULTS

Twenty male patients presented primarily with multiple anal warts. Eleven patients had warts present in rectum above the dentate line. Four (20%) of the patients with anal warts also had a few perianal papillomas. This indicates that the