INTRA URETHRAL WART Managed WITH IMIQUIMOD - A CASE REPORT
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Abstract: Anogenital warts refer to the pedunculated, papular or macular lesions of the anal and or genital mucosa and its adjoining area caused by human papillomavirus (HPV) infection. The diagnosis of anogenital warts is mainly based on the history of exposure, clinical appearance, and epidemiological proof of the warts in the sexual contact. Patient may have intra-urethral warts in the absence of external warts. The choice of therapy of the intra-urethral warts depends on the morphology and extent of the warts, the experience of the caregiver and the preference of the patient. We evaluated whether or not imiquimod can rapidly, safely, and effectively eradicate the urethral condylomata. A 27 year old male presented with intra-urethral wart of 1 year duration. He was treated with Imiquimod 5 cream thrice weekly application. There was a dramatic response with evidence of clearance to about 90% in 3 weeks. We continued the drug for up to 12 weeks. The lesions cleared completely. Urethroscopic examination was done to rule out the presence of remnant warts intraurethrally. The case is under follow-up with no macroscopic recurrence for 4 months.

Keyword: Genital warts, Imiquimod, Management

INTRODUCTION:
Although genital warts have been documented since the time of Hippocrates, they still remain as one of the most common sexually transmitted disease. 13.5 % of patients with anogenital warts have external warts at the meatus and of these 57.1% have further extension of their warts into the distal urethra. Majority of genital warts are sub–clinical and no modality of treatment necessarily eradicates warts, maintains clearance and eliminates the virus. Medical treatment with podofilox 0.5% solution or gel, imiquimod 5% cream, trichloracetic acid or bichloracetic acid in 80% or 90% solution, and cryotherapy with liquid nitrogen and solid carbon dioxide are useful. Surgical treatment with laser therapy with both carbon dioxide and Nd:YAG lasers has been successful in treating condyloma. However, intraurethral warts may be difficult to treat. In our search for an agent that can eradicate intraurethral condyloma acuminata rapidly, safely, and effectively, Imiquimod 5% cream was tried and there was an excellent outcome.

CASE REPORT:
A 27 year old male patient presented to our OPD with complaints of protruding lesion inside the urethra for about 1 year duration. The lesions were associated with history of intermittent bleeding associated with shedding of some substances along with it. He is a married male and he denies any pre or extra marital contact. He was prescribed podophyllin 4 months back from a private practitioner. The lesion ulcerated on a single application and the patient discontinued treatment. On examination, he had few fleshy papillomatous outgrowths in the urethra 1 cm proximal to the meatal orifice. On evaluation, the patient’s urine examination and hemogram were normal. He was found to be sputum positive Pulmonary Tuberculosis and started on Cat I- ATT. Blood VDRL and HIV- serology were negative. Examination of the partner revealed nil genital lesions. We tried with topical Imiquimod 5% cream, bed time application and left overnight and washed in the morning given thrice weekly. The patient showed remarkable response after 3 weeks. After 12 weeks, the warts cleared completely. Urethroscopic examination was done to rule out any remnant warts inside the urethra. It showed no obvious lesions. The patient is under our follow-up for the past 4 months. He has not developed any recurrence.
Genital warts is defined as an infection characterized by the presence of visible, exophytic (raised) growths on the internal or external genitalia, perineum, or perianal region. It usually affects the skin or external urethral meatus, and less commonly affects the proximal penile urethra. They are associated with dysuria, urethral bleeding, and infection.4 Urethra is involved in up to 30% of the male patients with genital warts and 90% of the urethral condylomata are at the meatus. Our patient did not have any wart at the meatus. Urethroscopy is necessary to diagnose intra-urethral warts. Intra-urethral warts should be suspected in men with recurrent meatal warts. Cystourethroscopic examination may be delayed until distal lesions have been eradicated. This minimally invasive method is safe, convenient, inexpensive, painless, and effective for diagnosis. The risk factors appear to be young age, sexual promiscuity , intercourse with a partner with HPV infection and deficient immune response such as in HIV infection. Human papilloma viruses (HPV) are non-enveloped, double-stranded DNA viruses. More than 120 distinct HPV subtypes have been identified. Of the 120 subtypes of HPV, 30 infect genital epithelium, the most common being 6 & 115. The incubation period of HPV varies from 3 weeks to 8 months, with a mean of 2-3 months after initial contact. The rate of subclinical infection is as high as 40 percent when measured by polymerase chain reaction DNA analysis on genital skin.5 The immune system plays a central role in regression of genital warts. The side-effect profile of imiquimod is benign. Mild to moderate erythema may occur with this treatment. Other side effects include localized erosions, an impetigo-like reaction, and itching or burning sensation. Less frequent side effects include irritation, induration, crust formation, and tenderness.6, 9, 10. Our patient did not have any minimal side effect Recurrences occur in up to 20 percent of patients. Our patient is under follow-up for 4 months with no visible recurrence so far. The safety of imiquimod during pregnancy is not established and thus its use is contraindicated in pregnancy. Animal studies do not show imiquimod to be teratogenic or fetotoxic, however, contraception is recommended for women of childbearing age using imiquimod.

CONCLUSION:
Based on our experience, we believe that Imiquimod and newer generations of Imidazoquinolines deserve further investigation regarding their potential role in the treatment of intra-urethral condylomata acuminate.

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