

A short note on treatment of cutaneous and mucosal HPV lesions.

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Introduction

Human Papillomavirus (HPV) infections are among the most prevalent sexually transmitted infections worldwide. While many HPV infections are asymptomatic and self-limiting, some can lead to the development of cutaneous and mucosal lesions, which can have significant physical, emotional, and social impacts on affected individuals. The management of these lesions involves a multifaceted approach, combining medical, surgical, and preventive measures to alleviate symptoms, reduce transmission, and prevent complications. HPV is a diverse group of viruses that can infect the skin and mucous membranes. It is primarily transmitted through sexual contact, but non-sexual routes of transmission, such as direct skin-to-skin contact, can also occur. HPV infections can lead to a variety of lesions, ranging from common warts and plantar warts to genital warts and potentially cancerous lesions, such as cervical, anal, and oropharyngeal cancers. The presence of HPV-related lesions can cause discomfort, pain, itching, and psychosocial distress, necessitating timely and appropriate treatment [1].

Medical treatment

Topical treatments: Topical treatments are often the first line of therapy for cutaneous and mucosal HPV lesions. Over-the-counter salicylic acid preparations, such as gels, ointments, and patches, are commonly used for the treatment of common warts and plantar warts. Prescription-strength topical agents, like imiquimod and podophyllin, can be prescribed for genital warts. Imiquimod acts as an immune response modifier, stimulating the body's immune system to target and destroy the infected cells. Podophyllin, derived from the podophyllum plant, is cytotoxic and works by directly destroying the wart tissue.

Cryotherapy: Cryotherapy involves freezing the lesions using liquid nitrogen or other cryogenic agents. The freezing process destroys the infected tissue and stimulates an immune response. Cryotherapy is commonly used for common warts, plantar warts, and some genital warts. Multiple sessions may be required for complete clearance.

Electrocautery and laser therapy: Electrocautery uses an electrical current to burn and destroy the lesion, while laser therapy employs a focused beam of light to vaporize the affected tissue. These methods are effective for larger or more persistent lesions. Laser therapy, in particular, can be used for

the treatment of genital warts, especially in cases where other treatments have failed [2].

Surgical treatment

Surgical excision: Surgical excision involves physically removing the lesion using a scalpel or other surgical instruments. This method is effective for larger warts or lesions that do not respond to other treatments. While surgical excision provides immediate results, it may leave a scar and require wound care postoperatively.

Electrosurgery and cauterization: Electrosurgery involves using an electrical current to burn the lesion tissue, while cauterization involves using heat to destroy the tissue. Both methods are effective for removing lesions and are often used for larger or more resistant warts [3].

Preventive measures

Vaccination: The most effective strategy for preventing HPV-related lesions is vaccination. The HPV vaccine targets the most common high-risk and low-risk HPV types associated with genital warts and various cancers. Vaccination is recommended for adolescents and young adults before sexual activity begins, as it provides the best protection when administered prior to exposure to the virus [4].

Safe sexual practices: Practicing safe sex, including consistent and correct condom use, can reduce the risk of HPV transmission. However, condoms may not provide complete protection, as HPV can infect areas not covered by the condom [5].

Conclusion

The treatment of cutaneous and mucosal HPV lesions involves a range of medical, surgical, and preventive approaches. Depending on the type, size, and location of the lesion, healthcare providers may choose from various treatment modalities to alleviate symptoms, prevent complications, and reduce the risk of transmission. Timely diagnosis, proper patient education, and a comprehensive treatment plan are essential for effectively managing HPV-related lesions and improving the quality of life for affected individuals. As research continues to advance, new treatment options and strategies may emerge, further enhancing our ability to address the challenges posed by HPV infections and their associated lesions.

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References

1. McDonald LL, Stites PC, Buntin DM. Sexually transmitted diseases update. *Dermatol Clin*. 1997;15(2):221-32.
2. Brown TJ, Yen-Moore A, Tyring SK. An overview of sexually transmitted diseases. Part II. *J Am Acad Dermatol*. 1999;41(5):661-80.
3. Schwartz RA. Buschke-Loewenstein tumor: Verrucous carcinoma of the penis. *J Am Acad Dermatol*. 1990;23(4):723-7.
4. Swinehart JM, Sperling M, Phillips S, et al. Intralesional fluorouracil/epinephrine injectable gel for treatment of condylomata acuminata: A phase 3 clinical study. *Arch Dermatol*. 1997;133(1):67-73.
5. Munn SE, Higgins E, Marshall M, et al. A new method of intralesional bleomycin therapy in the treatment of recalcitrant warts. *Br J Dermatol*. 1996;135(6):969-71.

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