

FP0569 TREATMENT OPTIONS FOR NON-GENITAL WARTS IN HIV-INFECTED PATIENTS

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Background

The treatment of cutaneous warts is difficult in immunocompromized patients. Large affected areas, multiple localization and recurrences are common. Human papilloma virus (HPV) is known to cause a significant amount of morbidity and an increased risk of cancer in HIV infected patients.

Methods

The aim of this retrospective study was to evaluate the response to different forms of treatment of nongenital warts in HIV-infected patients. The patients history of 617 HIV positive patients (501 male, 116 female) treated in the interdisziplinäre immunologische Out-Patients Clinic Bochum between 2002 and 2007 was screened for documented treatment of non-genital warts.

Results

120 patients (19,45%) were treated for non-genital warts. 109 were male, 11 female. Atopic diatheses was more common in patients with warts (71,67% compared to 34,61%). 98 patients had antiretroviral therapy when warts were first documented. Warts were localized at the hands in 25 patients, at the feet in 50 patients, at other localizations in 12 patients and at several regions in 28 patients. The most common treatments was curettage and a fixed combination of fluorouracil, salicylic acid and dimethylsulfoxid. Each was used in 68 patients. Salicylic acid patches were used in 47 patients. A combination of lactic acid and salicylic acid in 12 patients. A nitric acid solution was used in 8 patients. 13 patients applied imiquimod (off label use), 6 patients were treated with extensive electrocautery and curettage in general anaesthesia. The median treatment duration was 6 months at the first time and 8 months in recurrent disease. Recurrence occurred in 42 patients. 18 patients had persistent warts in spite of treatment. There was no difference in CDC stage, use of HAART or localization in patients with recurrent warts, but multilocal disease was more common. There was no treatment that prevented recurrent disease.

Conclusion

About 20% of HIV-infected patients suffer from non-genital warts. There is a wide variety of treatment options indicating the lack of a single effective agent. In 35% warts recurred after treatment. 81% of patients with warts received HAART indicating a later state of HIV-disease. Non-genital warts are a common comorbidity in HIV-infected patients and should be treated early before general anaesthesia is needed for definitive treatment. Prospective studies are needed to evaluate the best treatment option.