

# PLACE OF CRYOSURGERY FOR CONDYLOMA ACUMINATA

by

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Condyloma acuminata is a distressing condition for which women like to seek early consultation and prompt relief. The anxiety of the husband often adds to this. Treatment of condyloma has remained problematic as various modalities like Podophylline, electro-coagulation and surgical excision have been tried with varying success. Not one of them has proved to be a final answer and therefore cryosurgery was tried for the treatment of condyloma acuminata. This attempt was stimulated because of earlier success with cryosurgery for various gynaecological lesions and favourable reports of Ostergard and Townsend (1969) on 17 cases of vulval condyloma treated with cryosurgery.

## Material and Methods

The present study includes 100 patients with condyloma acuminata from the Department of Obstetric and Gynaecology of K.E.M. Hospital and Seth G.S. Medical College, Bombay. From 1975 to 1981 December. These women had either directly come to the out-door clinic or were referred from the Dermatology Clinic. All these women were treated as out-door patients after necessary clinical and laboratory examinations. Serological test for syphilis was negative in all

women. Eight had associated pregnancy. Not a single patient was hospitalised either for therapy or thereafter.

Instrument used was Krymed M T 500 Multi Tip of Cryo-Medics, U.S.A. Refrigerent used was nitrous oxide and all were performed without anaesthesia. The probe was applied directly to the individual lesion and freezing was continued for a period of 3 minutes. (Table I).

TABLE I  
*Details of Therapy*

Type of Probe	General purpose or flat cervical
Refrigerant	Nitrous oxide
Temperature	-78°C
Time for Freezing	2 Min.
Number of Applications	
One	64 Cases
Two	36 Cases

## Presenting Symptoms

Commonest complaint was swelling of the vulva as in 96 out of 100. Other complaints being local itching and something coming down per vaginam in 40 and 17 respectively.

## Size and Number

Seventy women had less than 5 warts while remaining 30 had 6 to 10 vulval warts. Only 18 women had 1 to 2 warts. Size of warts varied from 0.5 cm. to as

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large as 5 cm. Large sized warts, to encompass the whole of wart, need careful application in two different areas. Separate applications were made if two warts were separated by more than 0.5 cm. distance (Table II).

TABLE II  
Number and Size of Condyloma

Number	No. of patients
1 - 4	70
5 - 10	30
Size	
Less 1 cm.	5
1 - 3 cms.	65
3.1 - 5 cms.	30

#### Post-Operative Period

The individual lesion showed post-operative edema in the treated area followed by gangrenous changes within 48 hours. This was followed by sloughing which was complete by 10th post-operative day. Follow up visit 2 weeks later showed complete disappearance of warts, except large or multiple warts. These ones took as long as 3 weeks, as in 8 cases. Healing was complete at the end of 4 weeks by then vulva returned to complete normal appearance except light de-pigmentation at 8 weeks period. Post-operative period, barring these expected changes, was uneventful.

#### Results

Evaluation was done at 2 to 8 weeks after therapy. This revealed complete disappearance of warts in 94 leaving behind the vulva with perfectly normal look (Table III). There was no scarring and dermatologist opined that the skin appeared better than it does with electro-

TABLE III  
Results

	No.
Perfectly healed	94
Deficient healed	2
Increased in size	1
No effect	3
	50

coagulation or podophyllin application. In 2 women healing was deficient i.e. wart of 4 cm size was reduced to 2 cm. In 2, cryosurgery had no effect on the wart and surprisingly in 1 the wart grew after therapy. Three out of these 5 failures were given second application of therapy which resulted in complete disappearance restoring normal vulval appearance. Remaining 3 were lost to follow-up. In every successful case the lesion had completely disappeared and it encompassed an area of 0.5 to 3 mm of surrounding normal skin. There was no recurrence at site.

#### Complications

Eighteen women experienced slight discomfort to pain during the procedure while the remaining were comfortable during therapy. There was no incidence of local infection or bleeding from the treated area.

Four women felt giddy after therapy which appeared to be due to syncopal attack.

#### Discussion

If one keeps cryosurgery aside, present day therapy of vulval warts is podophyllin application or electrocoagulation or surgical excision. Latter two appear rather drastic, involves anaesthesia and can leave behind puckered skin. Podo-

phyllin application, which is, extensively used on out-patient basis, becomes ineffective for large sized warts, and it does leave behind unhealthy looking skin. It is, therefore, cryosurgery as a new modality needs a good trial and comparison with conventional modalities (Table IV).

TABLE IV  
IT's Place

Electrocoagulation
Podophyllin Application
Cryosurgery

**Advantages**

O P D Procedure
No Anaesthesia
One Sitting
Satisfying Results

Advantages with Cryosurgery are:

1. It is an out-door procedure
2. No anaesthesia
3. All lesions at the same sitting
4. Less recurrence
5. Cold is anaesthetic—no pain is experienced during procedure
6. Post-operative complaints are less
7. Exact extent of treated areas is well defined by the margin of ice-ball.

However, overtreatment with cryosurgery can result in edema and occasional failure. Cost of the equipment is another disadvantage, particularly, in developing countries.

Thus, easy applicability and effectiveness shown in present series, certainly makes cryosurgery as a useful modality for treating distressing and disfiguring gynaecological disorder of condyloma ac-

cuminata. A plea is made to give a trial to cryosurgery and provide more material to crystallise and draw a sound conclusion.

**Summary**

- (1) One hundred patients with vulval Condyloma Accuminata were treated with cryosurgery.
- (2) Most of the patients had 1-4 Condyloma with 2-3 cms. size.
- (3) Healing was perfect in 94 out of 100 patients.
- (4) There were no significant complications.
- (5) Cryosurgery appears an effective modality for the treatment of this disorder.

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