

**Physical destruction:**

1. Cryotherapy : Use of liquid nitrogen can have up to 50% success rate. It is a simple procedure with two freeze-thaw cycles, leading to wart necrosis. It does have a high recurrence rate over a 3 months cycle.
2. Electrocautery: Slightly more painful, however not always practical in the rooms. An area of approximately 2 mm around the wart should also be treated. It has a chance of causing scars and recurrence rate is around 30-40% within 3 months.
3. Trichloroacetic acid 70-90% solution is a cheap and effective method to treat genital warts. It is safe in pregnancy, however, can be quite painful. Recurrence rate is similar to other physical methods.
4. Laser vaporisation: This is usually performed in theatre and is very costly. A carbon dioxide is usually used. Success rate is similar to the other methods listed above.

**Cytotoxic or Antiviral agents:**

1. Podophyllin or Podophyllatoxin solutions: This is highly effective for warts in the anogenital region. It is applied with a cotton earbud and washed off after 4 hrs. It can be repeated on alternate days. The recurrence rate is around 20-30 % within 3 months.
2. Bleomycin injections: Highly effective, painful and costly
3. Cidofovir 1% cream: not widely available in South Africa.
4. 5- Fluouracil cream can also be used in the genital region. It is a good choice for intra or peri-urethral warts. However, the success rate is around 50% in the region.

**Immunomodulatory:**

1. Imiquimod : It has been claimed to be very effective from international studies. Personal experience of the author has proven it to be inferior to all the above listed modalities.
2. Intralesional injections with candida or mumps antigen : There is not much experience in the local setting. However, studies claim up to 80% clearance with even clearance of distal untreated lesions. Recurrence rate is low.