



Condom STDs

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Abstract:

In history condoms came to use long ago and now it is mainly used as a barrier contraceptive and protection against Sexually transmitted diseases (STDs). Condoms are effective in preventing STDs if used consistently and they are cheap. Still there are many non sexual uses of condoms seen in various websites. Here we are presenting a couple with STDs which are present over the genitalia, where the skin was not covered by the condom, hence we introduce the name Condom STDs for this kind of presentation of STDs.

Key words: Condom, Abstinence, Molluscum Contagiosum, Genital and Perianal warts

Case Report:

Sexually transmitted diseases (STDs) play a prime role in the socio-economic regression as it is more prevalent among young adults who are the bread winners of most of the families. Sexual abstinence, if strictly followed, reduces the STDs to the utmost [1], but it is practically difficult for all the people. So barrier methods like condoms which are easily accessible, affordable and acceptable, when consistently used could prevent the spread of STDs. But there are always some exceptions. Here we present a couple with STDs and the site of the lesions was the evidence of condom STDs.

Case report

A 27 year old recently married man with his wife aged 19 years was referred from a remote government medical college hospital for the management of lesions over their genitalia.

First we examined the husband, initially he refused any premarital and extra marital relationships and we found he has lesions in the pubic region for more than 3 months. The last sexual contact was 20 days ago with the spouse. On examination, the genitalia was circumcised, had multiple tiny skin colored papules few umbilicated (molluscum contagiosum) (Photo 1) and flat sessile pigmented hyperkeratotic papules (warts) over the pubic region and root of the penis. No other genital lesions and no

urethral discharge were noted. Other system examination was normal. The lesions were diagnosed clinically as molluscum contagiosum and genital warts.

Then we started examining his spouse. She complained of genital lesions for 2 months. She denied premarital and extra marital contact. The sexual contact with the spouse was 20 days ago. Complete genital examinations per speculum and per vaginal examination were done. She had molluscum contagiosum lesions and genital warts on the both the labia majora (Photo 2) and in the perianal region. She had mild discharge per vaginum and the Cervix was healthy. The couple was counseled before and after the examination about the STDs and their spread, treatment plan and the need of follow up.

During the second visit we were able to get the sexual history from the husband. He had multiple premarital sexual contacts but since he was regularly using condoms he felt that he would have never contracted any STDs, but he developed lesions over the uncovered areas - root of the penis and pubic region. Subsequently after the marriage the STDs spread to his spouse also. Now we got the answer for the disease and treatment was started with podophyllin bi weekly for 3- 4 weeks till the lesions got vanished and Levamisole for 2 consecutive days for 8 weeks. The couple was given detailed counseling in regard to

various protective measures since they are in the child bearing age and sexually active.

Both the husband and wife were negative for retrovirus. Both of them are being under our regular follow up.

Discussion

Sexually Transmitted Diseases (STDs) are considered as major health burden, more than 330 million cases being reported every year. India, being the most populated country obviously holds high risk. Annual incidence rate of STDs is about 6%. In order to check the transmission, consistent usage of condom is being widely promoted in high risk individuals [2].

Both molluscum contagiosum and viral warts are transmitted through microabrasion occurring in male and female genital during sexual act [3]. Incubation period of molluscum and ano genital warts vary from 2-to 3 months and 1-8 months respectively .

Molluscum lesions are small firm skin colored or waxy umbilicated papules .It can be treated with electro cautery, cryotherapy, podophyllin, TCA, phenol, imiquimod, cidofovir etc.

Various types of warts according to clinical appearance are,

- 1) Condylomata acuminata – pedunculated cauliflower masses with red to pink with warty digitations in moist areas
- 2) Papular wart - sessile, dome shaped on fully keratinized epithelium
- 3) Verruca vulgaris type - keratotic papules on dry areas
- 4) Flat topped papules - macular or slightly raised on either partially or fully keratinized epithelium
- 5) Bowenoid papulosis - variant of popular wart with hyper pigmentation, dome shaped smooth and flat topped papules.

It can be treated with podophyllin or podophyllotoxin, cryotherapy, electro cautery, 5 FU, Laser, Tri Chloro Acetic Acid and therapeutic vaccines (under trials) [4].

The various physical and chemical barrier methods are

- 1) Male and Female condoms,
- 2) Sponges
- 3) Diaphragm
- 4) Cervical loop
- 5) Microbicides and
- 6) Spermicides [5].

Condom gives different levels of protection depending on how it is being used and not covering the entire genitalia [6]. So the possibility of acquiring infection is still there and it should be mentioned during the counseling sessions [7]. Our patient was so confident that he would never get an STD since he was using condoms, but unfortunately he had two viral STDs and subsequently he spread it to the spouse too.

Male condom protects against gonococcus, trichomoniasis, HIV, and HBV through seminal, urethral or infected vaginal –cervical fluid. Also

protects against syphilis, granuloma inguinale, lympho granuloma venereum, genital herpes which usually require intimate muco -cutaneous contact for transmission [8] Regions like upper inner thigh, root of the penis, pubic region and oral cavity are left unprotected and vulnerable to disease.

In our patient even though he was practicing consistent usage of condoms, still he acquired mollusum contagiosum and viral warts in the root of penis and pubic region.

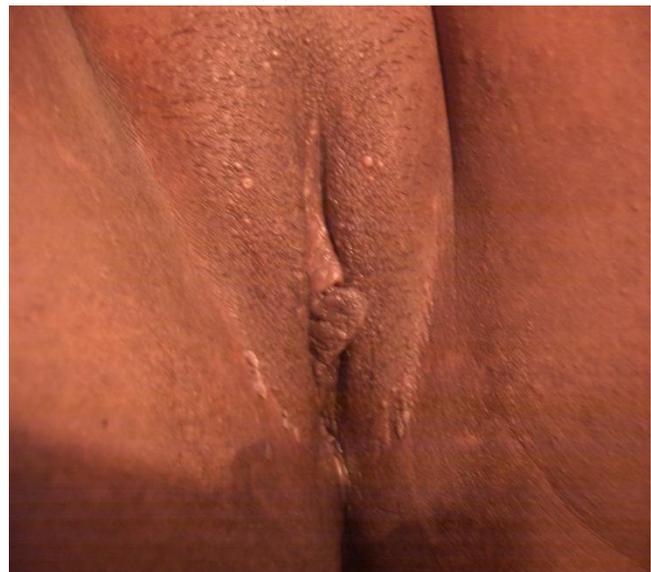
Conclusion

Male Condom though an effective protective barrier however have some pitfalls of serious concern. Abstinence is still the best option to be considered. Our counseling sessions should address these and should try to find the source of infection in all our patients.

Photo 1



Photo 2



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