



of genital warts may include podofilox (0.5% solution or gel), imiquimod (5% cream), sinecatechins (15% ointment), cryotherapy, podophyllin resin (10% to 25% concentration), trichloroacetic acid (TCA), and surgical excision.

HPV vaccination is available with Gardasil (quadrivalent vaccine) and Cervarix (bivalent vaccine). The main objective of vaccination is to prevent cervical and other cancers. The vaccines are also effective in preventing genital warts. The vaccines are most effective before sexual debut. Guidelines suggest vaccination of males and females between the ages of 11 to 26 years. Vaccines may be administered to individuals as young as 9 years old. The guidelines state there is insufficient evidence to vaccinate individuals older than 26 years.

Pubic Lice

Pubic lice (i.e., *Pediculosis pubis*) may spread from the genitalia to other areas of the body. The most common symptom is pruritus. Small macules and localized lymphadenopathy may occur. Diagnosis of this STI is made by light microscopy of the organism.

Treatment includes permethrin (1% cream applied to affected areas, rinsed off in 10 minutes) or pyrethrins (similar application). Alternative medications include malathion (0.5% lotion) or ivermectin. Clothing, bed sheets, and other linens should be thoroughly washed.

Scabies

Scabies is caused by the skin mite *Sarcoptes scabiei*. Transmission occurs by skin contact, and among adults, it is usually sexual. Clinical presentation usually includes pruritus and small ery-

thematous papules that are classically present on the wrists, forearms, fingers, and genital areas.

Diagnosis is usually based on clinical presentation and examination of skin scrapings. Recommended treatment regimens include permethrin (5% cream applied from the neck down and washed off after 8 to 14 hours) or ivermectin.

SUGGESTED READINGS

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