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Management of patients with HPV: Conventional therapies and new drugs

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Abstract

Clinical lesions are seen as condylomas or genital warts, these forms are generally benign, whilst the sub-clinical may be expressed as benign lesions or precursory lesions with the potential to develop malignant lesions. The treatment plan in each case would be determined by a series of factors, which could condition the therapeutic choice, such as: Age, number, size and anatomical distribution of the lesions, the immunological state of the patient, toxicity and cost. Conventional methods such as 0.5% podophylotoxin in solution or gel or 5% imiquimod cream, cryotherapy, electrocoagulation or 10-25% podofilin resin are well known techniques, which should be chosen according to the experience of the specialist. Other alternative treatments, such as $C0^2$ laser or treatments in uncommon places, such as the CA of the urethral meatus or anal CA, which occasionally require general anaesthesia, should always be referred to a hospital, as they sometimes require a multidisciplinary approach. New treatments introduce substances derived from green tea (Polyphenon E) in 15% cream, which contain polyphenols and catechin . The authors obtained variable results. Another innovative technique is using ultrasound technology for anal and perianal CA. Fluoracil combined with lidocaine is used with excellent results in urethral lesions. Anogenital CA are awaiting more conclusive results with immunotherapy using Mycobacterium w (Mw vaccine). Photodynamic therapy is successfully being used albeit pending more conclusive results. Another antiviral drug is Cidofovir which is intravenously used in AIDS patients. At present it may be used topically or intralesionally. A group of HIV+ patients satisfactorily evolved with IFN-PEG. They were administered subcutaneously at a dose of 80 micrograms once a week for 24 weeks. These are extremely important, above all epidemiologically, as they are invisible to the human eye. As a general rule, sub-clinical lesions are flattened and multiple. Their clinical insignificance facilitates their spread, and their persistence is possibly related to genital cancer, above all in women. In the later two decades there has been an important reduction in mortality due to vulvar cancer, whilst its incidence has remained stable. On the contrary, the incidence of VIN has doubled, especially in young women. In the therapeutic area, it is necessary to mention, firstly, the modifiers of the immune response, among which imiquimod stands out, since it has introduced changes in the approach to certain pathologies. It gives excellent aesthetic results and administration by the patients themselves is well accepted. Other treatments for VIN such as interferon are used in combination with isotretinoin. Nevertheless, histological methods persist and regression is scarce. Cidofovir improves results of surgical excision of condylomas in HIV positive patients, and is found to be effective in some cases of VIN. The treatments of choice, after discounting expectant behaviour and/or medical treatment are: 1) Wide local extirpation; 2) partial or total cutaneous vulvectomy, followed by cutaneous graft; 3) suppression of the lesion *via* cryotherapy or laser; and 4) the use of combined techniques of excision and ablation. With respect to the AIN infiltrative forms, treatment consists of surgery and radiotherapy associated with chemotherapy. The treatment of the different grades of PIN is occasionally conservative. The classical topical treatments fell into disuse in favour of imiquimod. If the affectation is in the prepuce a postectomy is carried out. If the affectation is in the gland, we may use laser therapy, micrographic Mohs surgery or directly perform a glandectomy. We may also fall back on the use of combined techniques. Finally, with the use of the vaccine, in combination with present screening programs, new hope has arisen for the elimination of precursory lesions and their later development to invasive carcinoma in those cases associated with HPV.

Biography

She is a Principal Scientist and Chair Professor of Infectious Disease, working in hospital and university in Vigo, Spain. She is the Chair woman of the Department of Medical and Infection Research at Nursing School of Ourense (University of Vigo). She spent her career in performing various epidemiological studies and basic research on Sexually Transmitted Infections (STIs) and drives some investigation projects of importance to his country. She is an advisor to the European Society on Infectious Diseases in Obstetrics and Gynecology . She is an advisor to the Galician school health administration on Sexually Transmitted Infections. She is a consultant to the Galician Government (Public Health Direction) on STIs. She is the president of the Spanish Society for the study of STD and AIDS, Vice President of the Galician Society for Study and Research of HPV and President of the European Women Dermatology Society. She is a member of the editorial board of the International Journal of Dermatology and Dermocosmetic, Ibero-Latin American STDs, Cutaneous Medicine, MAS Dermatolology and The Open Dermatology Journal. She is a reviewer of AIDS and Behavior Journal, TAF Preventive Medicine Bulletin, Traslation Biomedicine Journal and JPHE.