



HIGH-RISK HUMAN PAPILLOMAVIRUS OTHERS THAN 16 AND 18 CERVICAL INFECTION AMONG WOMEN WITH NORMAL CERVICAL CYTOLOGY: RE-EVALUATION AT LEAST AFTER ONE YEAR

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Context: High-risk human papillomavirus (HR-HPV) infection is currently a well-established cause of cervical cancer, but only few of the women who have persistent infection will develop cervical precursor and malignant lesions. HR-HPV infection, aside for serotypes 16 and 18, account for at least 20% of all cervical cancers worldwide.

Objective: To re-evaluate women who had a HR-HPV infection (serotypes 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68) with a normal cervical cytology at least one year before.

Methods: A retrospective study was conducted at a tertiary hospital which included women who had a HR-HPV infection (serotypes 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68) and a normal cervical cytology. Women were re-evaluated (cotest) at least one year later. Demographic and clinical data were recorded.

Results: Ninety nine women were included from February 2013 to May 2016. The median age was 46 years (range: 21-71), 21.2% (n=21) were nulliparous and 51.5% (n=51) were multiparous. The median age of menarche was 13 years (range: 9-19) and the median age at first sexual intercourse was 18 (range: 12-41). The median number of sexual partners was 2 (range: 1-20). Twenty six (30%) women were smokers and 38 (40.9%) took hormonal contraception. Re-evaluation (84 at 12 months, 12 at 24 months and 3 at 36 months) revealed that 52.2% (n=52) women did not have HR-HPV cervical infection or an abnormal cervical cytology. Between these groups (persistent infection vs no infection) there were no differences regarding demographic and clinical characteristics. Twelve women (12.1%) developed cervical precursor lesions (3% ASCUS; 7.1% LSIL; 2% HSIL) but one of these had no persistent HPV-HR infection. In the group of women with persistent cervical infection with normal cervical cytology: one woman (1%) also developed concomitant cervical infection with serotypes 16 and 18 and one (1%) with serotype 16.

Conclusions: In the population of our study, the re-evaluation of women with isolated HR-HPV cervical infection (serotypes 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68) revealed that 52.2% had a spontaneous regression of the infection and 12.1% developed a cervical precursor lesion.

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