12° CONGRESS of the EUROPEAN SOCIETY of Gynecology
BARCELONA 18/21 OCTOBER 2017

P108. HPV HIGH RISK (HR) SEROTYPES: ARE THE DIFFERENCES IMPORTANT?

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In the nineties, Harald zur Hausen's findings, gave way to knowledge about carcinogenesis and the development of a vaccine against the human papilloma virus in 2006. In Portugal, the vaccine was included in the national vaccination program 2008. It is recommended for 10 to 12 years-old girls and covers 4 HPV serotypes – 6, 11, 16 and 18. Recently the adoption of a new vaccine, Gardasil 9®, allowed for the additional coverage of the HPV hr serotypes 31, 33, 45, 52 and 58.
The aim of the present study is to identify the prevalence of the different HPV hr serotypes in a population with cervix pathology, of a tertiary centre. The HPV test used was the ROCHE® Cobas, with ability to identify the following serotypes: 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66 and 68.

Methods

Observational and transversal retrospective study of women referenced for cervix pathology appointments in 2014 which were submitted to HPV test (n=154). For statistical analysis, IBM SPSS Statistics v23 was used.

Results

One hundred and fifty-four women were submitted to HPV screening, 45% of which yielded a positive result. The severity of cytological alterations was directly related to a positive HPV test probability (75% of positive tests in H-SIL referenced patients). Comparing the subgroups (positive vs negative HPV screenings) it was concluded that the first presented a lower average age and a higher number of sexual partners, both with statistical significance.
According to this study serotype 16 was identified in 21% of cases and serotype 18 was responsible for 9%. The other high-risk serotypes represent 70% of the HPV positive test in this study, with the highest incidence being in the 31-35 years age group.

Conclusions

An inverse correlation was found between the likelihood of a positive HPV screening and patient's age and a direct correlation with the number of sexual partners. The "other high-risk HPV subgroup" had a substantial expression in this patient sample. Further studies must be developed, to reach the intended

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final goal: statistical comparison between this sample and women covered by the 2 different vaccines. For this purpose, we shall wait until the population included in the vaccination program, currently under 25 years old, reach the screening program, and then it would be possible to analyse the prevalence of the different high-risk serotypes, in women with cervix pathology.