ABSTRACT BOOK ABSTRACTS



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SEXUALLY TRANSMITTED INFECTIONS, HIV/AIDS

DETECTION OF HPV RELATED PRECANCEROUS ANAL LESIONS IN A YOUNG MSM WITH PERIANAL WARTS

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Background: Human papillomavirus (HPV) is the most frequent sexually transmitted infection nowadays. HPV infection of the anogenital region can present like condylomas, whereas oncogenic viral types can cause anal carcinoma (AC) as well. Even though AC is rare in general population, its incidence is high in vulnerable populations, such as MSM and HIV-positive persons.

Observation: 32-year-old MSM came to our clinic for perianal condylomas. Previously, he was treated in private practice with podophyllotoxin, but warts recurred. He also complained about anal bleeding, which lasted for one-month and than spontaneously disappeared. Physical examination exposed extensive perianal condylomas, with no visible hemorrhoids. We advised the hemoccult test, which he ignored. Serology tests for HIV and syphilis were negative. Meanwhile, warts improved after a cryotherapy treatment. Due to unexplained anal bleeding, we sampled an anal Pap smear, whose cytological results revealed ASC-H (e.g., atypical squamous cells which could not exclude high grade squamous intraepithelial lesion), wherefore the patient was referred to do high-resolution anoscopy (HRA). Although HRA didn't detect prominent pathology, the mucosal biopsy was taken. Pathohistollogy showed few koilocytes and extensive mythoses in superficial epithelial layers, while immunohistochemistry detected high Ki67, for what HPV genotypisation was suggested. The three different genotypes were found: low-risk HPV 6, but also high-risk HPV 16 and 45. Concurrently, all warts regressed, but we scheduled the next appointment in 6 months.

Key message: HPV has been associated with the development of the high-grade squamous intraepithelial lesions (HSILs), and it is responsible for more than 80% cases of AC. The HIV-negative MSM have a 15.1 relative risk to develop AC. The prognosis is strongly related to disease stage, so the screening for AC, including Pap smear and HRA with biopsy of suspicious lesions, followed by regular monitoring, should be considered in this susceptible population.





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