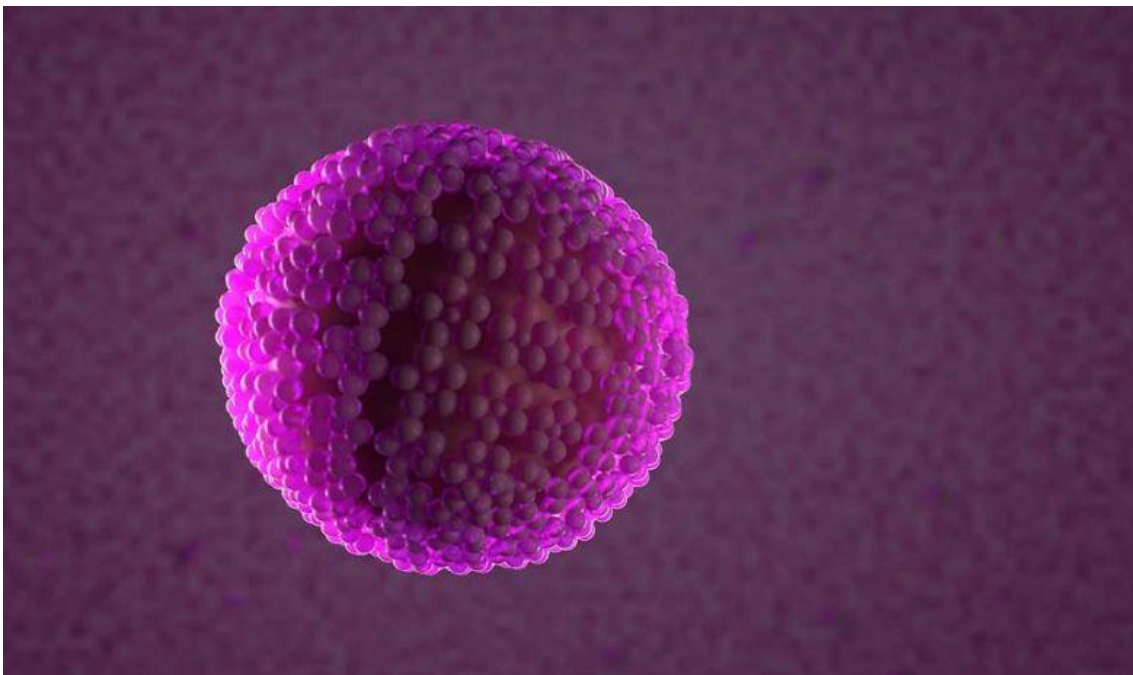


10 myths and truths about human papillomavirus

Despite being the most common sexually transmitted virus among the population, there is limited awareness about human papillomavirus (HPV), how it is transmitted, the potential dangers, or its possible treatments.



One of the major sexual education deficiencies for most of us is a lack of knowledge about such common viruses as **human papillomavirus (HPV)**. Many will be probably surprised to learn that they have had it without realising, given that up to 80% of sexually active women are estimated to become infected with HPV at some point during their lives. And such a high figure is precisely what makes human papillomavirus **the most common sexually transmitted virus among the population**.

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And why do we know so little about it if it is so common? Although most women become infected without experiencing discomfort and up to 80% of us overcome it without requiring aid, we must remember that HPV can cause low grade lesions, which in some cases can progress to high grade, and in extreme cases can cause cancer. It is important to consider that in Spain alone, **the human papillomavirus causes over 2,500 cases of cervical cancer each year**, meaning it is the fourth cause of death among women aged 15 to 44 years old.

So it is worth going over and debunking the myths and half truths about HPV that have percolated popular culture one by one. Are you ready?



HPV only affects women. FALSE

The relationship between cervical cancer and HPV has led to the popular belief that HPV only affects women, but the virus can actually affect both men and women. We are talking about a sexually transmitted disease (STD) that **can infect both genders** and, as such, it is important that we all take precautions and visit a specialist if we see warts on genitals or any other type of change on the penis or the anus.

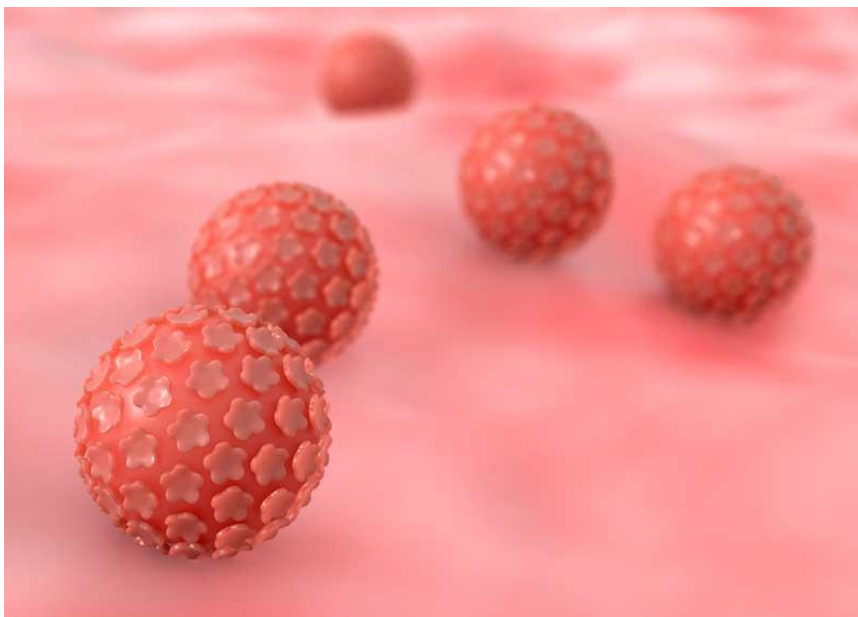
It



is a

**virus that only affects promiscuous people.
FALSE**

Anyone can become infected with the virus **through a single sexual contact** with a person with an active HPV infection, via vaginal or anal penetration, by skin on skin contact, or via oral sex. In any case, the infection does not depend on the number of sexual partners we have or any more unusual practices, so we should never stigmatise people that have it.



There are
types of
most of
cause harm
women or

Not all types of HPV are equally dangerous. TRUE

over 120
papilloma,
which don't
in either
men.

However, **only around 40 are related to infections in the genital region and 15 of those do cause more significant problems** that must be treated by a specialist (mainly HPV 16 and 18).

Some can cause warts (or condylomas) on the outside of male and female genitals, and other serotypes are linked more with cervix lesions and cervical cancer.



Becoming infected with HPV means that we will develop cancer. FALSE

Contrary to popular belief, **the infection eliminates naturally in 90% of cases** over an average period of two years thanks to our immune system. However, 5% of women infected with high risk HPV do end up developing cervical and uterine cancer, a percentage sufficiently high to justify the need for proper and conscious prevention.



HPV causes symptoms. FALSE

Another of the falsehoods surrounding HPV that we have been led to believe is that vaginal itching is the main symptom of HPV, but that's not the case: **HPV is often asymptomatic**, and despite potentially manifesting as external warts in the genital region, the infection is mainly only detected during yearly gynaecological check-ups.



Condoms prevent contagion. TRUE

Using a condom during every sexual encounter protects us from a large number of STDs, and in the case of HPV, **reduces the chances of infection to 10 to 20%**. All the same, their use does not ensure we are totally protected, and considering that sexual abstinence is the only 100% safe way of avoiding it, this leads us on to the next point on this list: the main method of prevention and early detection.



The vaccine protects us against all types of HPV. FALSE

These vaccines have been part of the vaccination schedule for a number of years for girls before they initiate a sex life as a **primary prevention strategy**, given that there is evidence that they are effective at preventing almost 100% of infections derived from HPV types 16 and 18, which are mainly responsible for cervical cancer. However, we must consider that although the most extensive and recent vaccine provides immunity against 9 virus types (HPV 6, 11, 16, 18, 31, 33, 45, 52, and 58), there are over 40 pathogenic types, including high and low risk.

Additionally, there is an increasing push to include males in the vaccination programmes due to the potential for contagion, along with the appearance of warts, and an increase in anal and oropharyngeal cancer cases.



Regular check-ups are essential for prevention. TRUE

Given that HPV does not often cause symptoms, it is essential that we have yearly gynaecological check-ups for **regular Papanicolaou or smear tests**, as it is the only way to detect HPV induced lesions during the initial phases, meaning that they can be treated on time, to avoid progression to cancerous lesions and to reduce the mortality rate.



There is no effective treatment for preventing and treating low grade lesions. **FALSE**

This is probably the newest entry on this article's list. This is because up to recently, gynaecologists didn't have any non-invasive treatments that provided a high level of safety and reliability, the best possible results, and no undesirable side effects. However, advancements in clinical practice have led to the marketing of **Papilocare®**, a vaginal gel developed by Procare Health, indicated for preventing and treating low grade cervix lesions among women infected with HPV.

As explained in the video by Dr Javier Cortés, ex-president of EUROGIN and the Spanish Association of Cervical Disease and Colposcopy, Papilocare® is a treatment with **scientific evidence** from the Paloma clinical trial, which has shown its efficacy at restoring low grade cervix lesions among patients infected with high risk HPV, clearing the virus in many cases. This is the first product to be marketed in Europe with an indication for preventing and treating low grade HPV induced lesions, which Dr Cortés recommends for every women diagnosed with any type of HPV risk.



Currently, high grade precancerous cervix lesions are usually treated by surgery, such as the conisation of the cervix – a small operation – to resect the area of the lesion. However, in the event of a low grade (mild) lesion, the aforementioned Paloma trial, in which 100 patients participated, provided evidence that **cervical lesions restored after 6 months of treatment with Papilocare® among the 88% of patients infected with high risk HPV**, with the virus also being cleared in 63% of cases. These results have been corroborated by 4 independent studies undertaken by public hospitals in Spain and one medical centre in Italy, showing Papilocare's efficacy in terms of a clearance rate of 50 to 70% for high risk HPV with only 6 months of treatment.

To sum up, in addition to the vaccines for preventing infection by HPV among men and women, and the surgical treatments for precancerous lesions during the disease's most advanced stages, there are now new and revolutionary treatments that are proving a before and after moment in the prevention and treatment of low grade human papillomavirus induced lesions.