

Case 1

**Woman under 30 years of age
with HPV present: Management**



Dr. Luis Serrano


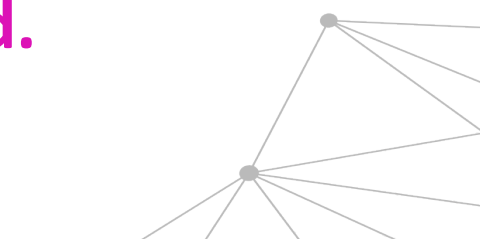
- 23 years of age
- Non-smoker
- Nulligravid
- **Negative Cytology**

Reason for consultation

- Sent for colposcopy for HPV+: 31, 35

Which of the following statements is true?

- 
- 
- 1. The patient is appropriately included in the screening protocol.**
 - 2. Viral determination is elective screening in this case.**
 - 3. The patient should not be sent for colposcopy.**

- Screening should not be initiated before age 25.
 - Between ages 25 and 30, screening should be limited to performing cytology.
 - In patients under 30 years of age, HPV prevalence is very high due to transient infections, so viral determination is not useful for predicting pathology and should not be performed.
- 
- 

Additionally... viral positivity should NOT lead directly to colposcopy

Negative Cytology + HPV Positive

Only colposcopy if...

Or if... Have positive molecular tests

HPV Positive again
after one year

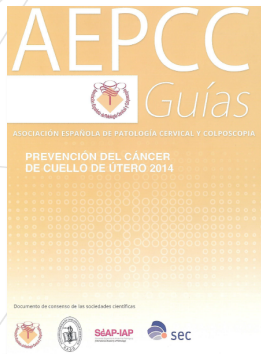


Type 16/18

mRNA E6/E7

P16/Ki67

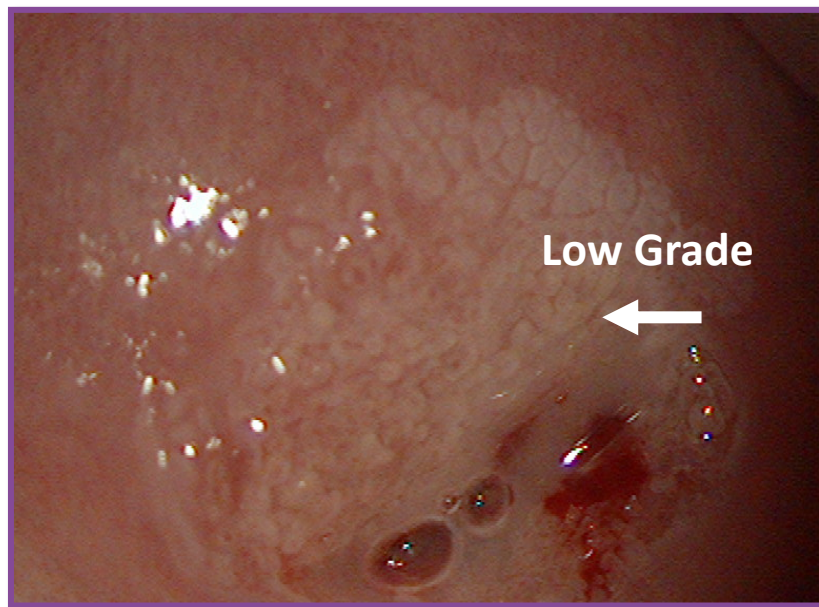
COLPOSCOPY



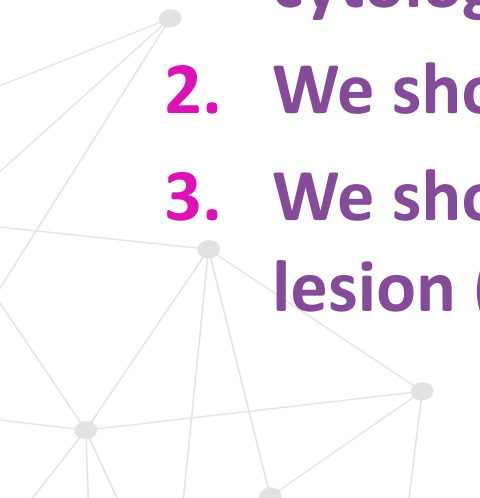
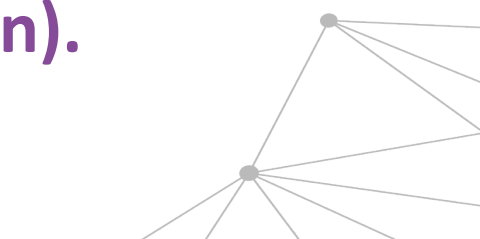
Colposcopy

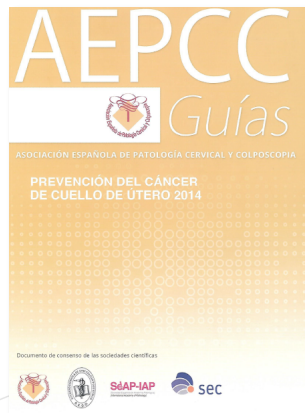


- Satisfactory, TZ Type 1.
- Weakly aceto-white lesion, extensive, peripheral, with geographic border, between 9 and 3 o'clock, with fine mosaic areas, somewhat more intense between 12 and 2 o'clock and in more central position.
- Compatible minor changes.
- Biopsy performed: LSIL.



Which of the following statements is true?

- 
- 
- 1. We should perform another cytological/colposcopic follow-up in 6 months.**
 - 2. We should perform a co-test in a year.**
 - 3. We should use a destructive procedure on the lesion (cryotherapy/electrocoagulation).**



Co-test in a year resulted negative

Patients with histological LSIL and cytology below HSIL have a 4-13% probability of developing a high-grade lesion in the next 24 months and almost no probability of developing invasion.



Discussion / Management of histological LSIL

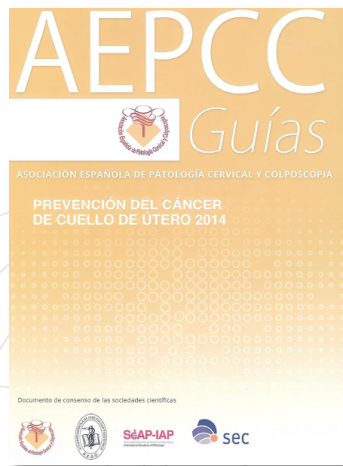
(After previous LSIL or lower cytology)

PREFERRED OPTION

Co-test at 12 months

ACCEPTABLE OPTION

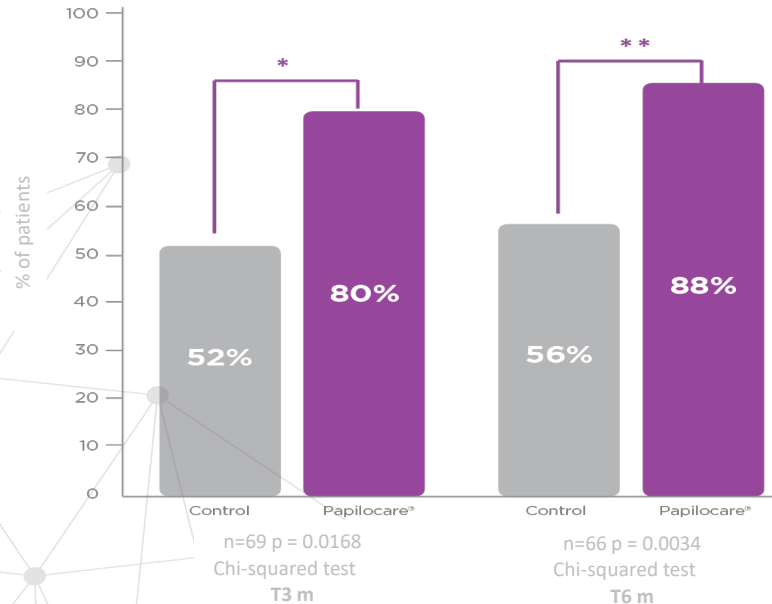
Annual Cytology/Colposcopy



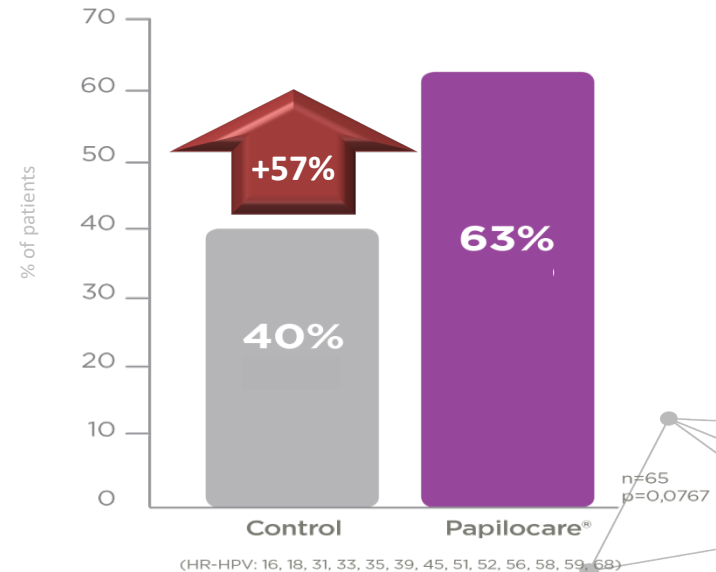
Alternative complementary medical treatment

Use vaginal gel based on *Coriolus versicolor* for 6 months



Normalization of lesions with congruent colposcopy
at 3 months and at 6 months vs control



Viral clearance at 6 months



Which of the following statements is true?

- 1. The HPV test is useful in all age ranges.**
 - 2. It is especially useful in LSIL cytology in post-menopausal patients.**
 - 3. It has no utility as follow-up for a patient who has already been treated.**
- 
- 

HPV determination in women with no indication
generates confusion

ONLY indicated in:

- Screening from age 30 onwards.
- Follow-up for abnormal cytology.
- Triage for abnormal cytological results: ASC-US>25; LSIL>50 years.
- Follow-up for treated patients.

Diagnosis of positivity from HPV test

Psychological impact

1. Sense of **Illness**
2. Feelings of **Guilt**
3. Ideas of **Impurity**
4. **Rejection of Relationships**
5. **Relationship Problems**
6. **Long-term Psychological Damage**