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Introduction:

Vulvar Intraepithelial Neoplasia (VIN) is a precancerous lesion, which almost always involves oncogenic high-risk human papillomavirus (HR-HPV). Vulvar lesions usually are presented in young people and normally are recurrent. Therefore it is important not only treat the lesions but also clear the virus.

Aim:

The aim of this case report is to provide evidence about the effectiveness of a *Coriolus versicolor*-based external gel as an adjuvant treatment to clear HPV on a 45 years old patient with VIN after receiving LASER vaporization.

Methods:

After a vulvoscopy and biopsy, two heterogeneous plaque-like lesions with well-defined edges were observed. Each one was approximately up to 3 centimeters in diameter and located on the internal face of the lower right lip and the right and rear part of the introitus (Figure 1). Two vulvar lesions biopsies results were usual-type VIN and HPV 16. Vaginal and cervical examinations were normal.

Vaporization was performed on the lesions using a CO2 LASER in continuous wave mode, through colposcopy and 30-watt scanner. The patient was informed about the daily care regimen for 6 weeks: cleaning (2-3 times/day) of the vaporized location using saline solution and subsequent administration of the *Coriolus versicolor*-based external gel.

Results:

After this period, the healing evolved favorably, with full epithelialization. She was indicated to continue applying the gel every day for 6 more weeks. Vulvoscopy was performed after 3 months without signs of residual lesion (Figure 2). The patient continued with the *Coriolus versicolor*-based external gel application every other day until 6 months of treatment were completed. No signs of recurrency have been observed in the 6 and 12 months follow-up controls.

Conclusion:

CO2 LASER appears to be effective to eliminate VIN lesions. The adjuvant treatment with the *Coriolus versicolor*-external gel appears to be effective for helping both to heal the lesions and to clear HPV from the genital mucosa, and potentially reduce the incidence of relapses.



FIGURE 1



FIGURE 2