HPV GENITAL INFECTIONS FROM THE PERSPECTIVE OF DIFFERENT MEDICAL SPECIALTIES

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In spite of the fact that human papillomavirus (HPV) genital infections represent a significant dermatovenereological disease, the interdisciplinary team of different medical specialists including pathologists should be involved in the comprehensive management of this complex issue. Anogenital warts (condylomata acuminata) are the most common HPV lesions presented in men, however, during the last decade other HPV associated exaggerated lesions such as condylomata plana, penile, scrotal, and anal intraepithelial neoplasias, as well as the penile, urine bladder and prostate cancer have been studied a little bit more extensively. Consistent studies are still sparse in male population. More than 35 types of HPV infect genital tract, with types 16 and 18 inducing about 70% of high-grade intraepithelial genital neoplasias, such as penile, anal, scrotal, vulvar, vaginal, etc. (thus not only cervical), whereas HPV 6 and 11 cause 90% of anogenital warts. However, the ‘banality’ of anogenital warts should not be underestimated providing that the high risk HPV DNA 16 and 18 can be isolated (PCR) from ‘benign’ HPV associated genital lesions (anogenital warts) in 10%-20% of patients, i.e. more than usually expected. On the other hand, the presence and the recalcitrant course of HPV DNA 6 and 11 associated diseases pose a significant physical and psychological problem for both men and women. A prophylactic vaccine that targets these types should thus substantially reduce the burden of HPV associated clinical diseases. Ultimately, within the spectrum of therapeutic options for condylomata, no method is superior to others; recurrences occurred in 30%-70% of cases. We definitely need the HPV vaccination program to get rid of one of the oldest and up to now unsolved problems of mankind. Since HPV is transmitted by sexual intercourse, managing both partners is necessary to eliminate the virus in the population. Approaches to this include prophylactic vaccines such as quadrivalent HPV vaccine for both men and women. This should be the only way to significantly decrease the numbers of infected persons. Besides, proper dermatologic training is required as the clinical criterion is still very important and the HPV induced lesions get quite often misdiagnosed unless managed by the skilled professional. Thus, it can be concluded that the dermatovenereologists, together with the representatives of other medical specialties, should definitely be part of the HPV vaccine program team.