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Brief report

Human papilloma virus dermatosis in human immunodeficiency virus-positive patients: A 14-year retrospective study in 965 patients[☆]

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ABSTRACT

Introduction: The incidence of the human papilloma virus (HPV) has not dropped in HIV-positive patients despite the discovery of antiretroviral therapy (ART). Our goal is to assess the prevalence of HPV in HIV patients and its relationship with the epidemiological and virological characteristics of HIV patients. *Patients and methods:* Retrospective cohort of 965 patients diagnosed with HIV from 1998 to 2012. We analysed patients' demographic factors and factors related to the HPV.

Results: Of the 965 patients examined, 333 consulted a dermatologist. Of these, 52 patients had genital warts (15.6%), 43 had common warts (12.9%) and 8% had both conditions. In total, 28.5% of patients had a skin lesion caused by HPV.

Discussion and conclusion: This is the first longitudinal observational study carried out on HIV-positive patients in the era of ART in which HPV infection is the most common skin pathology. We observed a similar trend in countries with access to ART. This study spreads awareness on the importance of preventing HPV and the difficulty of treating it in HIV-positive patients.

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Dermatosis por virus de papiloma humano (VPH) en pacientes infectados por el virus de la inmunodeficiencia humana (VIH): estudio retrospectivo de 965 pacientes durante 14 años

RESUMEN

Introducción: El virus del papiloma humano (VPH) no ha disminuido su incidencia en pacientes infectados por el VIH pese al tratamiento antirretroviral (TAR). Nuestro objetivo es evaluar la prevalencia de VPH en pacientes con VIH y su relación con las características epidemiológicas e inmunovirológicas de los pacientes con VIH.

Pacientes y métodos: Cohorte retrospectiva de 965 pacientes diagnosticados de VIH desde 1998 hasta 2012. En ella analizamos factores demográficos de los pacientes y factores relacionados con el VPH. Resultados: De los 965 pacientes, 333 consultaron al dermatólogo. De estos, 52 pacientes presentaron condilomas (15,6%) y 43, verrugas 43 (12,9%). Un 8% tuvieron ambas afecciones. En total, un 28,5% de los pacientes tuvieron alguna lesión cutánea causada por VPH.

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Discusión y conclusión: Este es el primer estudio observacional longitudinal en pacientes infectados por el VIH en la era del TAR en el que la infección por VPH es la dermatosis más frecuente. Observamos una tendencia similar en los países con acceso a TAR. Este estudio nos alerta sobre la importancia de prevenir y la dificultad de tratar el VPH en los pacientes infectados por el VIH.

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Introduction

Cutaneous infections are very frequent in patients with HIV; as the CD4 diminish and the patient's immune system worsens it is common for these infections to increase in frequency and worsen the disease's course. With the appearance of antiretroviral treatment (ART) and the consequent improvement of the CD4, these infections have greatly diminished in persons infected with HIV. However, we find some cutaneous infections that, despite the improvement in CD4 count, do not diminish in frequency and that even increase it, as is the case of herpes zoster or the human papilloma virus (HPV). This is one of the reasons why HPV in HIV-positive patients is important; another is because it can represent a manifestation of immune reconstitution syndrome; and a very important reason is the relationship of this virus with the development of epidermoid carcinoma, especially of the mucous membranes. Herein the content of th

Our objective is to assess the prevalence of HPV in the set of dermatoses in patients with HIV, its temporal trend and its relationship with the epidemiological and immunovirological characteristics of patients with HIV.

Material and methods

Our study is a retrospective cohort on a dynamic population base of 965 patients diagnosed with HIV since 1998 and up to 2012. All patients diagnosed with HIV who had medical records in the Hospital Universitario Fundación Alcorcón, Madrid, were selected. We analysed demographic factors of the patients and the data regarding HIV, such as date of diagnosis, means of transmission, CD4 and viral load at the moment of HIV diagnosis and of each dermatological disease, ART received and other concurrent treatments. We analysed how many patients consulted the dermatologist during the 14 years and for what reason, both in consultation and interconsultation or in A&E. Out of all these patients we took however many of them presented any manifestation related to HPV, whether common warts or condylomata acuminatas and epidermoid carcinoma in relation to HPV. The diagnosis of the lesions was clinical, except in the case of the epidermoid carcinomas, in which, in addition to obtaining the histological diagnosis, the HPV PCR was carried out. Other extracted data were the CD4 count presented at the moment of diagnosis, what ART they were receiving and the evolution of the patient.

With regard to the data analysis, the qualitative variables were described with their distribution frequencies, and the quantitative variables with position measurements (average or median) and dispersion (standard deviation or interquartile range [IQR]). The qualitative variables were compared by means of the χ^2 test or Fisher's exact test, in the case that more than 25% of the expected values were lower than 5. For normal distribution quantitative variables, Student's t test was used or the nonparametric equivalent, the Mann–Whitney t test, and the median comparative test in case of abnormal distributions. The analyses were carried out with SPSS 17.0 statistical package and the signification level used for the contrast of hypotheses was 5%.

Results

In total there were 965 HIV-positive patients. Of these, 750 (77.7%) were male. The average age at the time of diagnosis was

Table 1Most frequent dermatoses in patients with HIV infection in our study and percentage with regard to total dermatoses in our study (n = 595).

| Dermatoses in HIV-infected patients | n | Percentage with regard to dermatoses total |
|-------------------------------------|-----|--|
| Condylomatas | 52 | 8.7 |
| Seborrheic dermatitis | 44 | 7.4 |
| Warts | 43 | 7.2 |
| Non-melanocytic benign tumours | 36 | 6 |
| Syphilis | 28 | 4.7 |
| Eczema | 27 | 4.5 |
| Candidiasis | 26 | 4.4 |
| Lipodystrophy | 26 | 4.4 |
| Herpes zoster | 25 | 4.3 |
| Psoriasis | 17 | 2.9 |
| Other dermatosis | 271 | 45.5 |
| Total | 595 | 100 |

36 with a standard deviation of 11. With regard to the nationality of the patients, 189 patients (19.6%) were foreign nationals.

Among the 965 patients of our cohort, there were 595 dermatological episodes, of which some occurred in the same patient; in total 333 HIV-infected patients had some cutaneous disease and consulted the dermatologist. Table 1 shows the 10 most frequent diseases from the total of dermatoses; condylomatas were first and warts were third, both caused by HPV. Specifically, 52 patients (8.7%) presented condylomatas and 43 (7.4%) warts. In total, 16.1% of the patients had some cutaneous lesion caused by HPV and only 8% of all of them presented warts and condylomatas at the same time. Thus, dermatoses due to HPV were the most frequent complaint in out cohort.

When we analysed the factors associated with condylomatas and warts, we did not find statistically significant differences between both diseases (Table 2).

With regard to the location, 10 patients (23.8%) presented warts in 2 anatomical locations. The most frequent locations were: upper extremities (23 patients, 54.7%), face (16 patients, 38%), lower extremities (10 patients, 23.8%), oral mucous membrane (2 patients, 4/%) and trunk (one patient, 2.4%). More than 50% of the patients had to attend the dermatologist 3 or more times due to a relapse and/or persistence of the condylomatas or warts.

The CD4 median was 460.37 cell/mm³, with IQR of 532.25.

With regard to how many patients had ART, among those who had condylomatas, only 34.6%, and among those with warts, 59.9%.

If we study the diseases throughout the 14 years of the study, we observe how the frequency of condylomatas and warts follow a parallel trajectory (Fig. 1).

There were 6 epidermoid carcinomas in our series. Four of them were periungual and appeared in the same patient; they required surgery on 4 occasions due to relapse and appearing on several fingers. Another 2 were found in the genital area of two males; both reported HIV transmission by IDU.

Discussion

HPV is very frequent in HIV-infected patients and is becoming more important for several reasons: the increasing number of cases, difficulty of treatment in people with immunosuppression

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