

High-risk HPV is a marker for atypical intraanal cytology in immunocompetent women

Authors:

Eleutério J Jr¹, Passos MRI², Eleutério R¹, Giraldo P³, Gonçalves AK⁴

1-Universidade Federal do Ceará, Fortaleza, Brazil, 2- STD Clinic, Universidade Federal Fluminense, Niterói, Brazil, 3- Universidade Estadual de Campinas, Campinas, Brazil, 4-Universidade Federal do Rio Grande do Norte, Natal, Brazil

Introduction:

Currently there is a worldwide concern about how best to screen for anal intraepithelial lesion. The cytology seems to be a good method, but there are few experts who have skill. The objective of this study was to evaluate whether high-risk HPV identification by PCR may precede cytology this end.

Methods:

This was an cross-sectional study of 147 women attended at the Federal University of Ceará (UFC). A sample of the residual material of liquid-based cytology (Surepath®) was used for RT-PCR on the Cobas 4800 (Roche). Cytological findings were compared with the PCR results. Fisher exact test were applied for a CI of 95%.

Results:

There were 75/147 positives cases for high-risk HPV and 72/140 negative cases. The average age was similar in both groups. The number of sexual partners referred was not significantly different between the two groups. Among the positive cases atypical intra-anal cytology was significantly more frequent. Among the HPV positive = 26/75 and in negative = 10/72 (RR = 1.6361). To HPV16 the RR increases to 2.1765).

Conclusion:

The presence of intraanal high-risk HPV, especially 16, is frequent and its presence is associated with an increased risk of abnormal intraanal cytology.

HPV *	Liquid-based cytology (SurePath)		p	RR (IC 95%)
	Negative (n = 111)	Atypia (ASC ou +) (n = 36)		
Negative	62	10	0.0009	1.6361 (1.2227 to 2.1892)
16	17	12	0.0166	2.1765 (1.1520 to 4.1121)
18	9	4	0.5801	
Others high risk (HR)	28	13	0.6161	
16 e/ou 18	26	16	0.0115	1.8974 (1.1549 to 3.1175)

ASC-US : atypical squamous cells of undetermined significance; LSIL: low-grade squamous intraepithelial lesion; RR: relative risk; CI: confidence interval;

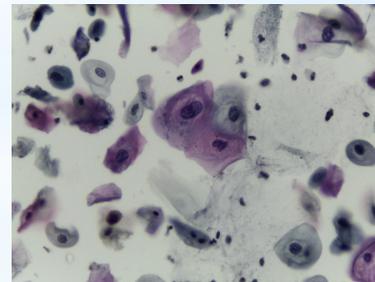


Figure 1. Cytologic picture suggesting LSIL

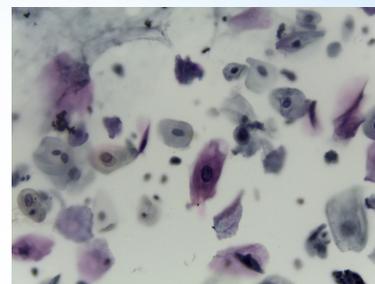


Figure 2. Cytologic picture suggesting ASC-US

Disclosure of Interest Statement:
There is no conflict of interest

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