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CERVICAL, VULVAR AND VAGINAL CANCER PREVALENCE AND INCIDENT LESIONS IN HIV-INFECTED MEXICAN WOMEN

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Statement of the Problem: Cervical-cancer is the second cause of death/malignancies in Mexico, but is unknown the performance of HPV and related genital neoplasias in HIV-infected Mexican women with universal cART access since 2001.

Clinical Practice: At INCan, we realized the analysis of 239 HIV-positive women evaluated in Dysplasia-Clinic by colposcopic exam, pap smear and biopsy between 1990 and 2014. The cohort included 49 cervical-cancer cases, 45 high-grade-cervical lesions, 10 high-grade-vaginal lesions, one vaginalcancer, 5 high-grade-vulvar lesions and 7 vulvar-cancer cases. Of 148 patients on follow-up (median time 70.7 months) resulting in 34 cervical-cancer cases (23%) and 37 high-grade-cervical lesions (25%) of them 4 developed highgrade-vulvar lesions and 4 vulvar-cancer cases, 7 high-grade-vaginal lesions and 1 vaginal-cancer case; with relative risk for vulvar-cancer or high-grade lesion 3.34 (95%, CI 0.8-14.5) and 6.13 (95%, CI 1.7-21-6). 21% of patients with high-grade-cervical lesions or cervical-cancer developed either cancer or high grade vulvar or vaginal lesions. The median age at cervical-cancer diagnosis was 34(IQR26-42), vulvar-cancer 41(IQ37-56) and the only vaginalcancer was 45. The median CD4-count at cervical-cancer diagnosis was 150 (IQR48-330). The interval between HIV-infection and cervical-cancer diagnosis was 38.4 months (IQR16.9-68.8) and vulvar-cancer 125.4 months (IQR20.7-193), for the patient diagnosed vaginal-cancer was 73. The main HPV types identified in cervical biopsies were 16(21.7%), 33(12%) and 1(10.8%) or some combinations like 16/11 and 16/18; in vulvar biopsies were 31(60%) and 59(20%) or combination like 16/31.

Conclusion & Significance: In 2008, our national incidence for cervical-cancer was 19.2/100,000 women, which is 62 times larger than our study. In 2014, USA National Cancer Institutes reported 3.1 vaginal cancer cases and 4.8 vulvar-cancer cases/100,000 women per year respectively. Comparing this cohort estimates 118 and 355 cases respectively, it means 38 times and 74 times larger in HIV infected women. This study is the first epidemiological description in Mexico.

Biography

Diana Perales Martinez is a Consultant in Infectious Diseases at Hospital Regional de Alta Especialidad del Bajio and Hospital Angeles in Leon, Gto, Mexico. She has completed Infectious Diseases Fellow at Instituto Nacional de Cancerologia, Mexico on 2015. She is a Member of American Society of Microbiology and the European Society of Clinical Microbiology and Infectious Diseases and Member of the Mexican Association of Infectology and Clinical Microbiology. She has training stages in Infectious Diseases at Hospital Clinic, Barcelona, Spain and investigational experimental stage at Institut Pasteur, Paris, France. She has been participated in multiple medical congresses and had presentation on different medical forums for continue medical education. She is a Professor Clinical Infectology at Autonomous University of Guanajuato and was a Tutor of diverse clinical cases and thesis for medical specialties students.

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