HPV-Related Vulvar Diseases Persist in HIV-Positive Women

BY ELIZABETH MECHTACI Senior Writer

Bethesda, MD—HPV-infected women who are more frequently active antiretroviral therapy, are generally estimated at about four times that of HIV-negative women, said Dr. Wright, director of obstetrics, gynecology, and pathology at Columbia University College of Physicians and Surgeons, New York.

Among HIV-infected women, those who are also infected with HPV have more HPV types than do women who are HIV negative. But studies conducted in New York City showed 31% of HPV-positive women had more than one HPV type, vs. 14% of HIV-negative women. A total of 16% and 14% had HIV 16 and HPV 18, respectively, in the HIV-positive group vs. 6% and 3%, respectively, in the HIV-negative women.

Studies conducted in the 1990s determined that the distribution of HPV types in women without cervical intraepithelial neoplasia (CIN) tend to be the same in those who are HIV positive and those who are HIV negative. But women with biopsy-confirmed CIN 2,3 who are HIV positive “tend to be more heterogeneous for high-risk [HPV] types,” he said.

In one study, 31% of HIV-positive women had more than one HPV type, vs. 9% of HIV-negative women.

In the study, HPV shedding, Dr. Wright said, adding that a woman with low CD4 counts is more likely to develop CIN. Dr. Wright noted.

In a study published the year of 2002 published in 1999 found that about 4% of HIV-positive women developed biopsy-confirmed CIN over 60 months vs. less than 1% of HIV-negative women. And, as with cervical disease, women with lower CD4 counts, where about 20% of those with CD4 counts under 200 developed biopsy-conformed CIN.

In the WIHS study, incident VIN 2.3 was detected in 8% of HPV-positive women during follow-up and 2% of HIV-negative women. A relatively high attack rate of 1.52 per 100 persons-years among HIV-positive women, vs. 0.36 per 100 persons-years for HIV-negative women. This indicates that about 1% of HIV-positive women will develop biopsy-conformed CIN every year, Dr. Wright pointed out.

In the WIHS study, the risk of VIN 2.3 was increased in women with cytologic abnormalities and high-risk HPV types. However, HAART use and CD4 counts did not have a significant impact on incidence, so HAART is effective in reducing condylomas and CIN, “we’re not seeing the same dramatic impact of HAART on VIN incidence, in the studies that have been reported.” Based on these findings, he recommended a high level of awareness of vulvar disease in HIV-infected women. When an HIV-positive patient is referred with an incident VIN, he noted, a careful inspection of the vulva, and to do liberal biopsies of any thing that looks abnormal.

In another study, 29% of HIV-positive women develop VIN every year, Dr. Wright said.

Drug Resistance Factors Into HIV Treatment Failures

BY HEIDI SPLETE Senior Writer

Bethesda, MD—Drug resistance poses a problem in treating HIV patients, in part because of the virus’s high mutation rate, Roy M. Gulick, M.D., said at an annual conference on antimicrobial resistance sponsored by the National Foundation for Infectious Diseases.

Factors affecting HIV drug resistance include the virus itself, the antiretroviral drugs used, and characteristics of the individual patient. Drug resistance is one of the main reasons why HIV treatments fail, said Dr. Gulick, director of the Cornell HIV Clinical Trials Unit at Weill Medical College of Cornell University, New York.

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