

Atypical picture of cervico-vaginal condylomatosis in a patient submitted to hepatic transplant

A case report

G. GENTILE - G. FORMELLI - S. SELVA

Summary: A case is presented of diffused cervico-vaginal condylomata in a 32-year-old woman who had undergone hepatic transplant and successive immunosuppressive therapy, treated with DTC and β IFN for topical use.

INTRODUCTION

Various studies have underlined the importance of the immunity response during the course of genital infections by human papilloma virus (HPV) (¹). Immunity control seems not only to be of a cell-mediated type, through the activation of natural killer cells, but also by a specific increase in the production of antibodies (²).

It is, besides, a common observation that even in pregnancy, a condition associated with a transitory diminution of cell-mediated immunity, pre-existing condylomata present an abnormal proliferation. It has been reported that in immunosuppressed patients genital infections by HPV frequently persist and relapse after treatment and may evolve towards intraepithelial neoplasia (³). A higher incidence of condylomata acuminata such as intraepithelial cervical neoplasias has been,

in conclusion, observed in a group of patients submitted to immunosuppressive therapy for renal transplant (⁴).

The case described represents an interesting atypical picture of diffused cervico-vaginal condylomatosis in a patient recently submitted to hepatic transplantation.

CASE REPORT

B. M., a 32 year old primipara with negative gynecologic anamnesis, on 23-1-1989 in the 1st Surgical Clinic of the University of Bologna was submitted to an orthotopic transplant of the liver because of a type B acute fulminating hepatitis, in a serious state of hepatic insufficiency with the onset of an encephalopathy up to the stage of hepatic coma. After the operation an immunosuppressive therapy was established on the basis of cyclosporine, corticosteroids, azathioprine and antilymphocytic globulin in scaled doses during the whole period of her admission. On 8-2-1989 the patient was submitted to a second laparotomic operation during which a review was carried out of the hepatic transplant and a choledoc-jejunostomy on Roux's loops for stenosis of the choledochus was performed. After her discharge the patient continued the same



Fig. 1. — Colposcopic aspect of cervical condilomatosis.

immunosuppressive therapy in scaled doses at home.

During her admission, about a month after the last operation, the patient was sent for counselling to the divisional Out-patient Department of the 1st Obstetrics and Gynecologic Clinic because of leukorrhea. The internal genital examination appeared normal. The speculum examination showed at the level of the portio, of the

vaginal walls and, in particular, of the anterior and posterior fornices the presence of numerous raised formations of pimply aspect, pseudocystic, of prevalently bluish colour, with diameters varying from 2 to 6 mm, visible even macroscopically (Fig. 1). After the application of acetic acid 3% these formations appeared translucent, while Schiller's test showed a slight iodonegativity. The colposcopic examination revealed

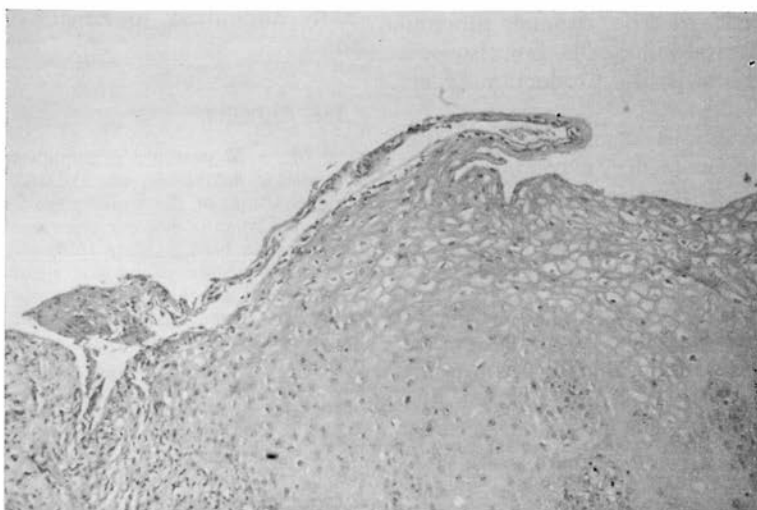


Fig. 2. — Histological picture of HPV lesion.

the presence of koilocytosis, dyskeratosis, hyperparakeratosis and some multinucleate cells without signs of atypia.

Study of the vaginal bacterial flora revealed the presence of *Trichomonas Vaginalis*. The bioptic examination of the above-mentioned formations resulted in a picture compatible with HPV lesions (Fig. 2).

The patient was therefore submitted to diathermocoagulation (DTC) of the lesions formerly mentioned, followed by treatment with interferon beta (β IFN) (Frone-Serono) cream, 2 gr/daily in five applications for ten days.

After three months the patient, who had meanwhile further reduced the immunosuppressive treatment using cyclosporine and corticosteroids, always in scaled doses, underwent another gynecologic check. The speculum examination showed complete disappearance of the lesions previously observed. The histologic examination, after biopsies of the site areas of the prior viral infection, showed however the persistence of viral lesions. Therefore, in spite of the clinical recovery, a second cycle of ten days was carried out with β IFN for topical use.

On a subsequent checking after three months, the colposcopic examination gave further confirmation of the absence of condylomatous lesions, both at the level of the portio and at the vaginal fornices. At the colpocytologic examination there was no longer evidence of the preceding aspects of koilocytosis or dyskeratosis; analogously the histologic examination of the bioptic specimen, carried out in this case also, showed a morphological picture with absence of HPV lesions.

DISCUSSION

The interest of the case reported is represented by the colposcopic picture which we observed, being altogether atypical for a cervico-vaginal condylomatosis. The almost microcystic granulated appearance of the lesions observed differed, for the most part, from the florid condylomatosis described up to now in literature. The presence of such raised, rounded neoformations poses some problems of differential diagnosis with emphysematous vaginitis and cervico-vaginal endometriosis. The particularly abundant aspect which the HPV infection has presented in this case is probably to be related to the intense and prolonged immunosuppressive therapy to which the patient was submit-

ted. This treatment and the peculiarity of the clinical case also conditioned our choice of therapies, which were limited to DTC and β IFN for topical use. This latter would have had an adjuvant action, inasmuch as it reduces the rate of relapses because of a better penetration after physical treatment, as seen by other Authors⁽⁵⁾. With regard to DTC, this was seen to be very effective in determining clinical recovery, although after the treatment a histological picture compatible with HPV lesions persisted. On the other hand Ferenczy⁽⁶⁾ has demonstrated the possible persistence of the papilloma virus in healthy tissue adjacent to condylomata even after laser therapy. The significance of this subclinical phase of the infection and its importance with regard to relapses is still the subject of study today.

In this respect some Authors^(7,8) propose extensive treatment around the condylomatous lesions, while others have given evidence of a lower incidence of relapses and a higher frequency of biological recovery associating physical therapy to a systemic treatment with β IFN.

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Address reprint requests to:

Prof. G. GENTILE

Via N. Sauro, 19 - 40121 Bologna