

INTRAVESICAL HUMAN PAPILLOMAVIRUS (IHPV) INFECTION – ENDOSCOPIC RESECTION

Introduction

Although HPV infections are common, intravesical HPV is a rare condition, with only 20 reported cases. The papillomaviruses are a group of small, double-stranded DNA viruses that infect the stratified epithelium of the skin and mucosa. HPVs have been classified as “low risk” (types 6 and 11) and “high risk” (types 16 and 18) on the basis of their implantation properties and their tendencies to associate with benign processes or invasive carcinomas. However, the treatment and the association of HPV with the development of tumors of the urinary tract continues to be controversial [1,2,3].

Design

The aim of this video is to present a case treated with transurethral resection (TR) and analysing the role of TR option for definitive vesical HPV treatment.

Results

A 38-year-old woman, with a history of urinary tract infections. She denied other diseases and complained of painful urination. The genital examination, cervical cytology and colposcopy were normal. Urinalysis showed leukocytosis, but a negative culture. The ultrasound was normal. A cystoscopy was performed, showing polypoid growth on the bladder mucosa followed of the TR. Histopathologic analysis (HA) confirmed IHPV (in situ hybridization positive for 6,18, 31 subtypes), associated a Bladder Squamous Metaplasia (BSM). A cystoscopy performed 3 months later was normal, however, in 5 years demonstrated BSM, which was resected.

Conclusion

The condyloma, caused by types 6 and 11, is more frequent in the genital mucosa and anal area [1,2,3]. In the bladder, it presents with a polypoid pattern, often related to warts in the urethra. The clinical presentation includes hematuria, dysuria, fever and pelvic pain [2,3]. HA evaluation shows hyperproliferation of metaplastic squamous cells, the transition to normal epithelium is sudden, with no submucosal invasion. This pattern excludes squamous cell carcinoma (SCC). A standard treatment was not established. TR has also been successfully used [2], and radical cystectomy was indicated when the lesion was associated with SCC. Conclusions: TR may be a safe option for definitive IHPV treatment. However, the patients must be followed as in cases of the superficial carcinoma of transitional epithelium.

References

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Disclosures

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