



V CORSO BASE  
**COLPOSCOPIA**

Diagnostica e Operativa del Basso Tratto Genitale  
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Presidenti: B. Stefanon, G. Bandieramonte

Papillomavirus-Related Genital Lesions in Male Partners of Women with Genital Condyloma or Cervical Intraepithelial Neoplasia: Diagnostic Approach

CLAUDIO ZANARDI, M.D. (a), BRUNELLA GUERRA, M.D. (a), GIUSEPPE MARTINELLI, M.D. (a), RESZO BARIASSO, M.D. (a), JEAN DE BRUX, M.D. (b)

Abstract

Ninety regular male partners of women with cervical condyloma or intraepithelial neoplasia (CIN) (group one), and 50 male partners of women with relevant vulvar-condylomatous acuminata (group two) were studied. Sixtythree of the 116 (54.5%) male partners examined presented lesions histologically diagnosed as hyperplasia, condyloma or intraepithelial neoplasia. Penile human papillomavirus (HPV) related lesions were found in 17 (15%) of 27 partners of women with CIN, in 25 (60%) of 19 partners of women with cervical flat condylomatus and in 21 (42%) of 50 partners of women with relevant vulvar condylomatous acuminata. Lesions were mostly clinically detected in partners of women with vulvar warts, while more than two thirds of the lesions were disclosed by the acetic acid test in partners of women with cervical pathology. Toluidine-positive and acetic acid negative areas were evidenced in 6 men, but these areas were histologically interpreted as condyloma-like areas or hyperplasia-like areas in only two patients. Male examination by the acetic acid test, colposcopic observation and toluidine blue (BT) testing with careful clinical interpretation, are required for male genital screening, necessary in partners of women with any HPV-associated genital lesion.

Key words:

Cervical intraepithelial neoplasia (CIN), condyloma, human papillomavirus (HPV), penile intraepithelial neoplasia (PIN), toluidine blue (BT) test

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Reprint requests: Prof. J. De Brux (c).

# Cervical Papillomavirus Infection and Intraepithelial Neoplasia: A Study of Male Sexual Partners

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DAVID SILVERS, MD; ALEX FERENCZY, MD; AND RALPH M. RICHART, MD

The male sexual partners of 34 women with cervical condyloma or cervical intraepithelial neoplasia (CIN) were examined for penile condylomata and/or urinary tract lesions. External lesions were detected in 18 (53%) of the male consorts of women with cervical lesions including 18 of 22 whose consorts had cervical condyloma or low-grade CIN, one of six whose consorts had CIN 2, and three of six whose consorts had CIN 3. The majority of lesions were present either on the glans or the penile shaft, and one patient had a lesion in the urethral meatus. The urinary cytology specimens from the men with and without penile lesions contained nonspecific abnormalities consisting of squamous metaplasia with mild degrees of cytologic atypia. Karyometric atypia characteristic of condyloma was not found except in cases with documented distal urethral condylomata. Hence, at present the diagnosis of human papillomavirus infection in the man is best made by careful clinical examination. Whether or not papillomavirus resides deep in the urinary tract of these patients remains to be determined. (Obstet Gynecol 84:18, 1990)

It has become clear that cervical squamous neoplasia is related to an agent or agents that are transmitted venereally. This assumption is based primarily on the knowledge that the major risk factors for cervical carcinoma are age at first intercourse and number of sexual partners.<sup>1</sup> It is also clear that the male sexual partner plays an important role in the epidemiology of this disease. Certain men can be identified who may have a higher risk of transmitting the factors responsible for the genesis of cancer precursors. Studies investigating the "high risk male" include the following second wives of women whose previous wife died of

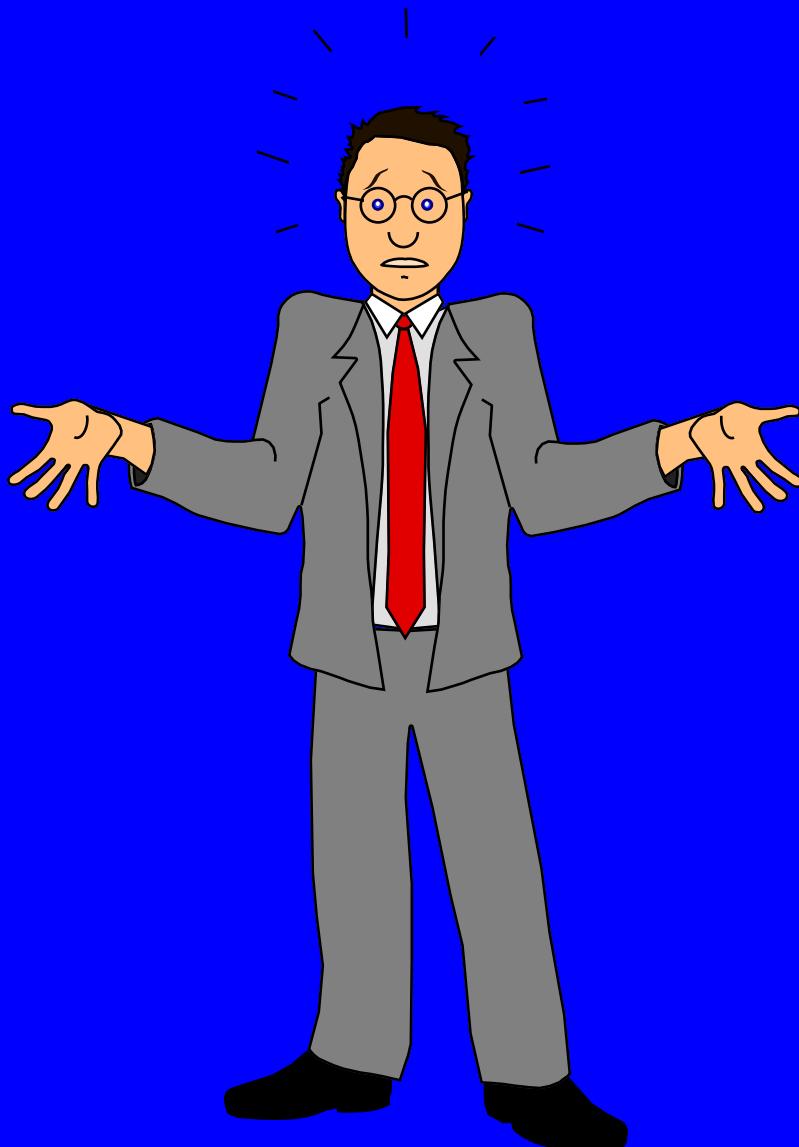
cervical carcinoma have a higher risk of developing squamous carcinoma,<sup>2</sup> husbands of wives with cervical carcinoma have a higher incidence of penile carcinoma,<sup>3</sup> and the mortality from cervical carcinoma is related to the socioeconomic status and sexual habits of the male partner.<sup>4,5</sup>

It is now an accepted fact that papillomavirus infection is closely related to the development of cervical cancer precursors, or cervical intraepithelial neoplasia (CIN) and that this virus is sexually transmitted.<sup>6</sup> It follows that papillomavirus infection should be common in the male consorts of women with CIN or condylomata and that such men may constitute a group at greatest risk for transmitting the viruses responsible for the development of CIN or invasive carcinoma. The precise mechanism by which the virus is transmitted from male to female is unknown. It is likewise unclear whether all of the men whose partners have lesions have themselves visible penile lesions.<sup>7</sup> Additional lesional sites include the urethra and the proximal urinary tract.

The purpose of the current study was to evaluate a population of male consorts of women with cervical condyloma or CIN and determine what proportion of the men had visible lesions on the penile shaft or distal urethra, correlate the histologic characteristics of the lesions from respective partners, and determine whether or not the urinary cytology in men with and without visible lesions would indicate the presence of urinary abnormalities diagnostic for urinary tract condylomata.

## Materials and Methods

The couples selected for the study came from the private practice of one of the coauthors (RJL). The majority were married, and all reported monogamous



From the Department of Obstetrics and Gynecology, Division of Oncology and Gynecologic Pathology and Cytology, and the Department of Dermatology, Columbia University College of Physicians and Surgeons, Columbia-Presbyterian Medical Center, New York, NY; and the Department of Pathology, Jewish General Hospital, Montreal, Quebec, Canada.

## LÉSIONS GÉNITALES MASCULINES À PAPILLOMAVIRUS, INTÉRÊT DE LA COLPOSCOPIE

R. BARRASSE<sup>\*</sup>, A. HUILLEROTINIA<sup>\*\*</sup>, P. CATELAN<sup>\*\*\*</sup>, F. COUPEZ<sup>\*\*\*</sup>, A. SABOURDET<sup>\*\*\*</sup>

### Résumé

En raison de la faible fréquence des lésions cliniques produites par le papillomavirus chez l'homme, les auteurs font une étude à l'aide de l'application d'une technique à 5 p. 1000 de l'examen visuel au colposcopie. Ces lésions ont été mises en évidence chez 10 des 114 patients examinés. L'aspect de ces lésions est variable. Des verrues micro-endophytiques et/ou micro-exophytiques. Toutefois, la plupart des lésions sont planaires ou papuleuses. Quelques lésions légamentées sont également rencontrées et l'application de l'acide acétique permet de mettre les lésions en relief. Dans l'ensemble, des surfaces epithéliales partiellement normales ou potentiellement normales sont ponctuellement envahies. Mais l'envahissement apparaît assez souvent, comme au niveau de 10

lésions. Histologiquement, le préparat de ces lésions maladiogéniques présente des signes de lésions cytopathogènes des HPV et/ou des lésions cellulaires qui caractérisent la maladie micro-endophytique.

Ces observations suggèrent le risque de l'apparition des personnes des hommes présentant une pathologie provoquée par HPV mais pré-symptomatique. L'application d'acide acétique sur une partie prépondérante de l'épithélium clément de base de pathologie génitale masculine à HPV, permettant de mettre en évidence des lésions subcliniques. L'observation au colposcopie constitue un complément utile de l'examen, permettant en particulier de mieux diagnostiquer le risque.

(See summary on p. 793)

hommes évaluées (7) et des condylomes plan de col utérin (2). D'autre part, l'ADN des HPV type 16 (10) ou même fréquemment, des types 18 (1), 31 (1), ou d'autres types non encore identifiés (G. Herk, communication personnelle), est retrouvé dans la majorité des néoplasies micro-endophytiques du col utérin (Cervical intraepithelial Neoplasia ou CINI), ainsi que dans les cancers invasifs (1, 2, 6, 9, 10, 14, 21).

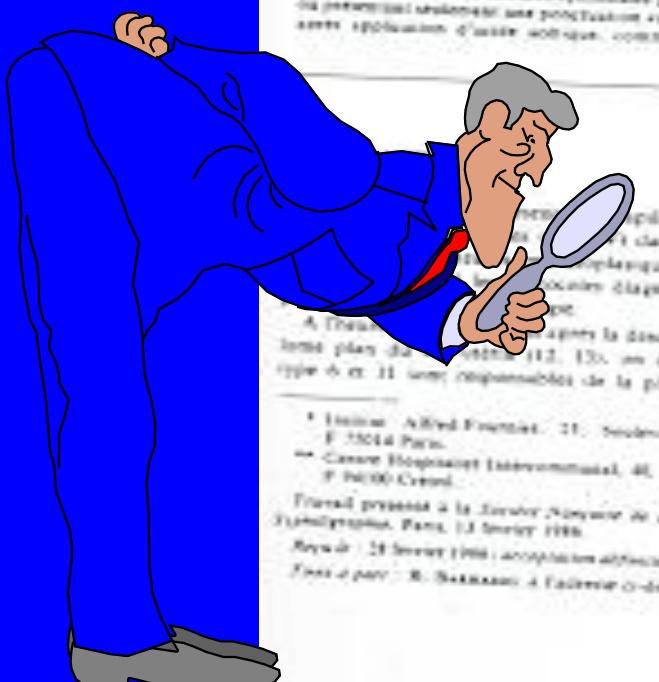
Les HPV étant nettement transmissibles, l'hypothèse peut naturellement se faire sur le facteur « homme ». Les lésions génitales masculines à HPV clairement cliniques sont les condylomes acuminés et des papules pré-tumorales des types histologiques connus comme bowenoides (17) ou ayant une structure similaire aux condylomes (8, 14). De même que chez la femme, les condylomes sont dus aux HPV types 6 et 11, alors que les lésions atopiques (papules bowenoides) contiennent surtout de l'HPV type 16 (8, 9, 13, 14). Toutefois, la fréquence des lésions clairement cliniques n'est pas comparable à celle des lésions à HPV

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Travail présenté à la Société française de Dermatologie et de Syphiligraphie, Paris, 13 février 1998.

Revue : 24 février 1998 ; acceptation définitive le : 28 juillet 1998.  
Tirage à part : R. BARRASSE à l'adresse ci-dessous.

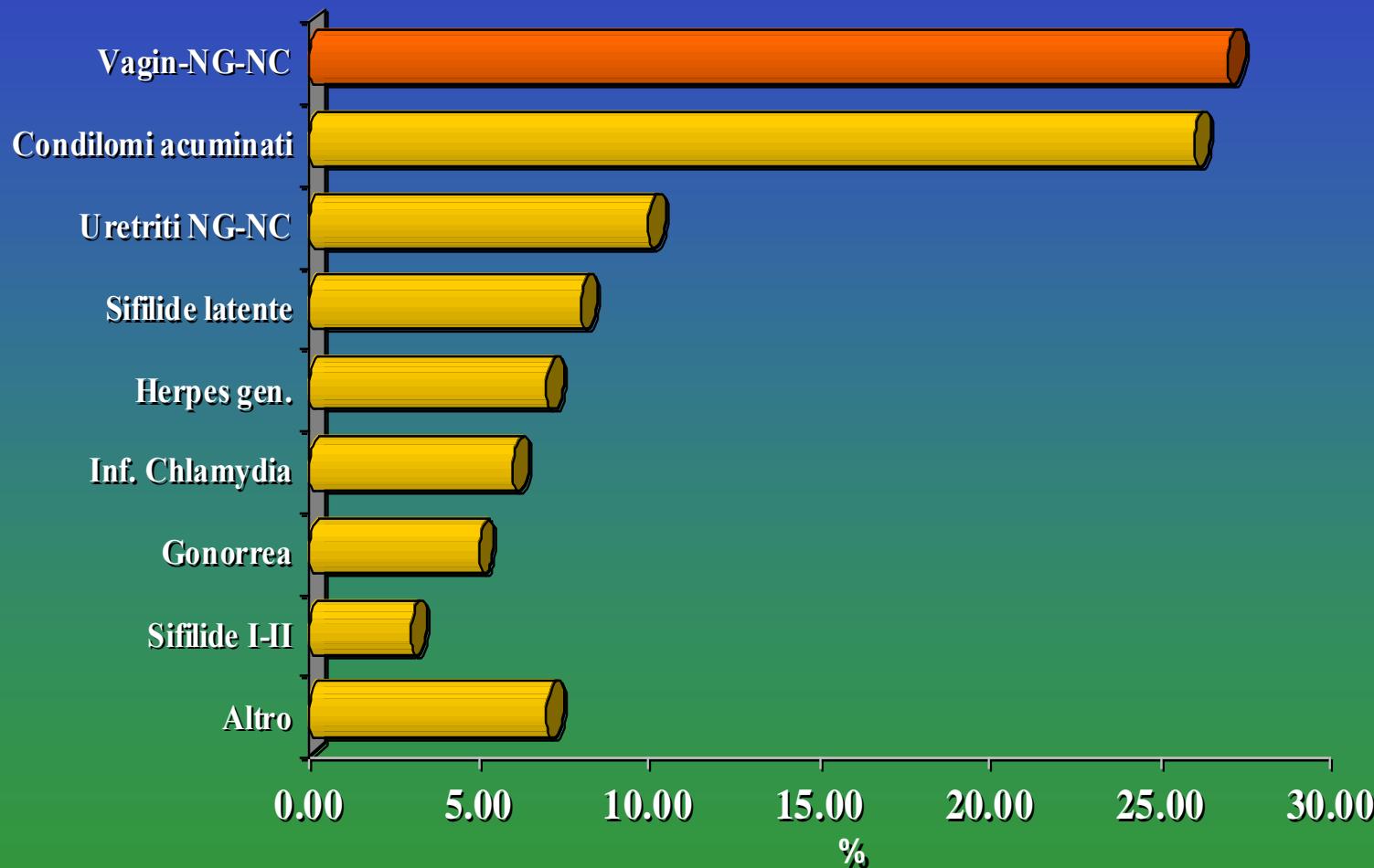


# **LESIONI HPV-CORRELATE NEL PARTER MASCHILE**

- CONDILOMI ACUMINATI
- PAPULE
- CONDILOMI PIANI O “MACULE”

# Sorveglianza Nazionale MST

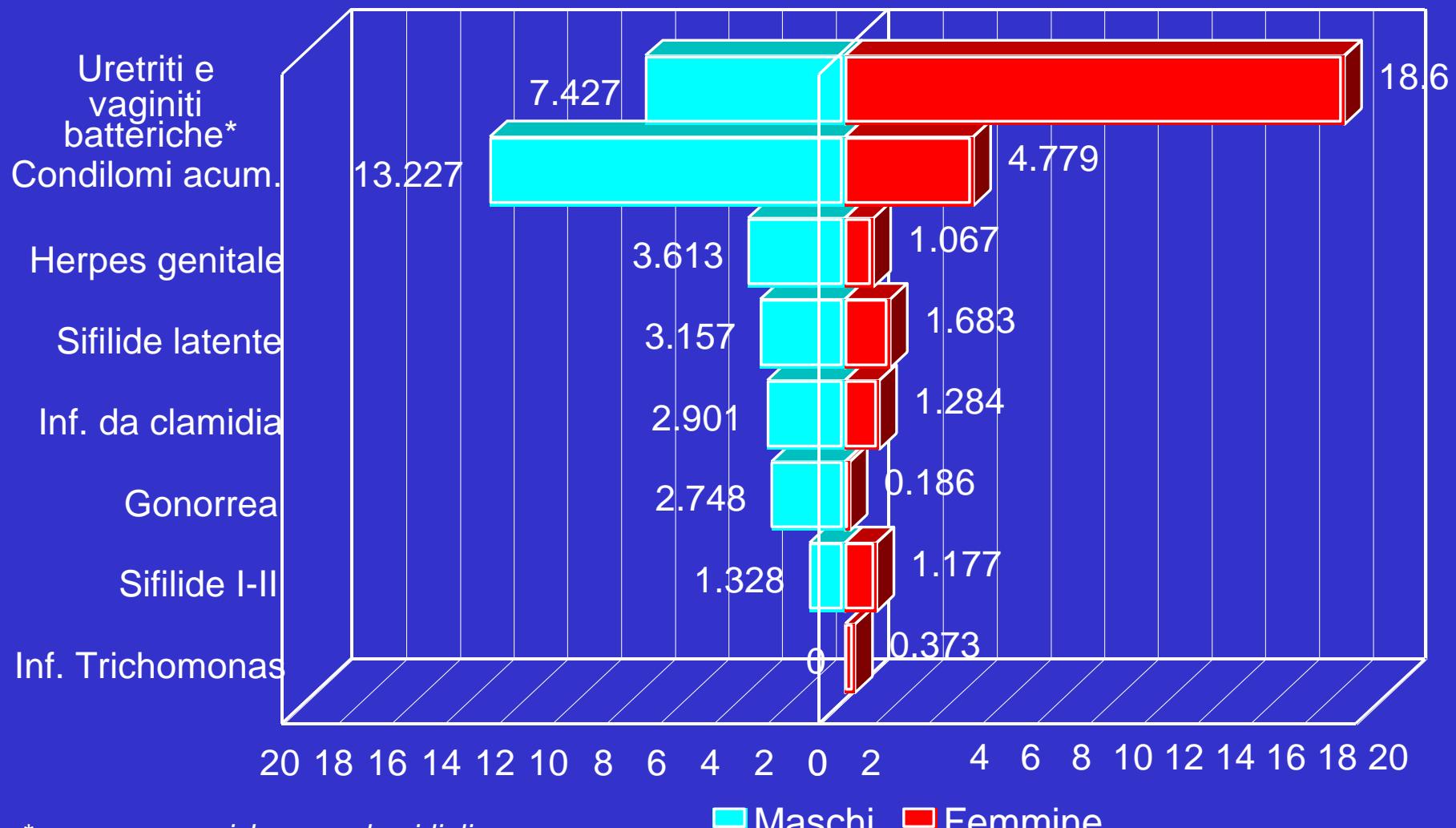
Distribuzione delle principali MST 1991-2003 (casi 85.420)





# Distribuzione delle MST per sesso

## Sorveglianza Nazionale MST 1991-2002 (76.108 casi)

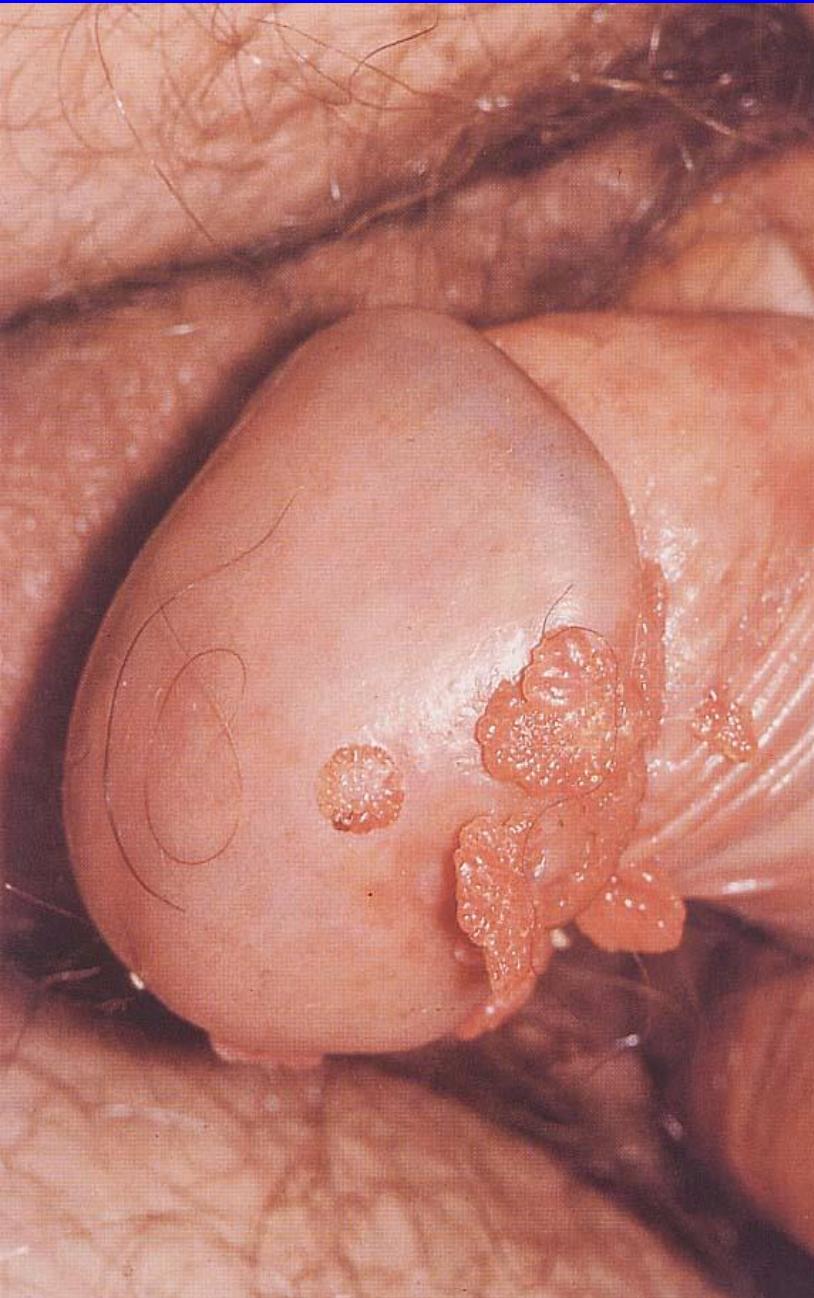


\* non gonococciche-non clamidiali

## Condilomi Acuminati: uomini

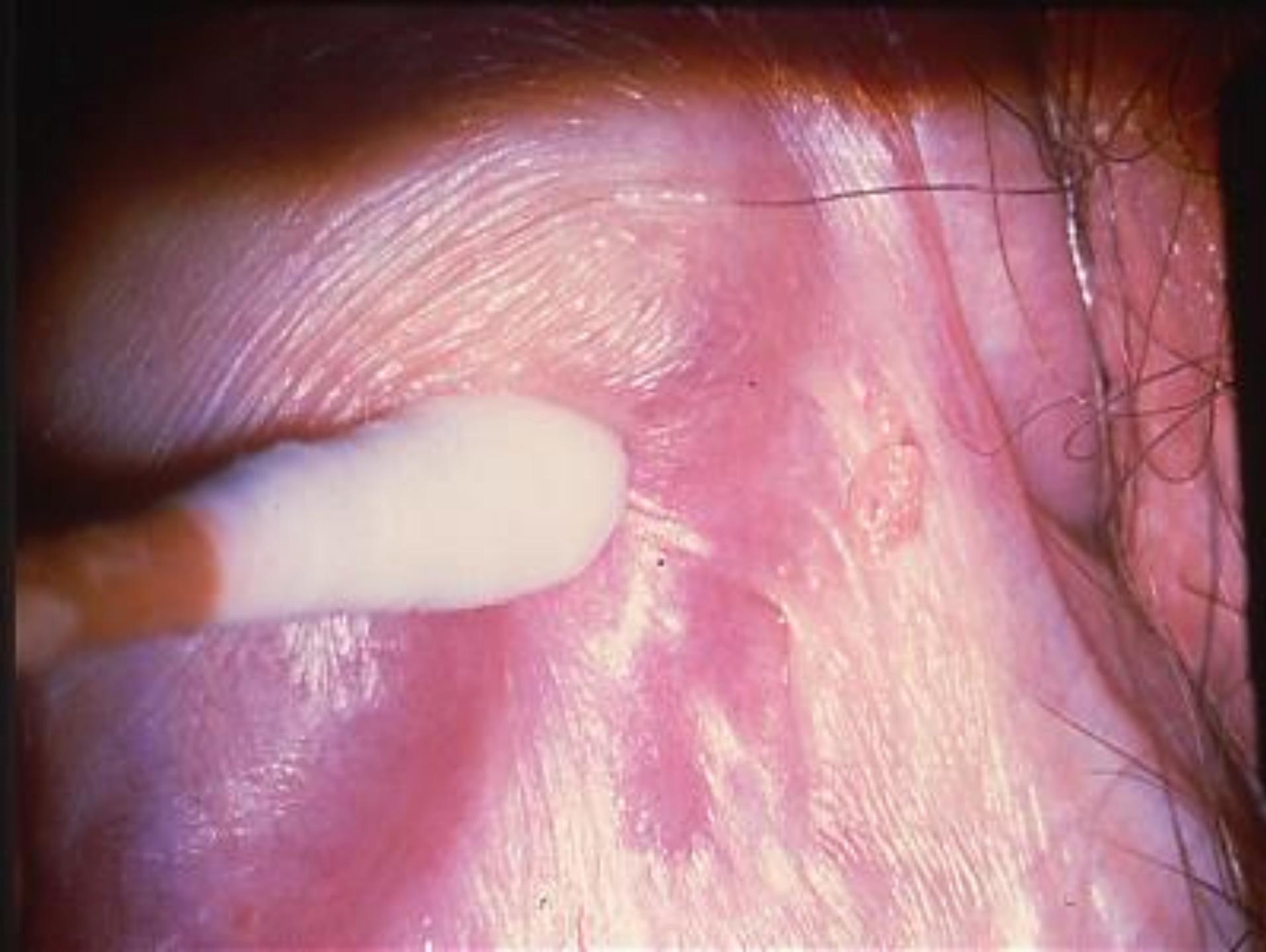


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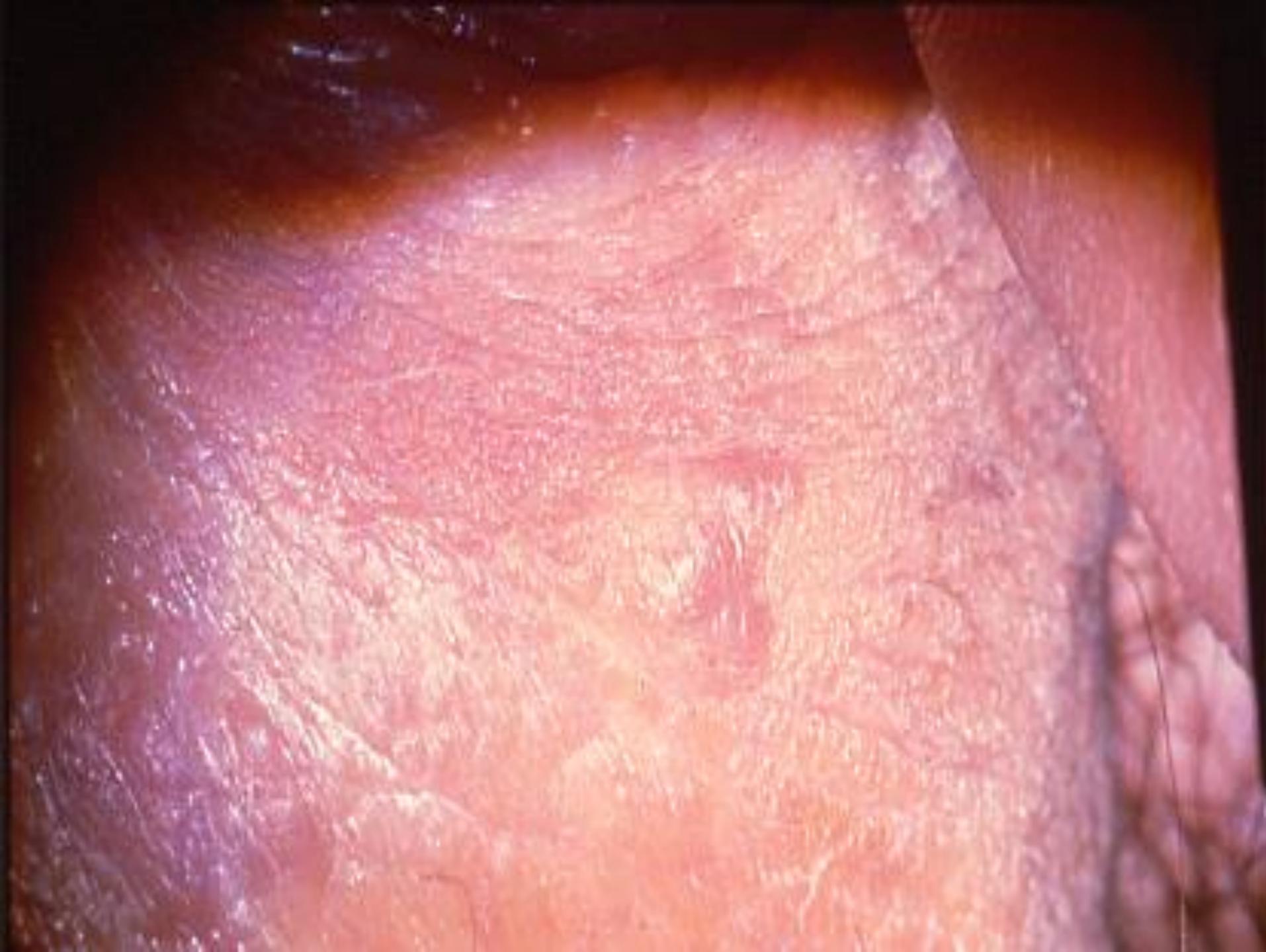




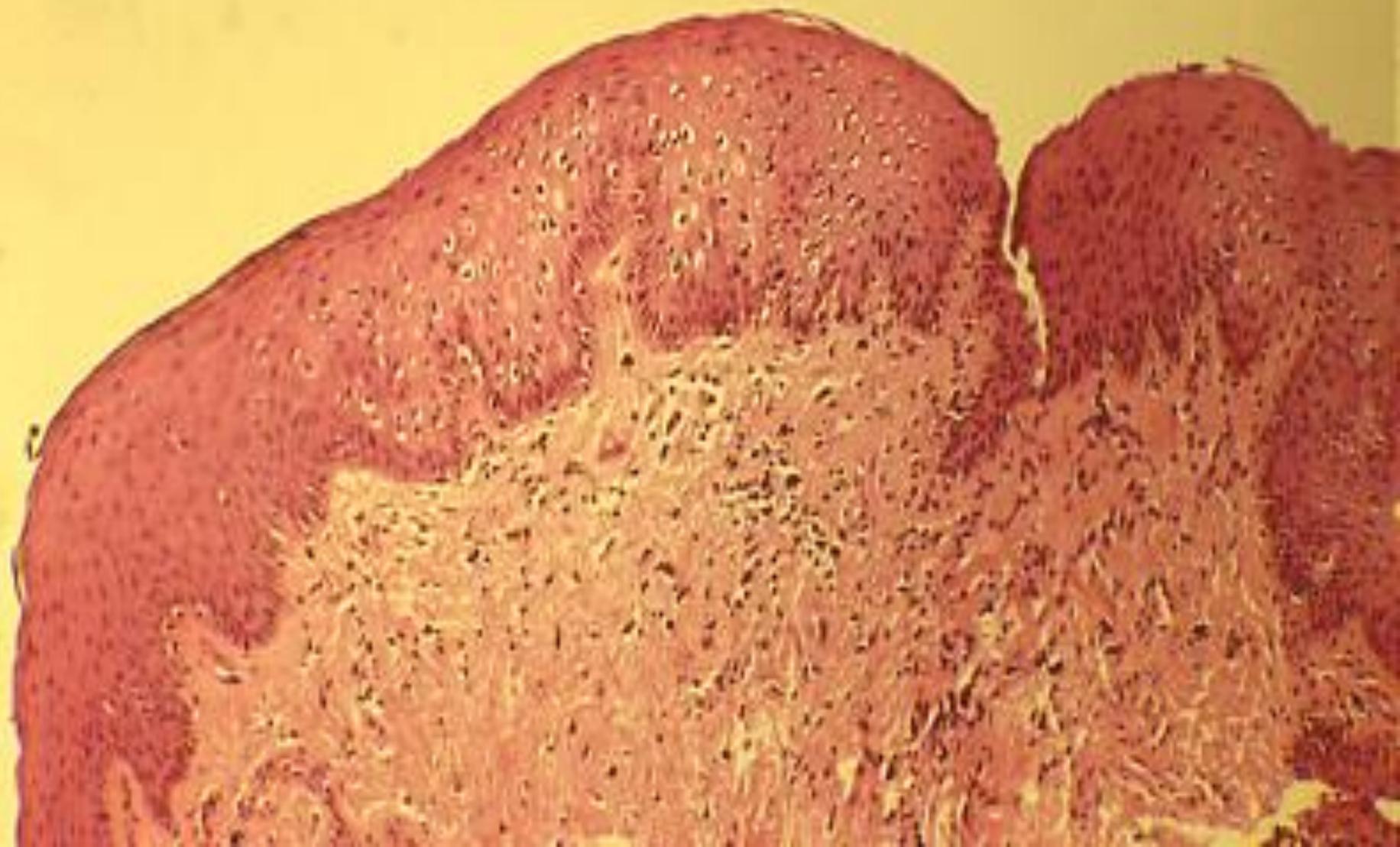




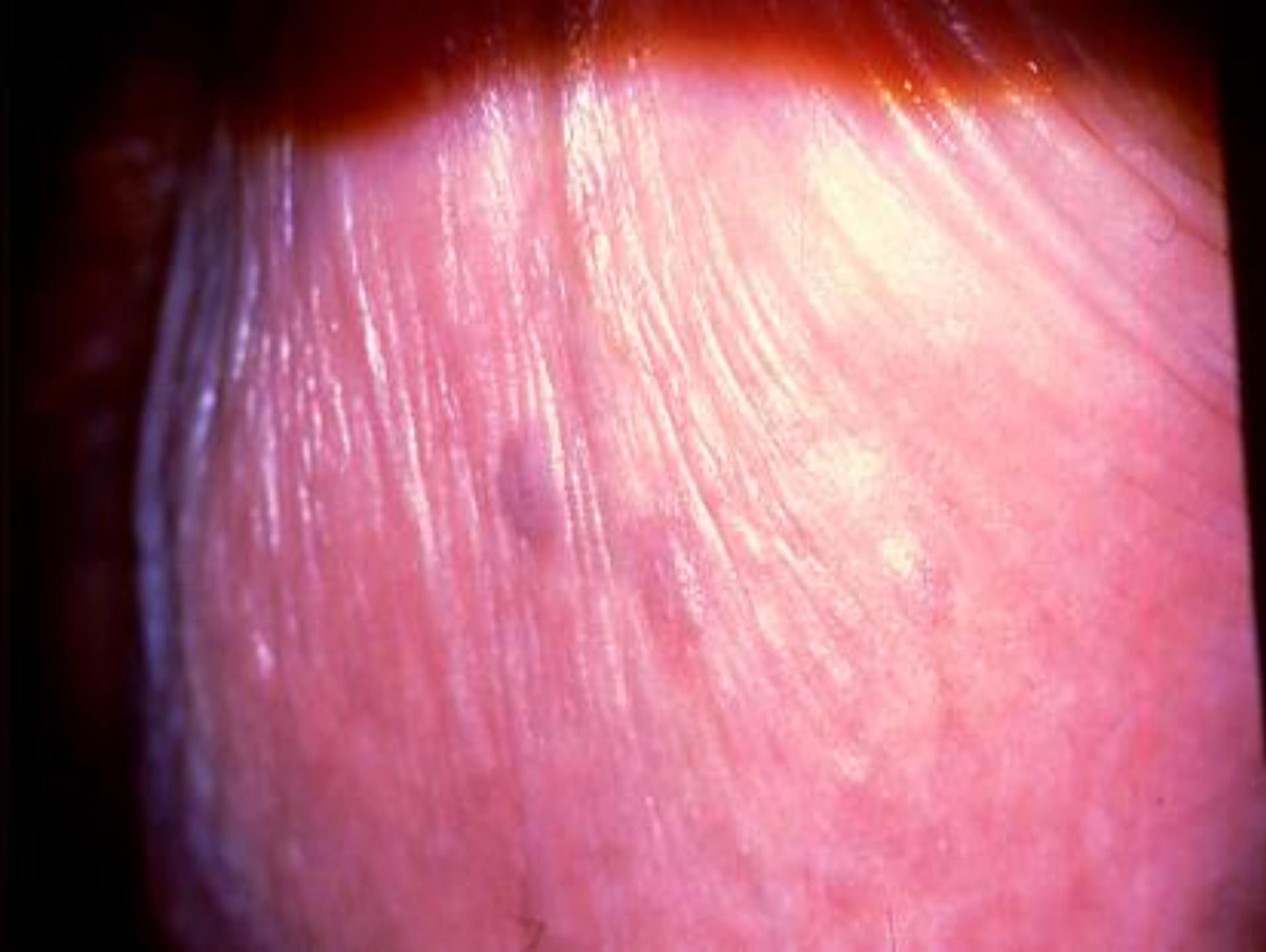


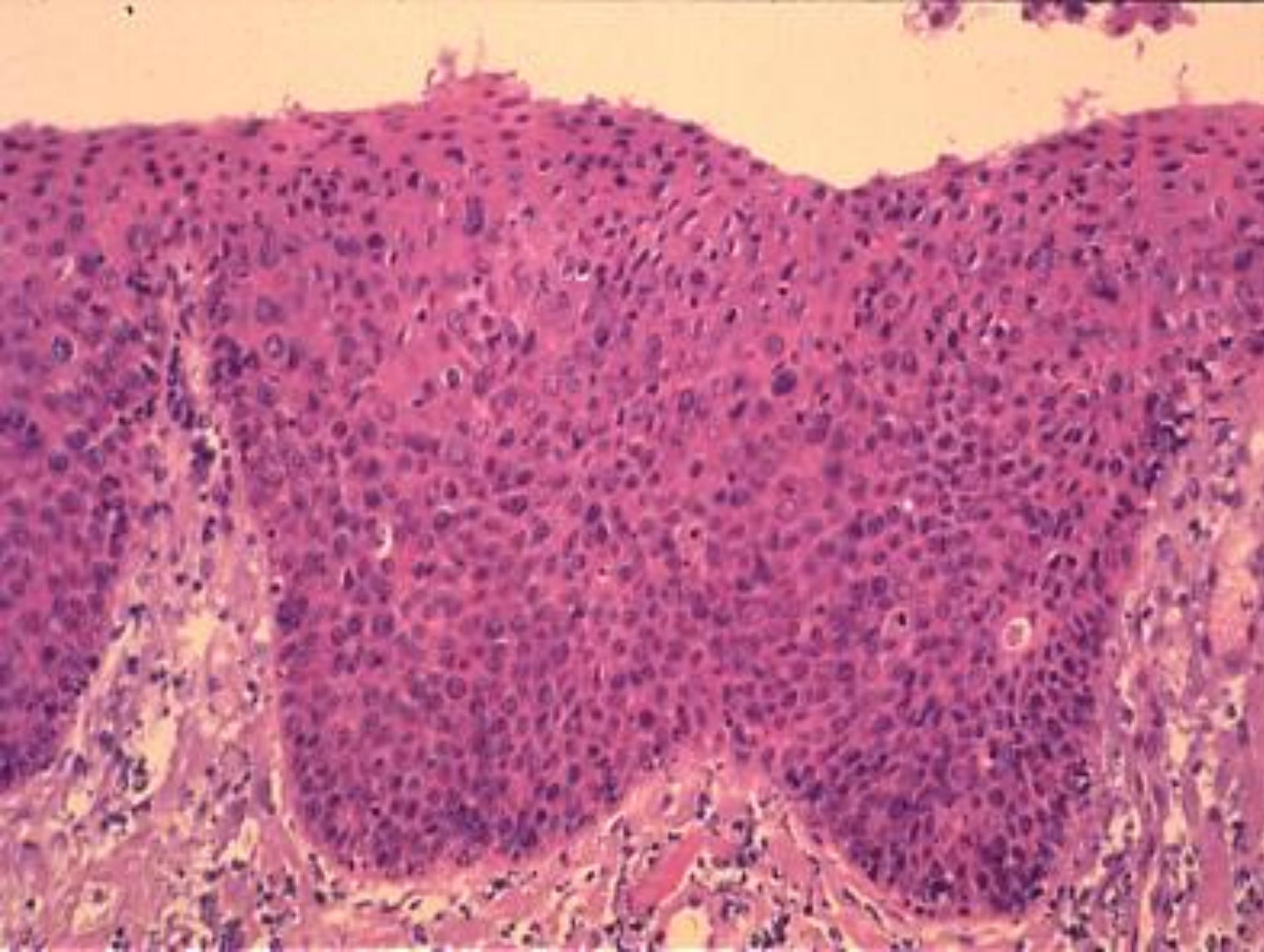


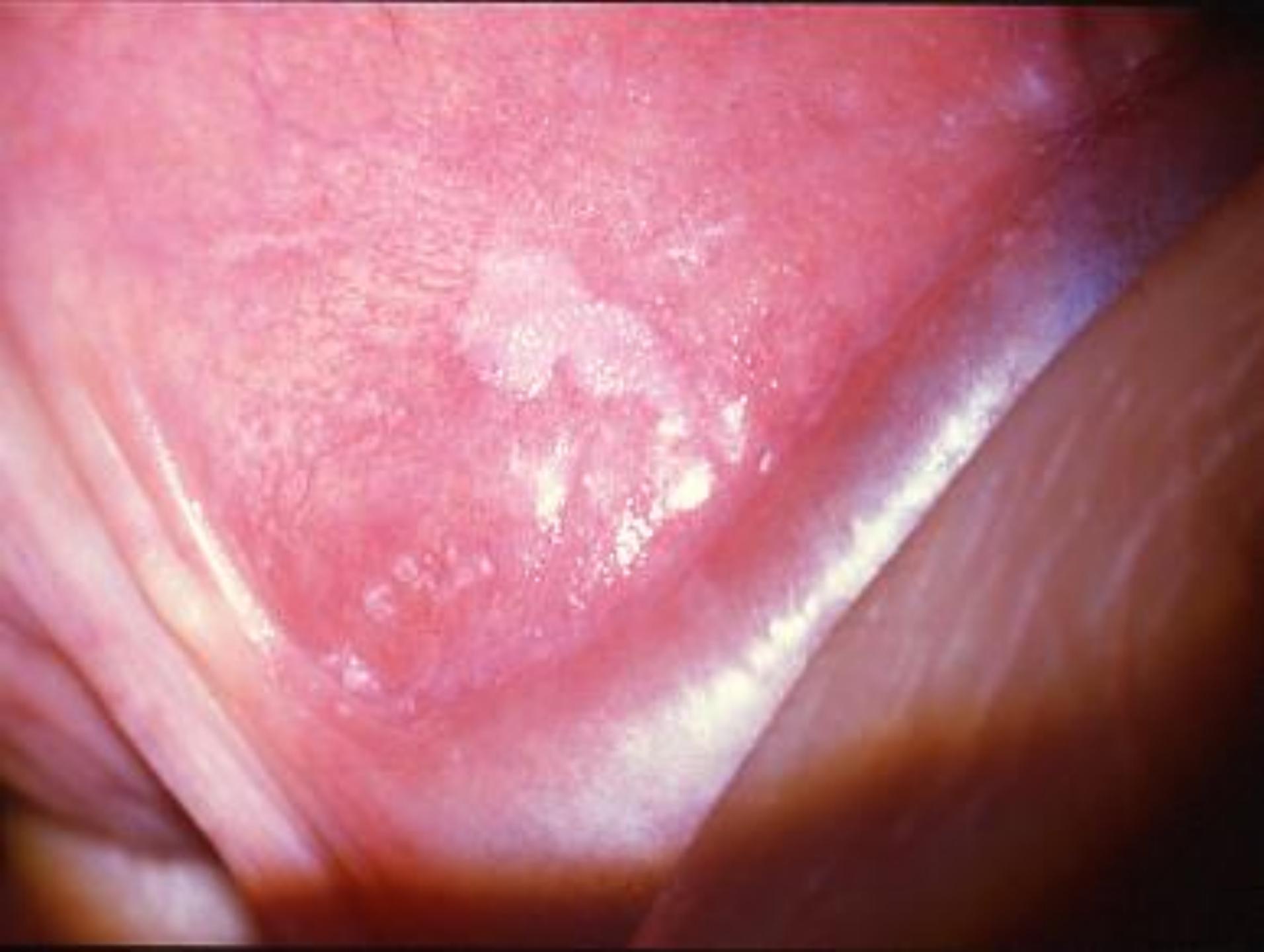










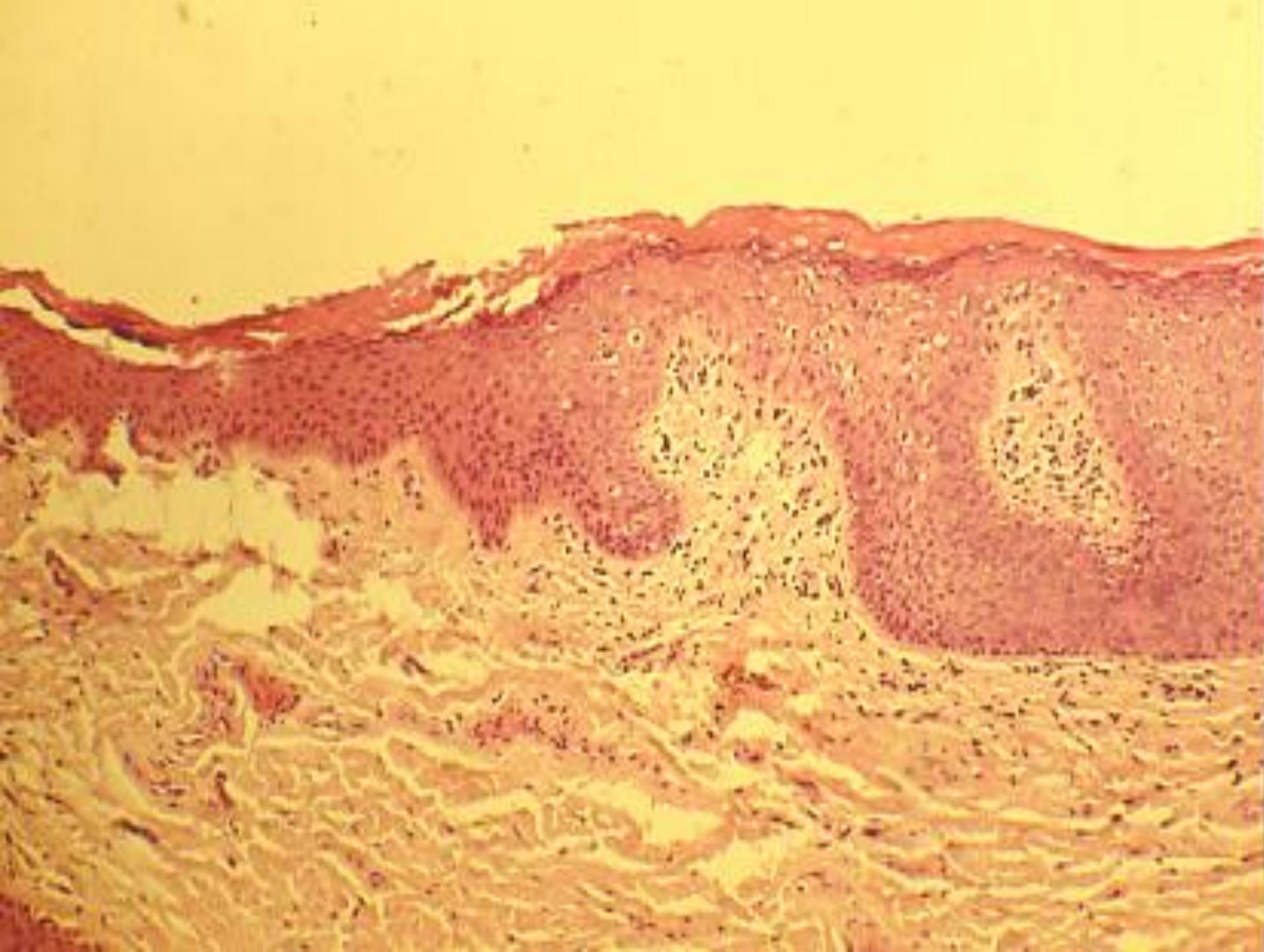


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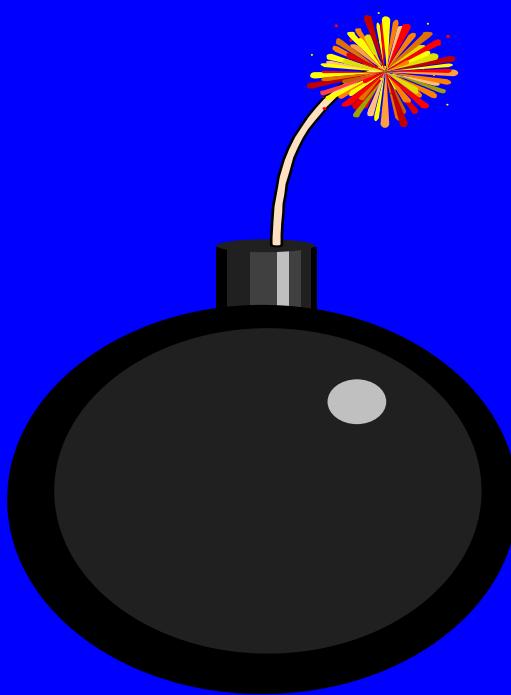


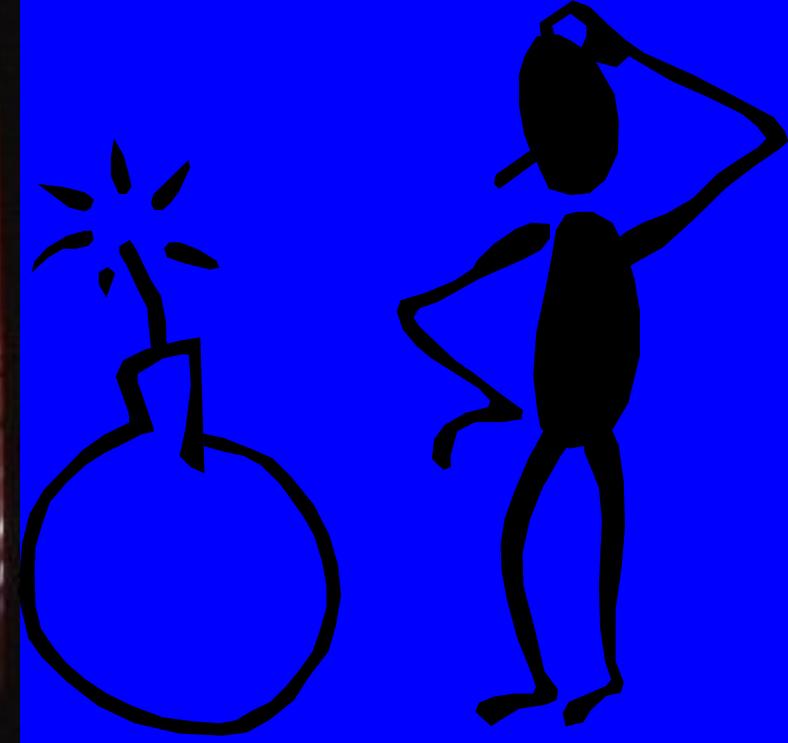




PENISCOPIA

*“LESIONE PIANA  
ERITEMATOSA”*





PENISCOPIA

“PIN”



**PIN**



PENISCOPIA	N.CASI	ISTOLOGIA			
		NORMALE	PAPILLOMA	CONDILOMA	PIN
CONDILOMI ACUMINATI	19	--	--	19	--
PAPULE	57	2	36	19	--
MACULE	58	4	48	6	--
PAPULE PIGMENTATE	41	--	3	--	38
MACULE ERITEMATOSE	42	3	1	--	38
PAPULE FISIOLOGICHE	17	17	--	--	--
ACIDOFILIA ASPECIFICA	54	50	4	--	--
TOTALE	288				

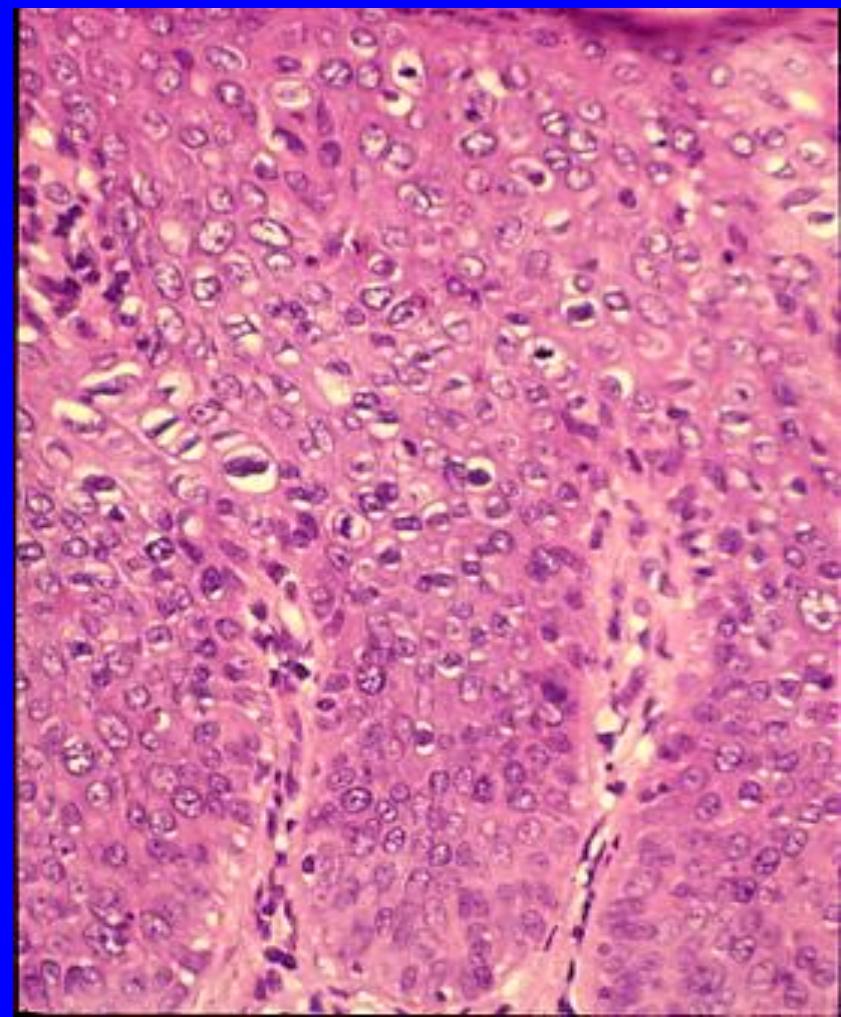
**PENISCOPIA      N.CASI      TIPO HPV**

	TOTALE	HPV+	6, 11	42	16, 18...	X
CONDILOMI ACUMINATI	19	19	19°	--	--	1°
PAPULE	57	48	32°°	4°	1°	13
MACULE	58	36	5°°	26°	1°	7°°
PAPULE PIGMENTATE	41	36	2°	3	27°°	6
MACULE ERITEMATOSE	42	32	--	--	26°°	8°°
PAPILE FISIOLOGICHE	17	0	--	--	--	--
ACIDOFILIA ASPECIFICA	54	1	--	--	--	1
<b>TOTALE</b>	<b>288</b>					



PENISCOPIA

“PIN”

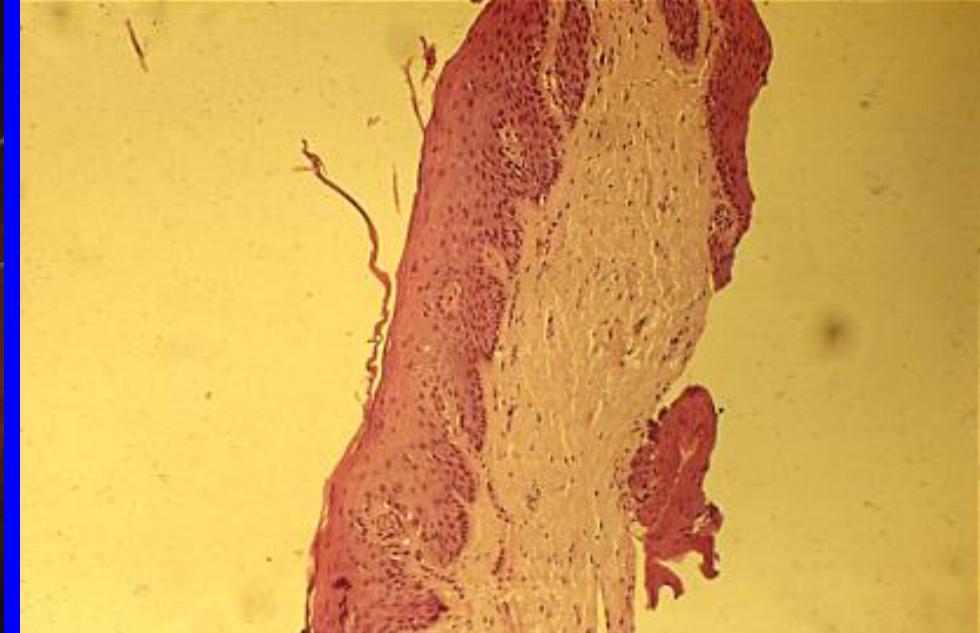


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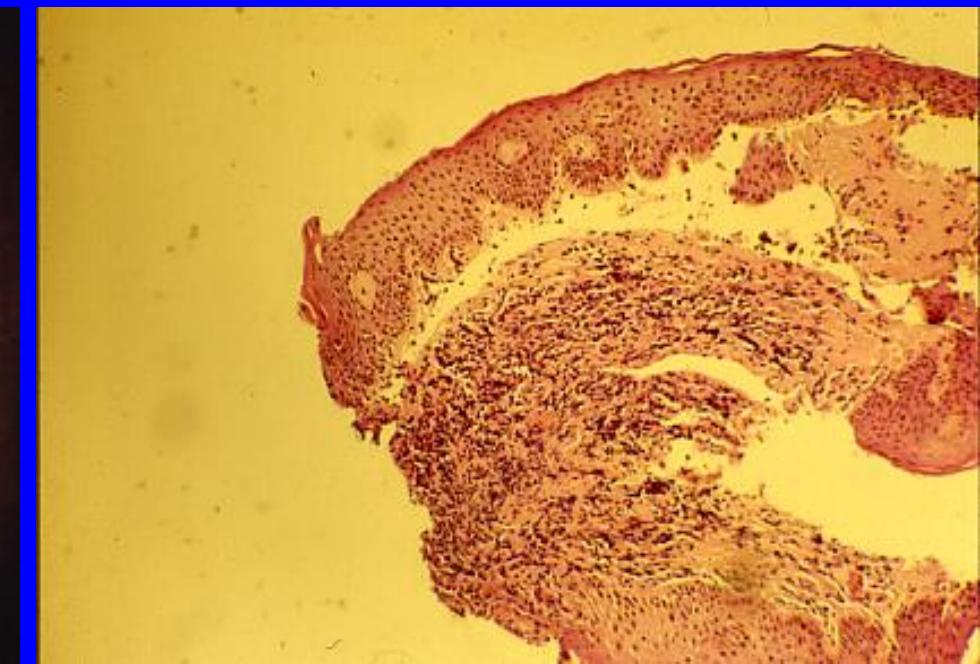
## PENISCOPIA

*“PAPILLE DEL GLANDE”*





## PENISCOPIA



## Papillomavirus-Related Genital Lesions in Male Partners of Women with Genital Condyloma or Cervical Intraepithelial Neoplasia: Diagnostic Approach

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### Abstract

Ninety-nine male partners of women with cervical condyloma or intraepithelial neoplasia (CIN) (group one), and 50 male partners of women with vulvar condyloma acuminata (group two) were studied. Sixty-three of the 149 (43%) male partners examined presented lesions histologically diagnosed as hyperplasia, condyloma or intraepithelial neoplasia. Penile human papillomavirus (HPV) related lesions were found in 17 (63%) of 27 partners of women with CIN, in 25 (64%) of 39 partners of women with cervical flat condyloma and in 21 (42%) of 50 partners of women with vulvar condyloma acuminata. Lesions were mostly clinically detected in partners of women with vulvar warts, while more than two thirds of the lesions were disclosed by the acetic acid test in partners of women with cervical pathology. Toluidine-positive and acetic acid-negative areas were evidenced in 6 men, but these areas were histologically interpreted as condyloma (one case) or hyperplasia (one case) in only two patients. Male examination by the acetic acid test, colposcopic observation and toluidine blue (BT) testing with careful clinical interpretation, are required for male genital screening, necessary in partners of women with any HPV-associated genital lesion.

### Key words:

Cervical intraepithelial neoplasia (CIN), condyloma, human papillomavirus (HPV), penile intraepithelial neoplasia (PIN), toluidine blue (BT) test

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Received for publication September 12, 1992; Accepted January 15, 1993.

Reprint requests: Prof. J. De Bruix (c).

## PREVALENCE AND HISTOLOGIC FEATURES OF PENILE LESIONS IN 642 PARTNERS OF WOMEN WITH GENITAL CONDYLOMA OR CIN

HISTOLOGY	No. CASES	%
MINIMAL CHANGES	103	16.0
CONDYLOMA	200	31.2
PIN	28	4.4
NEGATIVE	78	12.1
NO LESIONS	233	36.3
<b>TOTAL</b>	<b>642</b>	<b>100</b>

# ASPETTI COLPOSCOPICI DELLE LESIONI GENITALI MASCHILI HPV – CORRELATE

	N. CASI	%
CONDILOMI ACUMINATI	86	26.0
PAPULE	44	13.3
LESIONI PIANE	171	51.7
LESIONI MISTE	30	9.0
TOTALE	331	100

## DISTRIBUZIONE DELLE LESIONI GENITALI MASCHILI HPV-CORRELATE

SEDE	N. CASI	%	N. CASI SEDE UNICA	%	N. CASI PIU' SEDI	%
MEATO URINARIO	17	5.1	13	3.9	4	1.2
GLANDE	40	12.1	25	7.6	15	4.5
PREPUZIO	197	59.5	153	46.2	44	13.3
ASTA	65	19.7	49	14.8	16	4.9
SCROTO	3	0.9	1	0.3	2	0.6
ANO-PERINEO	9	2.7	3	0.9	6	1.8
TOTALE	331	100	244	73.7	87	26.3

# PENILE LESIONS AND HUMAN PAPILLOMAVIRUS IN MALE SEXUAL PARTNERS OF WOMEN WITH CERVICAL INTRAEPITHELIAL NEOPLASIA.

- Penile lesions were seen in 68% of the male sexual partners.
- More than one lesion type was diagnosed in 15%.
- Flat lesions, papular lesions, and condylomata acuminata were seen in 83%, 29%, and 4%, respectively.
- HPV was detected in 59% of the penile scrapings, containing mainly oncogenic HPV types.
- When penile lesions were present at peniscopy, 67% of penile scrapings were positive for HPV, whereas 37% were HPV-positive when no lesions were visible.

Bleeker MC et al.

J Am Acad Dermatol 2002 Sep;47(3):351-7

# **HPV:VACCINARE LUI, PER PROTEGGERE LEI**

**Dott. Sandra Mazzoli dell'Ospedale Santa Maria Annunziata di Firenze,membro dell' Associazione Europea di Urologia (EAU):**

- **I'incidenza al maschile dell'infezione da Hpv sessualmente trasmessa è in aumento, dal 14,7% del 2005 si è passati al 27,5% nel 2006.**
- **Dei 1.030 maschi (età media 31 anni circa) che si sono rivolti al Centro infezioni sessualmente trasmesse dell'ospedale fiorentino dal gennaio 2005 al dicembre 2006 per un problema di prostatite cronica, uno su 5 (209 pazienti, pari al 20,2%) e' risultato positivo alla presenza di Hpv nell'eiaculato totale**
- **Da questa ricerca nasce l'idea di un corretto programma di vaccinazione mirata, come quella già rivolta alle ragazze anche in Italia, potrebbe essere allargato anche ai giovani maschi sessualmente attivi.**

**IL PAPILLOMAVIRUS SI PUÒ TROVARE ANCORATO ALLA SUPERFICIE DEGLI SPERMATOZOI E SI ATTIVA SOLO NEL MOMENTO IN CUI LO SPERMATOZOO ENTRA NELL'OVOCITA.**

**FINCHÉ IL DNA VIRALE SI RITROVA SULLO SPERMATOZOO È QUIESCENTE E SI ATTIVA SOLTANTO NEL MOMENTO IN CUI IL DNA DELLO SPERMATOZOO VIENE A CONTATTO CON IL DNA DELL'OVOCITA.**

**"QUESTO ACCADE PERCHE' ALL'INTERNO DELL'OVOCITA IL DNA DEL VIRUS VIENE ATTIVATO PROPRIO COME IL DNA DELLO SPERMATOZOO".**

**IL PASSAGGIO DEL DNA VIRALE NELL'OVOCITA PUÒ PROVOCARE " MANCANZA DI SVILUPPO DELL'EMBRIONE O ABORTO PRECOCE ".**

**Nel caso particolare dell'infezione da Papillomavirus (HPV) sappiamo che almeno il 30% dei partners maschili ne è portatore con un genotipo diverso per differenza di genere e può perpetuarne l'infezione nella coppia.**

Seppa N. : Half of adult males carry HPV Human papillomavirus Science News 26 mar 2011

**E' stata già ampiamente dimostrata la connessione tra HPV e molte patologie genitali nella donna, ma altrettanto elevata è la prevalenza di infezioni da Papillomavirus nel maschio, associate a lesioni quali verruche e condilomi. Sono diversi gli Stati che si sono adoperati nell'introdurre un programma di vaccinazione per entrambi i sessi, essendo l'uomo un serbatoio dell'infezione.**

**Giuliano Anna R. ,Efficacy of Quadrivalent HPV Vaccine against HPV Infection and Disease in Males. N Engl J Med. Nov 2012**

# RACCOMANDAZIONI INTERNAZIONALI

## VACCINAZIONE DI ROUTINE NEL MASCHIO



**US\_Advisory Committee in Immunization Practices (ACIP)**  
**(MMWR\_23/12/2011)**

**Vaccinazione universale (m+f)**

- Vaccinazione di routine per i bambini di 11 o 12 anni

- + catch-up dai 13 ai 21 anni



**Australia\_Pharmaceuticals Benefits Advisory Committee (PBAC)**  
**(19/12/2011)**

**Raccomandazione positiva**

- Vaccinazione nelle scuole per i ragazzi di 12-13 anni

- + 2 anni di catch-up per i ragazzi di 14-15 anni



**Canada\_National Advisory Committee on Immunization (NACI)**  
**(CCDR\_Gennaio 2012)**

**Raccomandazione Grado A**

- Vaccinazione per i maschi dai 9 ai 26 anni (vaccinazione di routine tra i 9 e i 13 anni)



Nel mese di agosto 2011, l'**European Medicines Agency (EMA)** ha dato parere positivo all'estensione delle indicazioni del vaccino quadrivalente nei maschi fino a 26 anni

# Estimating the clinical benefits of vaccinating boys and girls to prevent HPV-related diseases in Europe

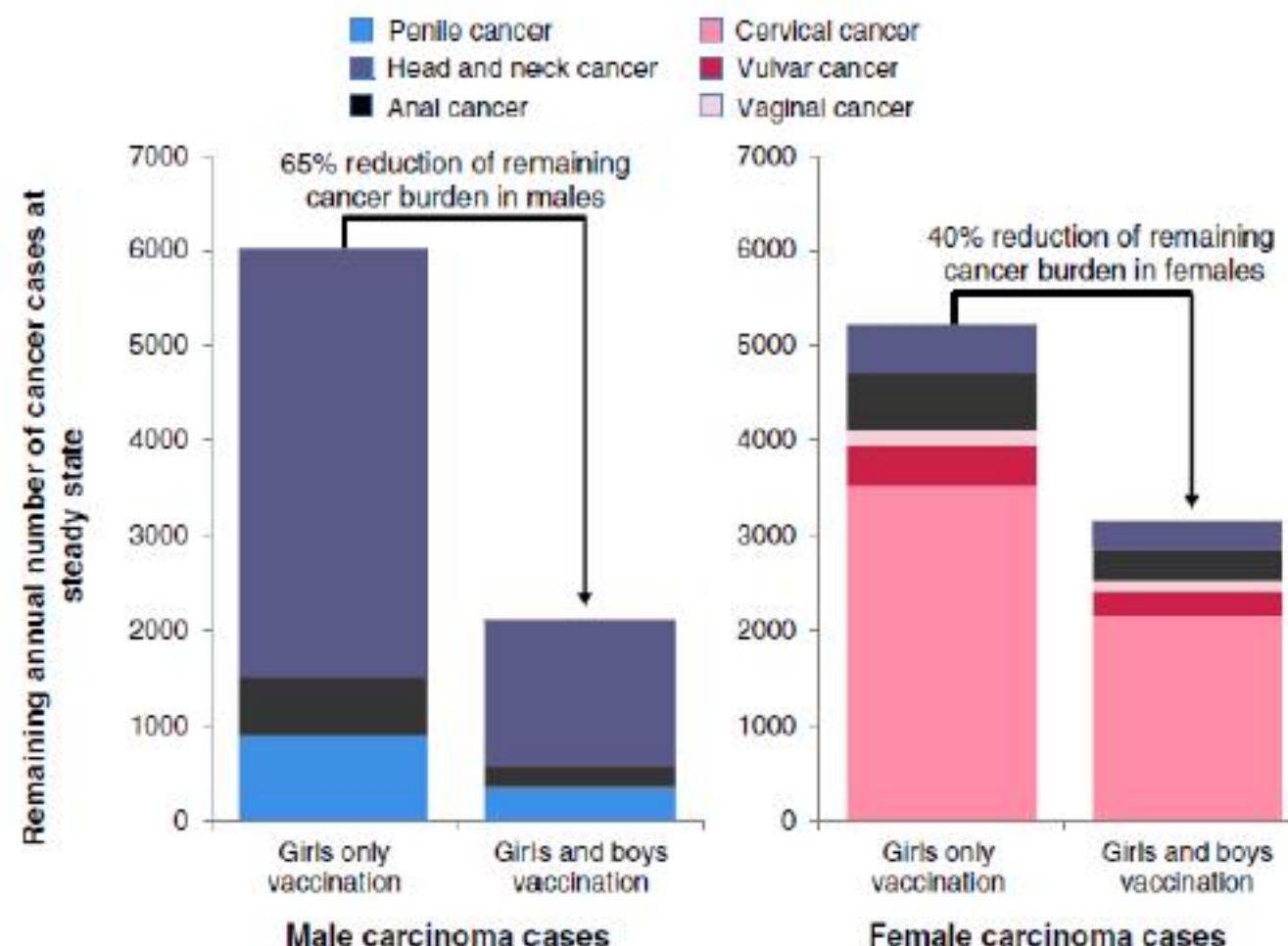
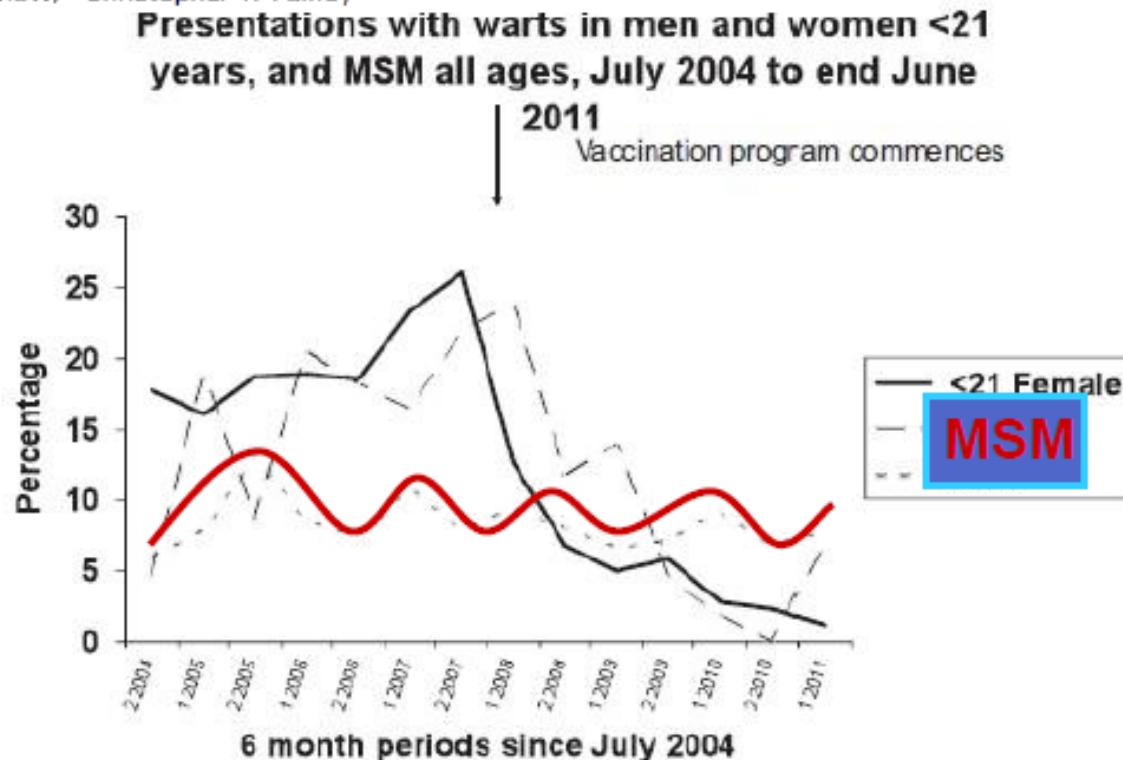


Figure 1 Annual number HPV 16/18 related carcinoma cases among males and females when considering a vaccination strategy of boys and girls aged 12 versus girls only vaccination aged 12 (70% vaccine coverage rates assumed for all cohorts) - base case analysis presented at steady-state, 100 years. The remaining annual burden of male HPV-related carcinomas is shown in the chart on the left side; remaining burden of female HPV-related carcinomas is shown in the chart on the right hand side.

# The near disappearance of genital warts in young women 4 years after commencing a national human papillomavirus (HPV) vaccination programme

Tim R H Read,<sup>1</sup> Jane S Hocking,<sup>2</sup> Marcus Y Chen,<sup>1</sup> Basil Donovan,<sup>3</sup>  
Catriona S Bradshaw,<sup>4</sup> Christopher K Fairley<sup>1</sup>

*Sex Transm Infect,*  
*Ottobre 2011*



Riduzione del numero di diagnosi di condilomi genitali di circa il 90%, dall'inizio del programma vaccinale, nelle giovani donne <21 anni.

Al 70% di copertura, anche una buona immunità di gregge nei maschi eterosessuali, con minima riduzione negli stessi gruppi tra 21-29 aa.

L'incidenza nei maschi omosessuali rimane invariata.

# Treatment Rationale for External Genital Warts

- Cosmetic considerations
- Psychosocial
- Reduce virus load
- Restore (or improve) normal function
- Relieve symptoms

# Criteria for the Selection of Wart Therapy

- Immune status of the patient
  - Age
  - Disease
  - Drugs
- Extent of clinical tumor
- Location of clinical tumor
- Response to prior therapies

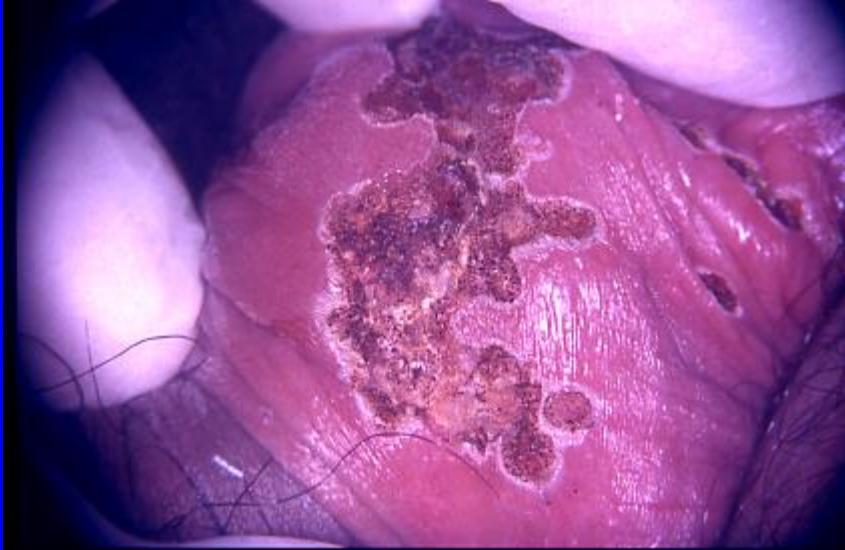
# Traditional Therapy for Anogenital Warts

Modality	Response	Recovery
Excision	100%	60%
Electrocautery & curettage	100%	9%
Laser therapy	66-95%	1-14%
Cryosurgery	42-88%	7-40%
Trichloroacetic Acid	60-85%	40%
Phodophyllin	22-98%	50%
Podophyllotoxin (Podofilox)	36-60%	33%
Imiquimod	50-62%	13-19%
5- Fluorouracil	33-70%	100%



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## *RISULTATI DEL TRATTAMENTO CON LASER CO<sub>2</sub>*

COLPOSCOPIA	N <sup>°</sup> PAZ.	GUARIGIONE		
		DOPO 1 TRATTAMENTO	DOPO 2 O PIÙ TRATTAMENTI	TOT.
CONDILOMI AC.	98	88	4	92
PAPULE	27	24	3	27
MACULE	110	96	7	103
TOT.	235(100%)	208 (88,5%)	14(5,9%)	222 (94,4%)

## CONTROL OF HPV-ASSOCIATED LESIONS BY INITIAL THERAPY ACCORDING TYPE AND NUMBER OF LESIONS

TYPE OF LESION	< 4 LESIONS		>/4 LESIONS		TOTAL	
	N <sup>^</sup>	%	N <sup>^</sup>	%	N <sup>^</sup>	%
CLASSICAL CONDYLOMATA	28	82*	25	56*	53	70
OTHER HPV-ASSOCIATED LESIONS	52	87*	50	62*	102	75
TOTAL	80	85*	75	60*	155	73

\*PAIRED NUMBERS ARE SIGNIFICANTLY DIFFERENT ( $P < 0.05$ )

KREBS HB, 1989

## **PERCENTUALE DI GUARIGIONE DOPO 12 MESI**

**LESIONI CLINICHE                    95**

**(P>0.05)**

**LESIONI SUBCLINICHE                93**

**KREBS HB,1969**

**RISULTATI DEL TRATTAMENTO CON LASER CO<sub>2</sub> DELLE LESIONI  
PRENEOPLASTICHE E NEOPLASTICHE DEL PENE**

GRADO DELLA LESIONE	N ^	N ^ PERSISTENZA-RECIDIVA	
		DISPLASIA	CARCINOMA
PIN I	16	0	0
PIN II	3	0	0
PIN III	6	0	0
T2	4	1*	0
T3	1	0	1

\* LASER CO<sub>2</sub> +5 F.U.

REZA S. MALEK, 1992

# **LE PATOLOGIE DA HPV: L'IMPATTO SUL TERRITORIO**

## **PROFILASSI:**

1. Educazione sessuale (nelle scuole)
2. Vaccinazione

# Holiday Condom



# Total Body Condom



Se tutto il resto fallisce.....





A.G.E.O.

Associazione Ginecologi Extra Ospedalieri

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