



Associazione Ginecologi
Extra Ospedalieri

VI CORSO BASE

COLPOSCOPIA

Diagnostica e Operativa del Basso Tratto Genitale
8-9-10 Novembre 2018 MILANO



Presidenti: B. Stefanon, G. Bandieramonte

HPV e cancro del basso tratto genitale

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Clinica "L. Mangiagalli" – Università di Milano*



Fondazione IRCCS Ca' Granda
Ospedale Maggiore Policlinico

Sistema Socio Sanitario



Regione
Lombardia

➤ 15% CANCRI CAUSATI DA INFEZIONI

1842 Rigoni Stern (Ca. cervice prostitute, suore)

1907 Ciuffo (estratti inoculati causavano condilomi)

1976 Meisels e Fortin (coilocitosi)

1976-78 Zur Hausen (HPV causa del cervicocarcinoma)

1980-81 Gissmann/de Villiers (HPV 6/11 clonati da condilomi)

1983-84 Dürst/Boshart (HPV 16/18 clonati da cancro cervicale)

1988 von Knebel (oncogeni E6/E7)

1990 Howley (E6-p53 – E7-pRb)

von Knebel (Antwerp, 2010)

ONCOGENESI VIRALE

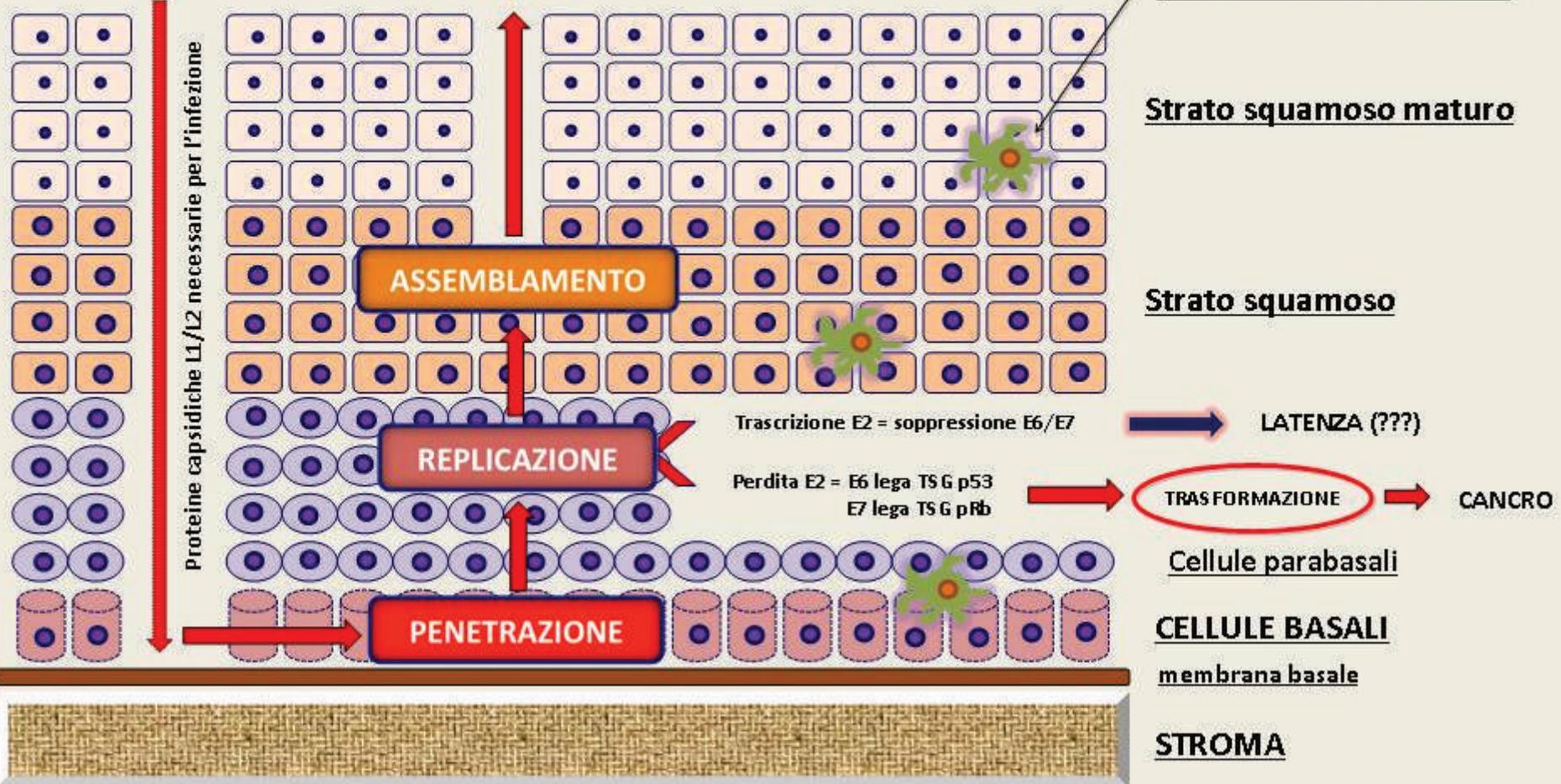
HPV



microabrasioni

nuove particelle infettanti

Cellule del sistema immunitario in grado di esporre antigeni



PREVENZIONE INFEZIONE DA HPV



primaria



secondaria



terziaria



quaternaria



**NON INFETTA
HPV NEGATIVA**



**NON INFETTA
HPV NEGATIVA**



**INFETTA
HPV POSITIVA**



**NON INFETTA
HPV NEGATIVA**



*Rischio
sessuale*



**INFETTA
HPV POSITIVA**



**NON INFETTA
HPV NEGATIVA**

*INCIDENZA HPV:
40-80%
2 anni dopo
il coitarca*

*Rischio
sessuale*



**INFETTA
HPV POSITIVA**



**NON INFETTA
HPV NEGATIVA**

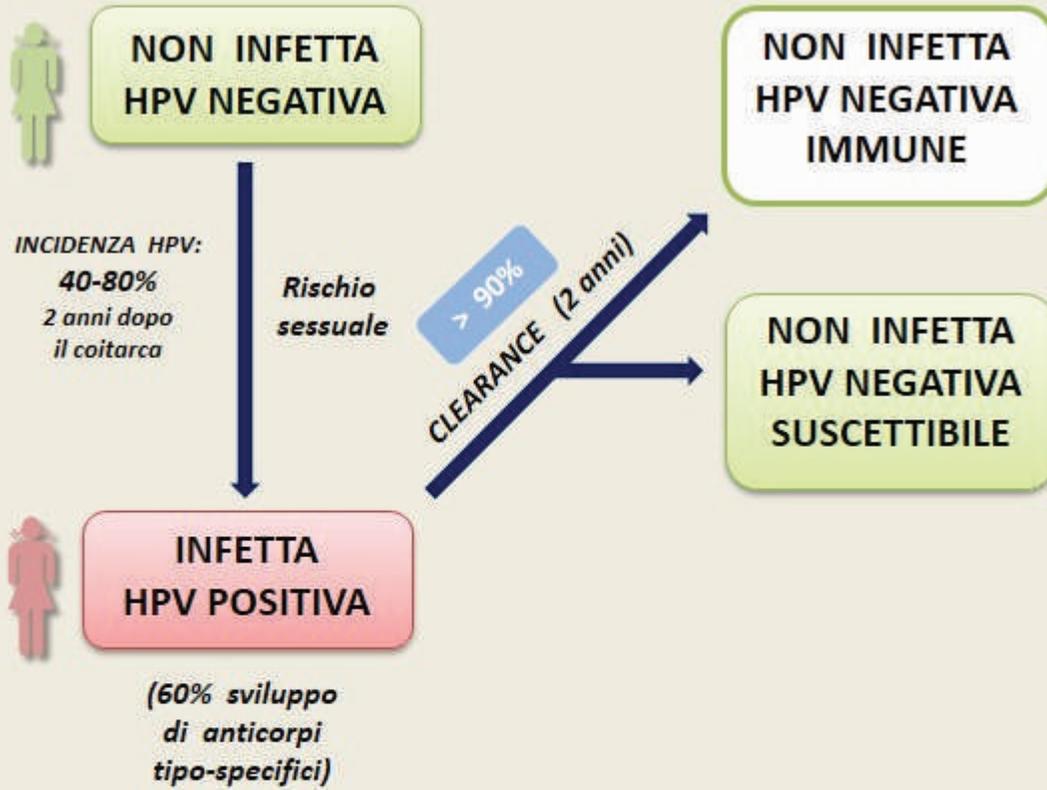
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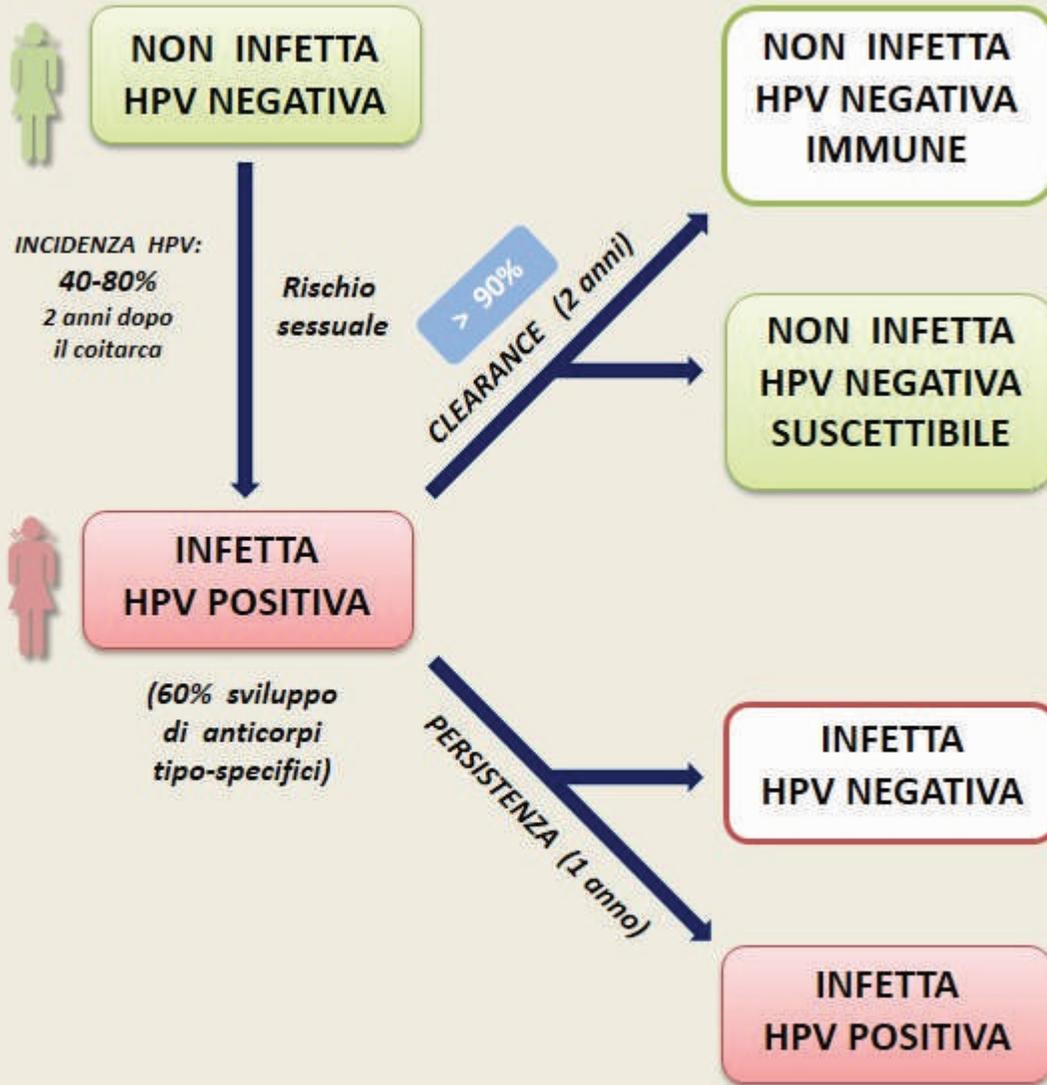
*Rischio
sessuale*

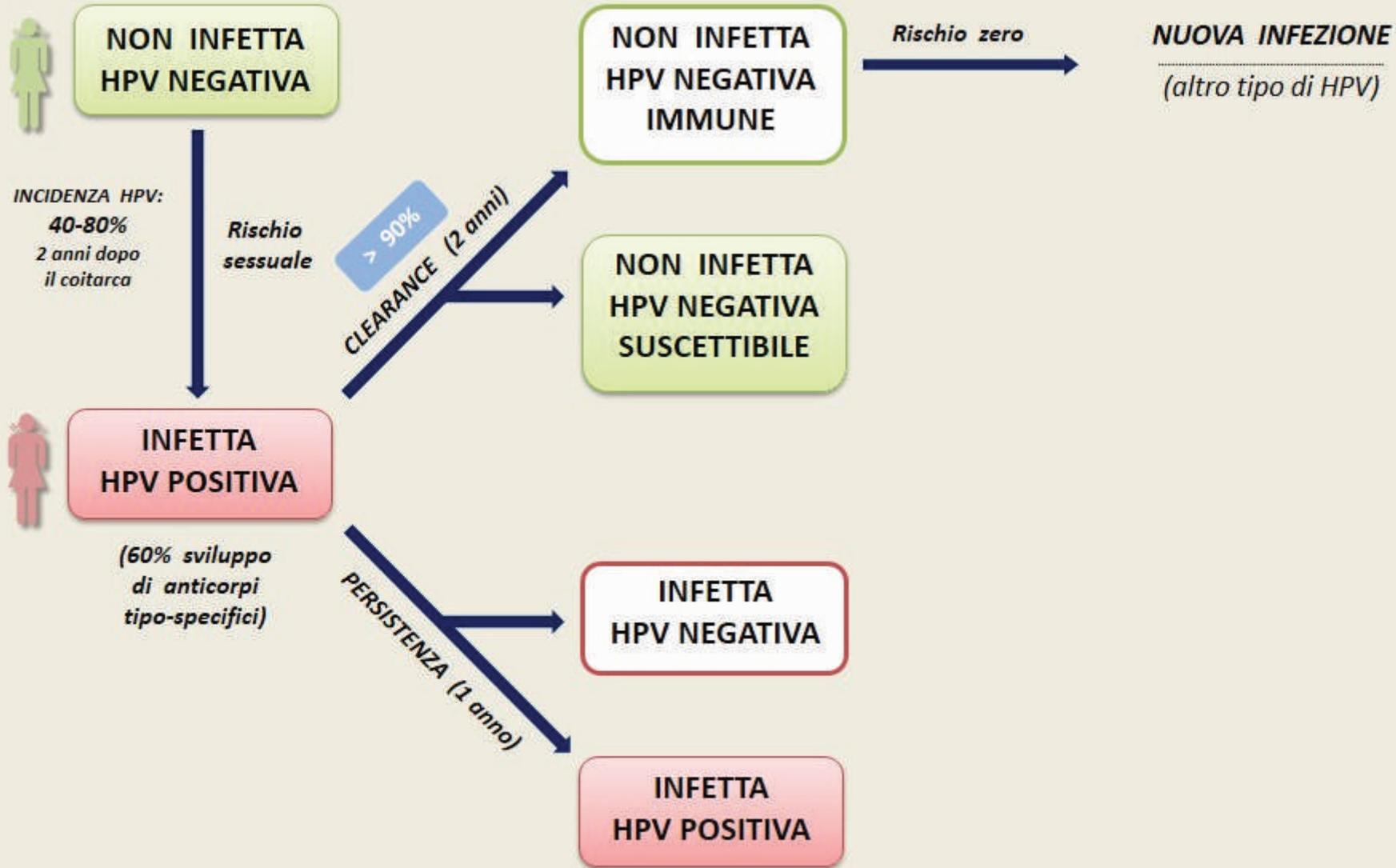


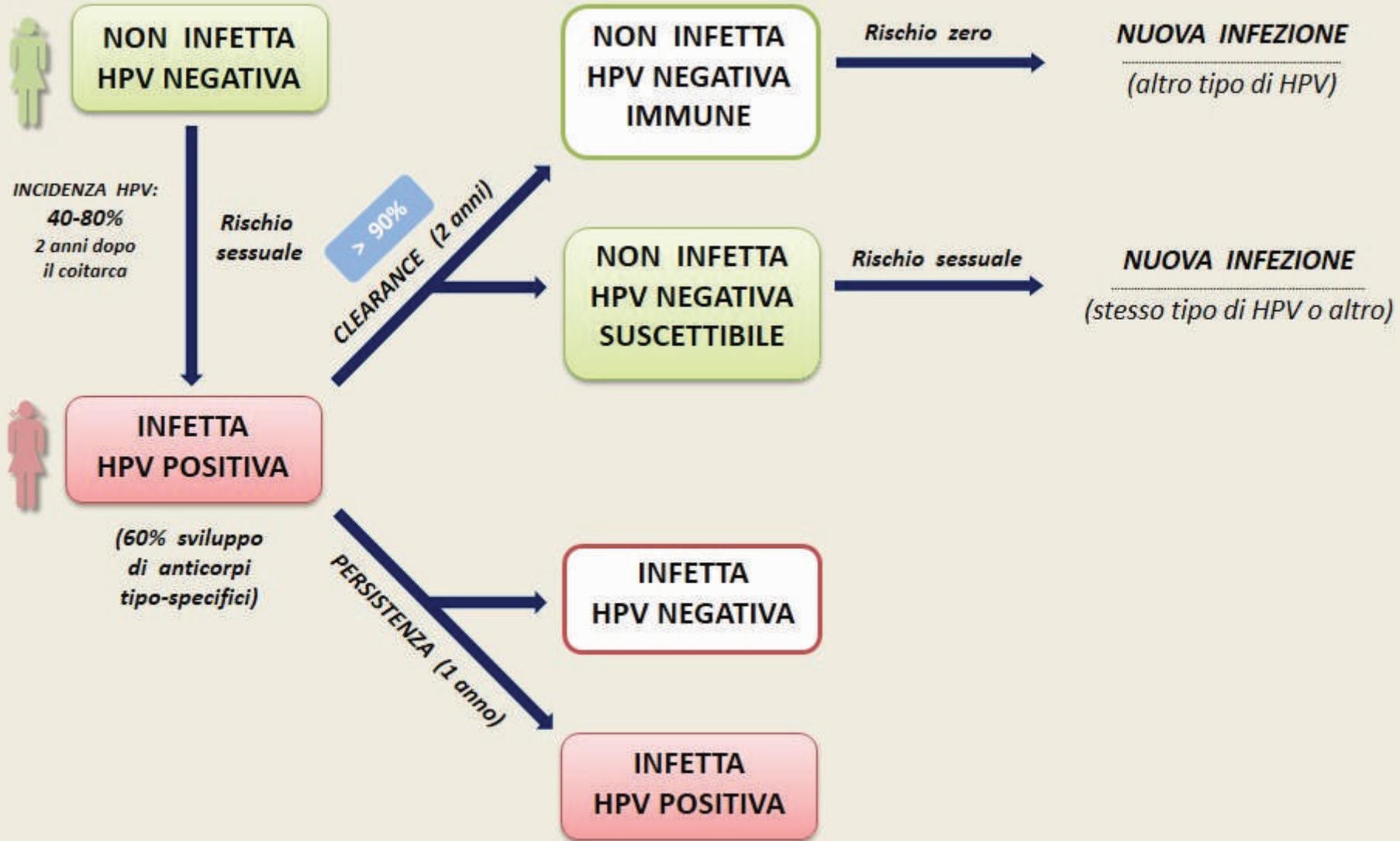
**INFETTA
HPV POSITIVA**

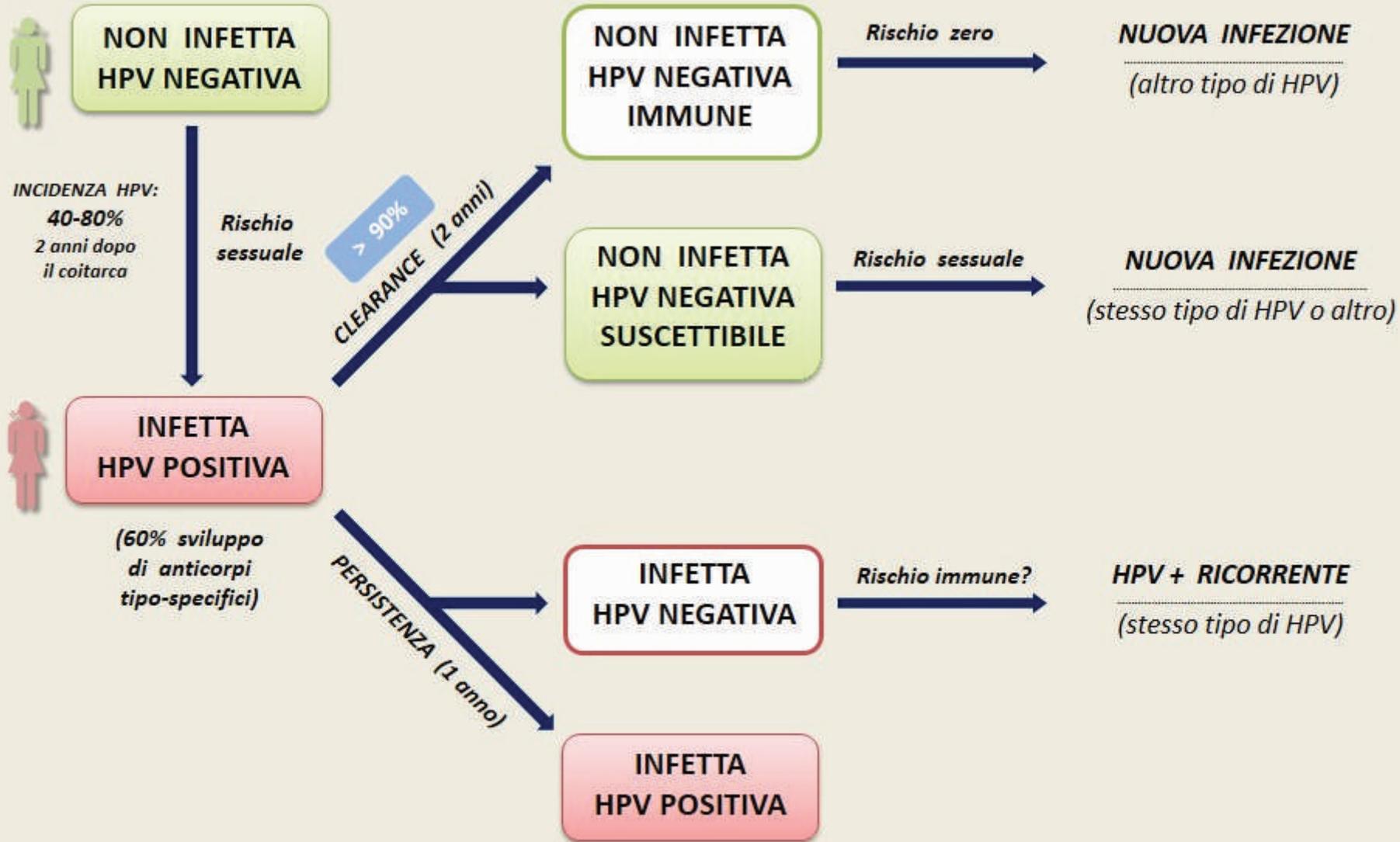
*(60% sviluppo
di anticorpi
tipo-specifici)*

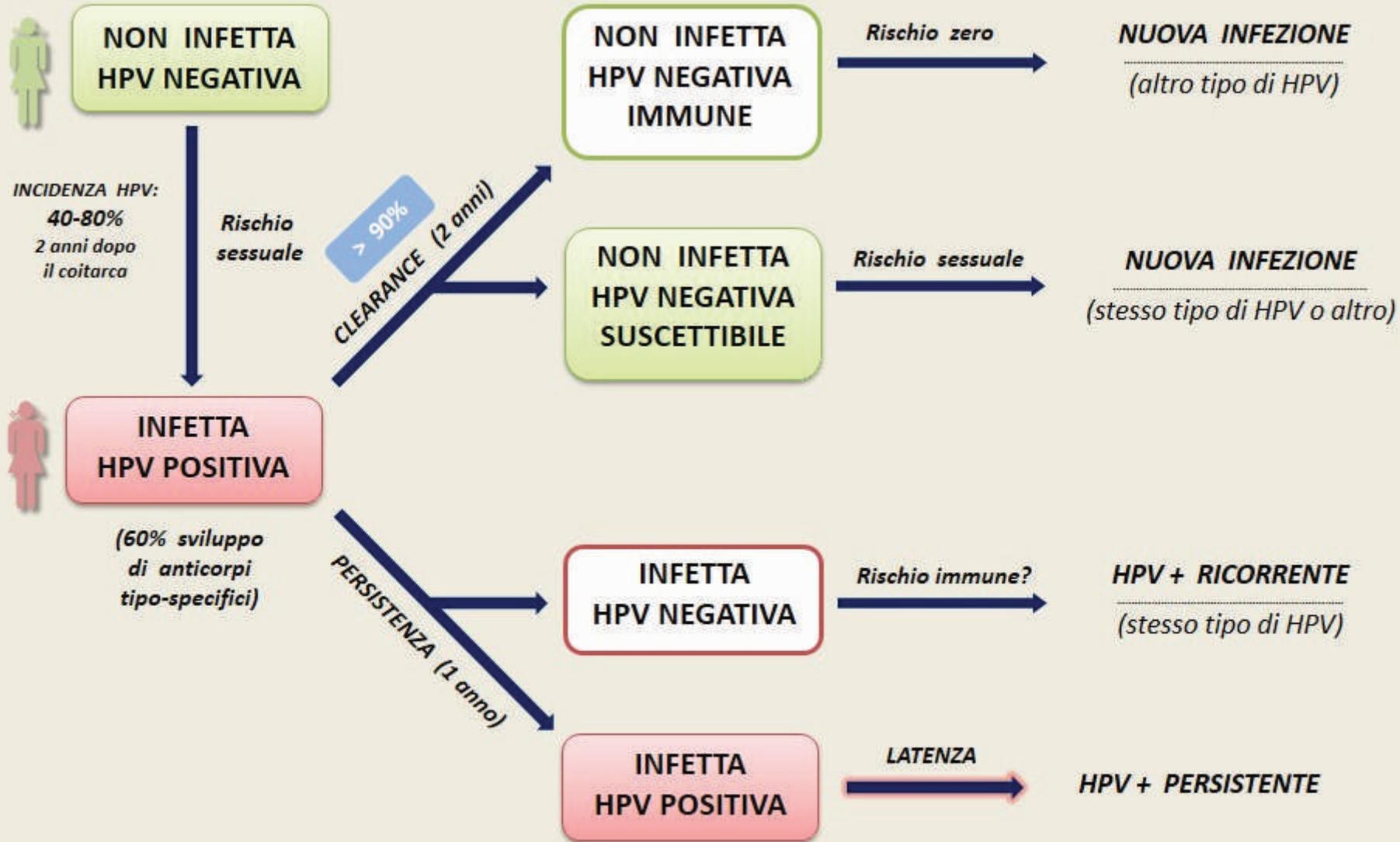


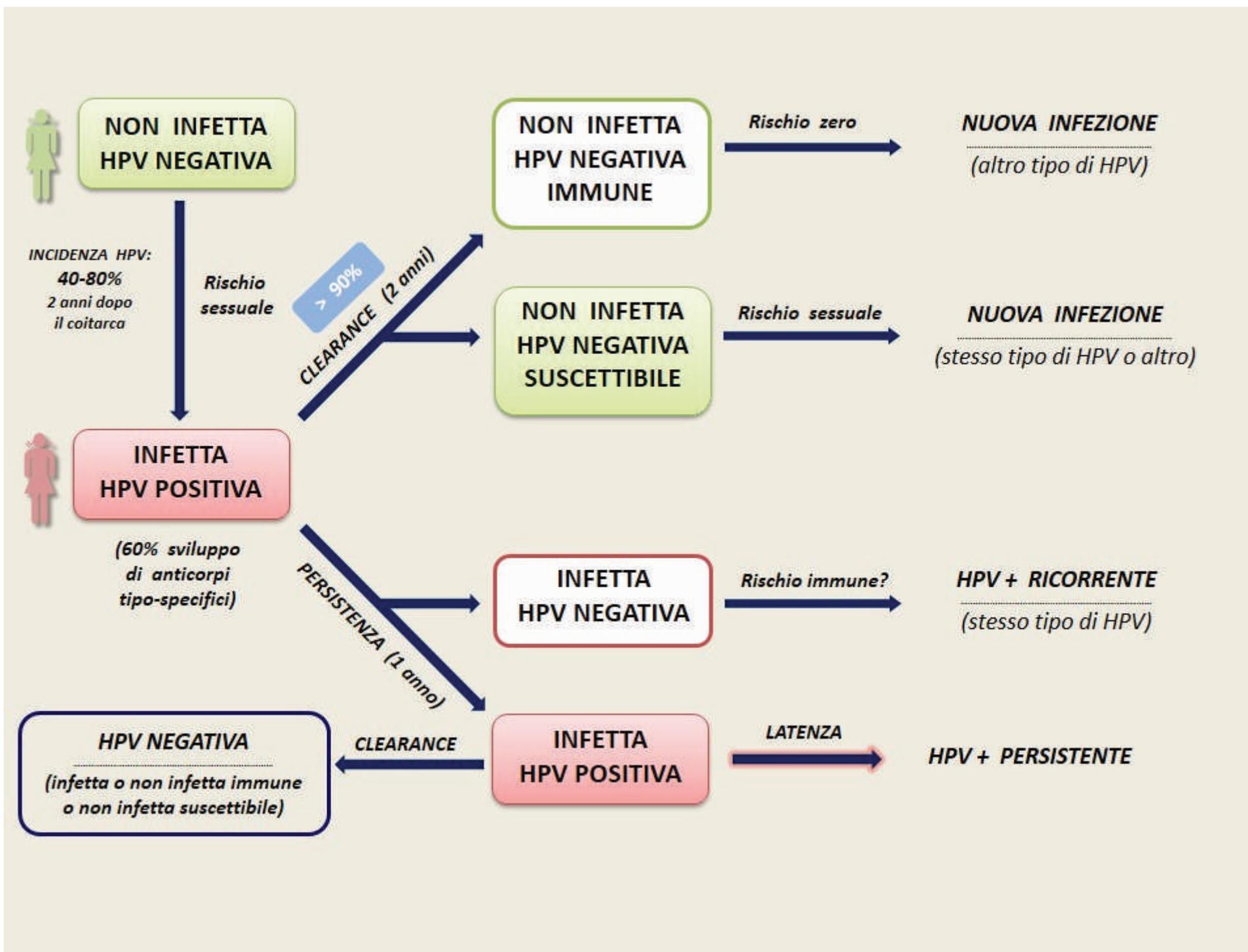


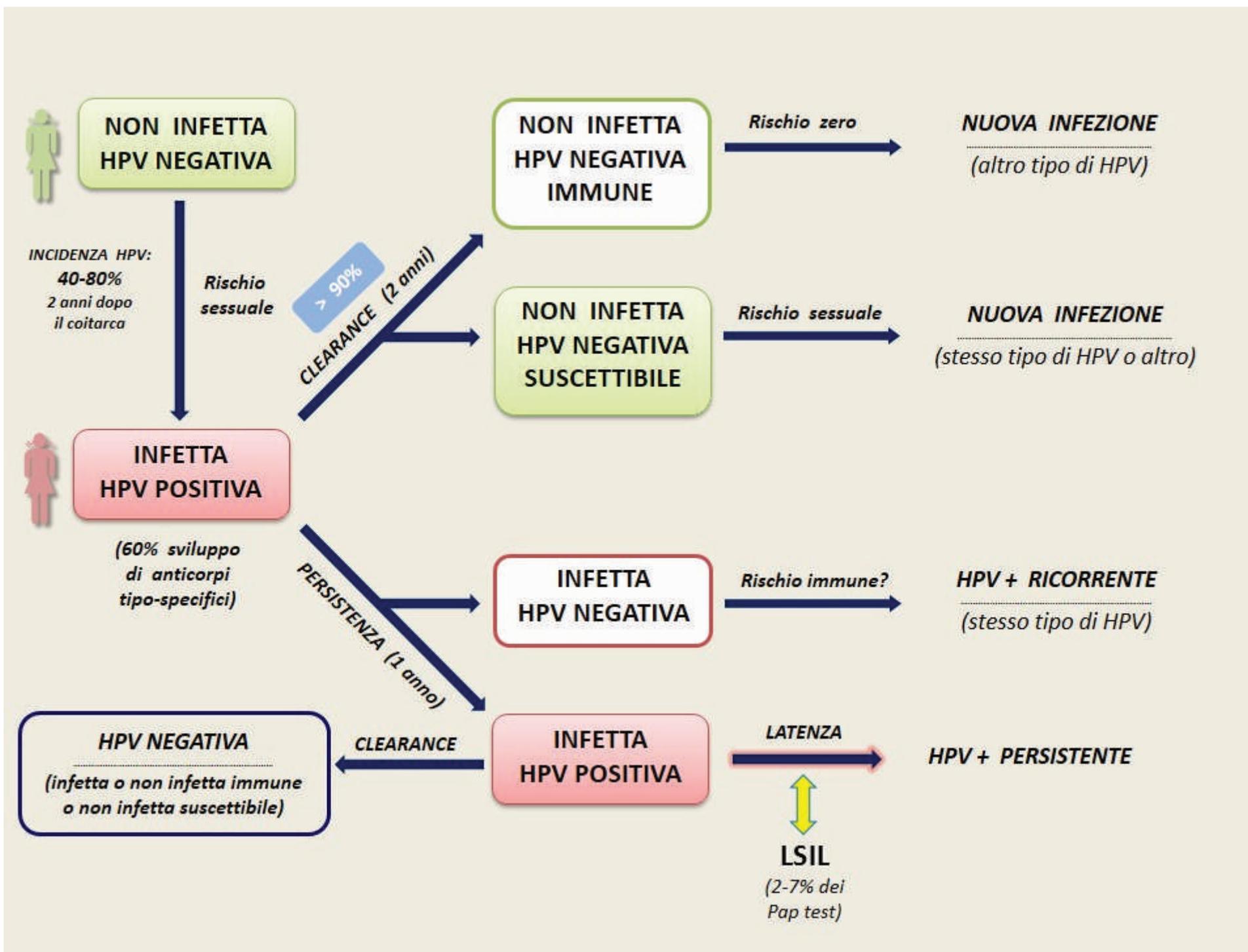


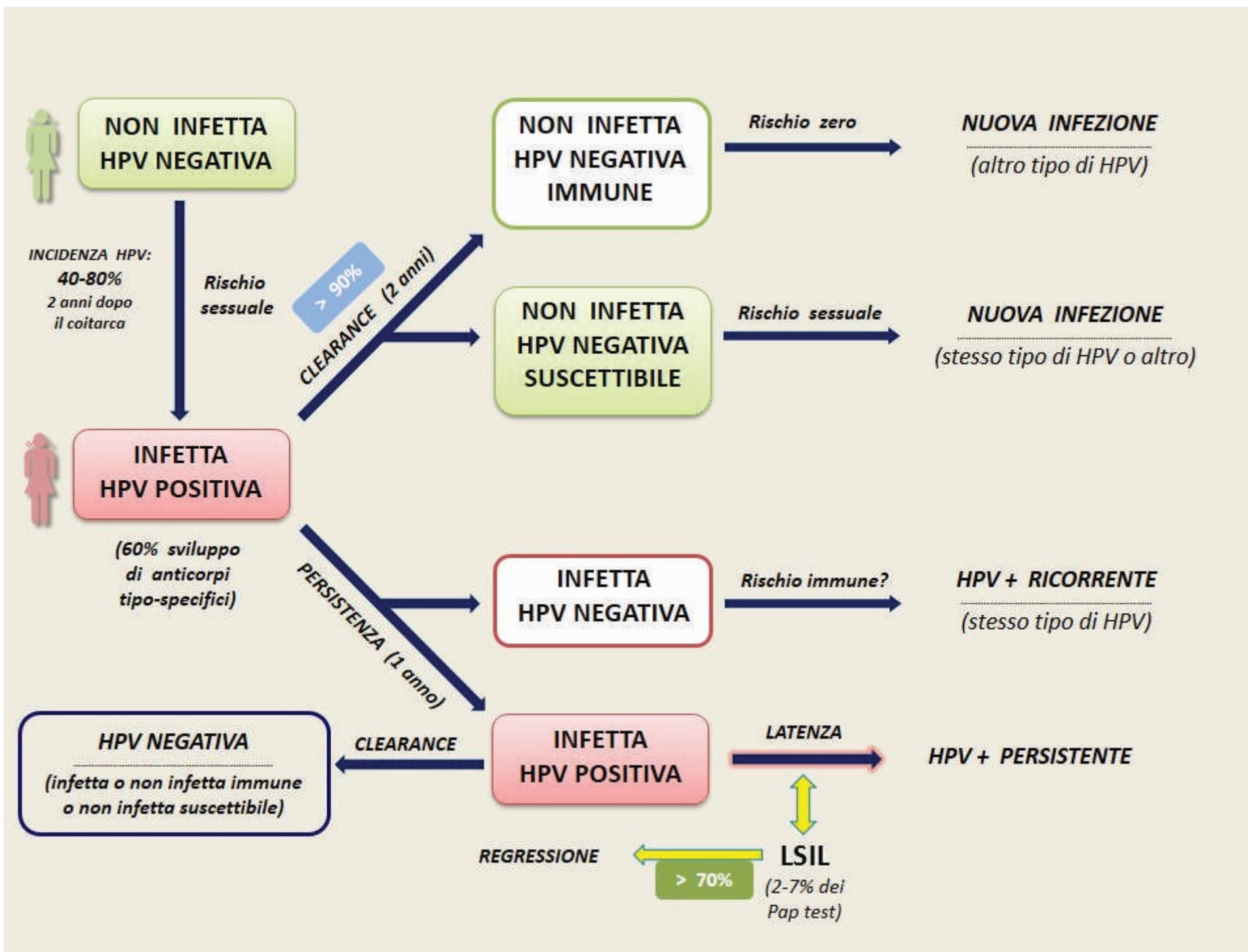












**NON INFETTA
HPV NEGATIVA**

INCIDENZA HPV:
40-80%
2 anni dopo
il coitarca

*Rischio
sessuale*

**INFETTA
HPV POSITIVA**

*(60% sviluppo
di anticorpi
tipo-specifici)*

> 90%
CLEARANCE (2 anni)

**NON INFETTA
HPV NEGATIVA
IMMUNE**

Rischio zero

NUOVA INFEZIONE
(altro tipo di HPV)

**NON INFETTA
HPV NEGATIVA
SUSCETTIBILE**

Rischio sessuale

NUOVA INFEZIONE
(stesso tipo di HPV o altro)

PERSISTENZA (1 anno)

**INFETTA
HPV NEGATIVA**

Rischio immune?

HPV + RICORRENTE
(stesso tipo di HPV)

CLEARANCE

HPV NEGATIVA

*(infetta o non infetta immune
o non infetta suscettibile)*

**INFETTA
HPV POSITIVA**

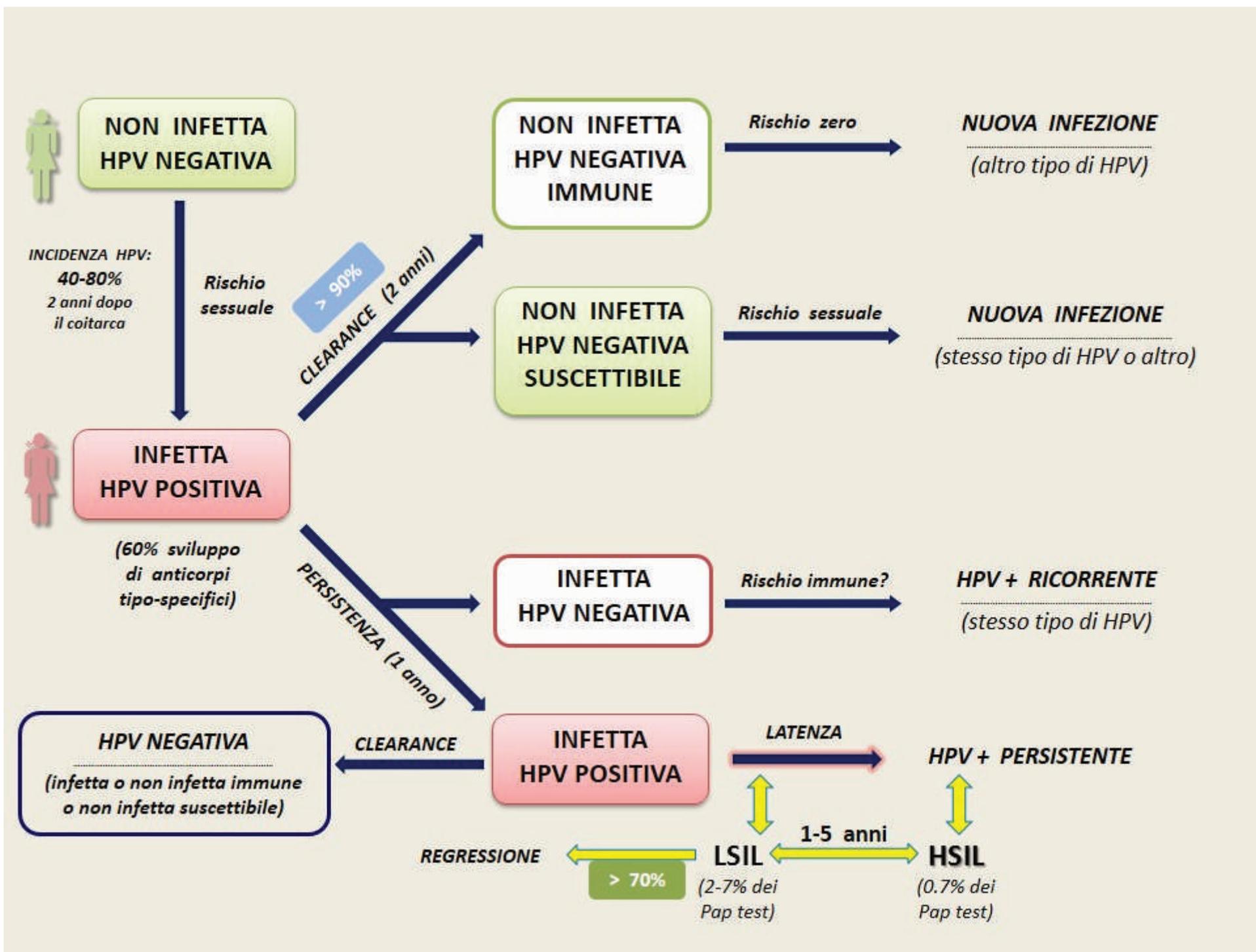
LATENZA

HPV + PERSISTENTE

REGRESSIONE

> 70%

LSIL
*(2-7% dei
Pap test)*



NON INFETTA HPV NEGATIVA

INCIDENZA HPV:
40-80%
2 anni dopo
il coitarca

Rischio sessuale

> 90%
CLEARANCE (2 anni)

NON INFETTA HPV NEGATIVA IMMUNE

Rischio zero

NUOVA INFEZIONE
(altro tipo di HPV)

NON INFETTA HPV NEGATIVA SUSCETTIBILE

Rischio sessuale

NUOVA INFEZIONE
(stesso tipo di HPV o altro)

INFETTA HPV POSITIVA

(60% sviluppo di anticorpi tipo-specifici)

PERSISTENZA (1 anno)

INFETTA HPV NEGATIVA

Rischio immune?

HPV + RICORRENTE
(stesso tipo di HPV)

HPV NEGATIVA

(infetta o non infetta immune o non infetta suscettibile)

CLEARANCE

INFETTA HPV POSITIVA

LATENZA

HPV + PERSISTENTE

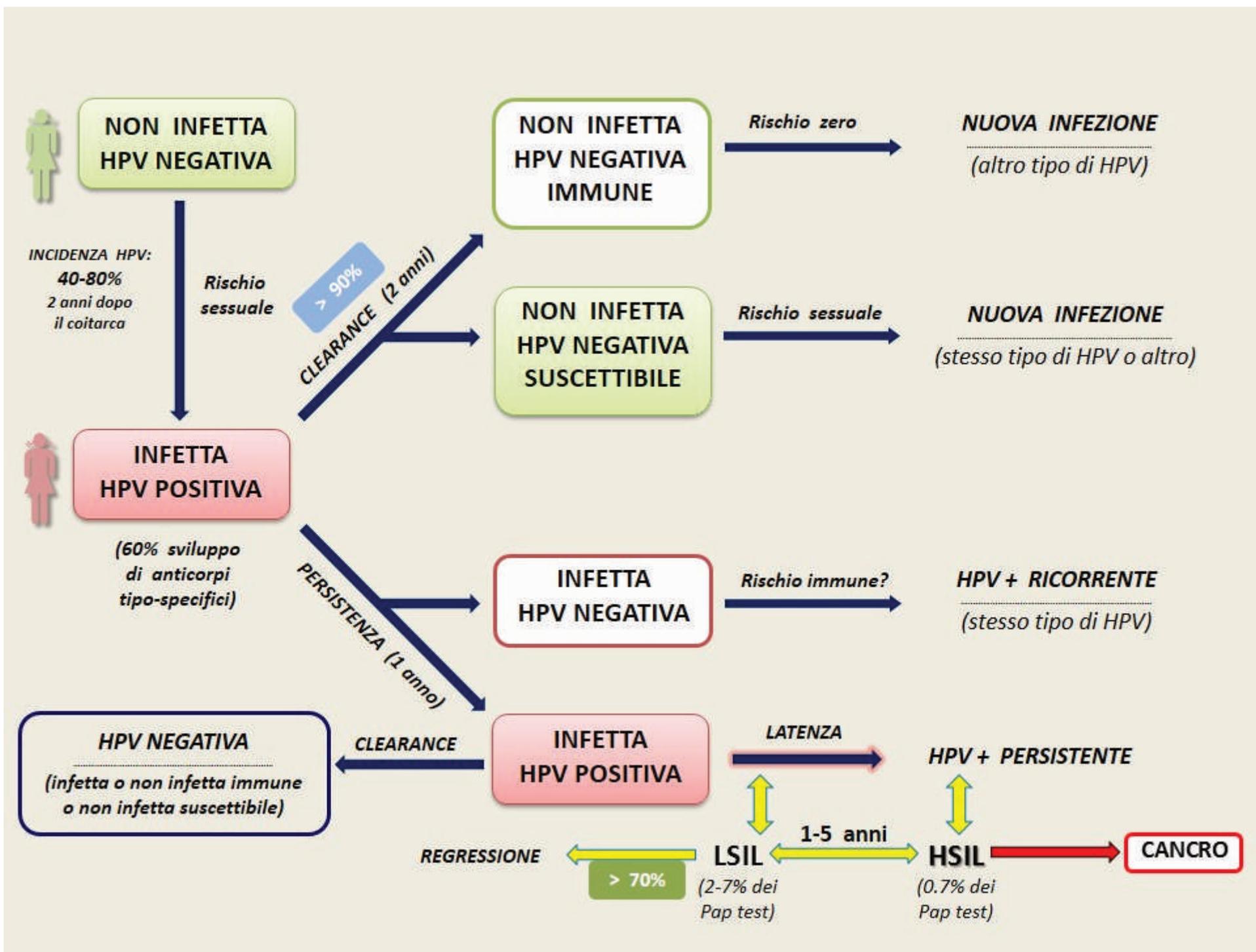
REGRESSIONE

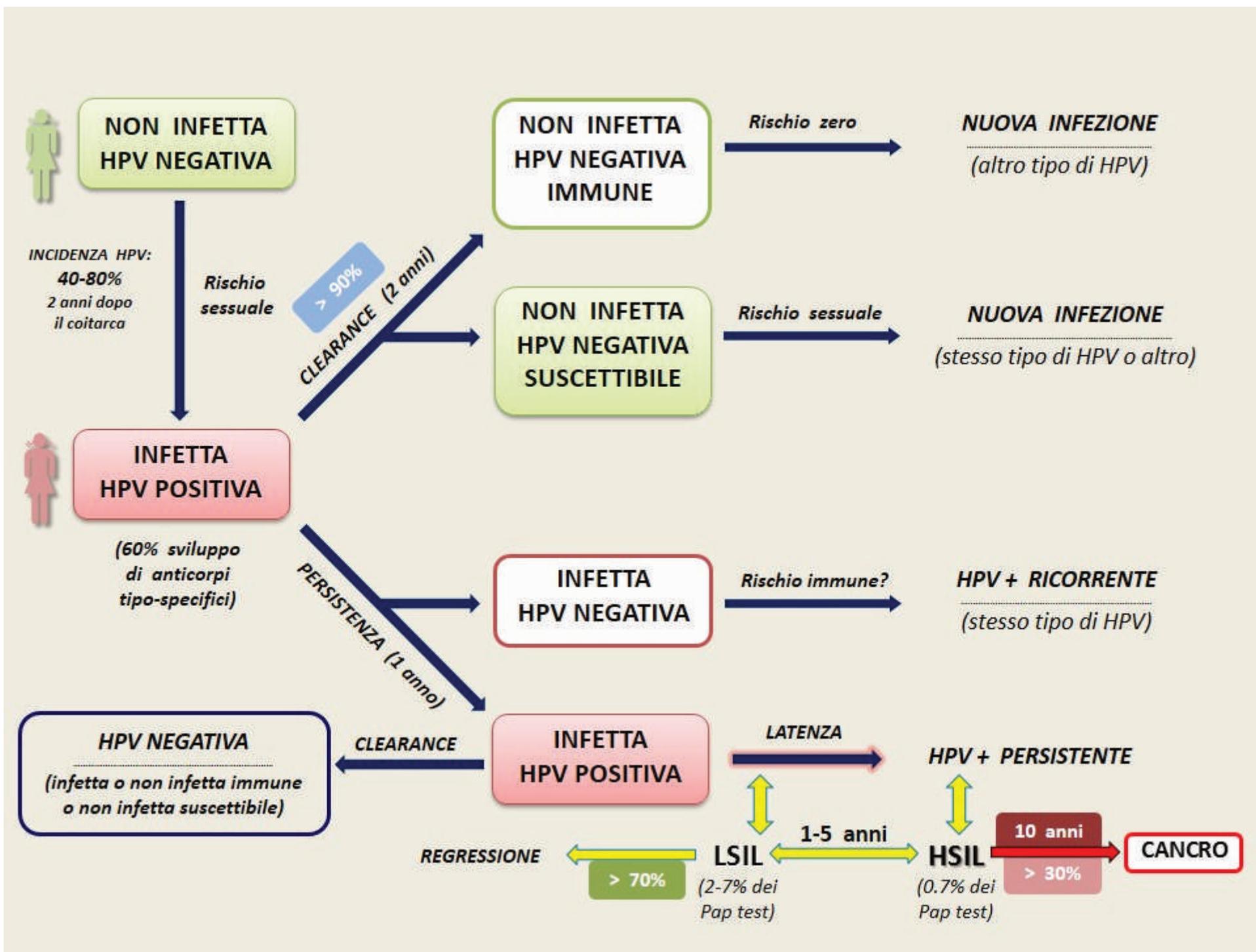
> 70%

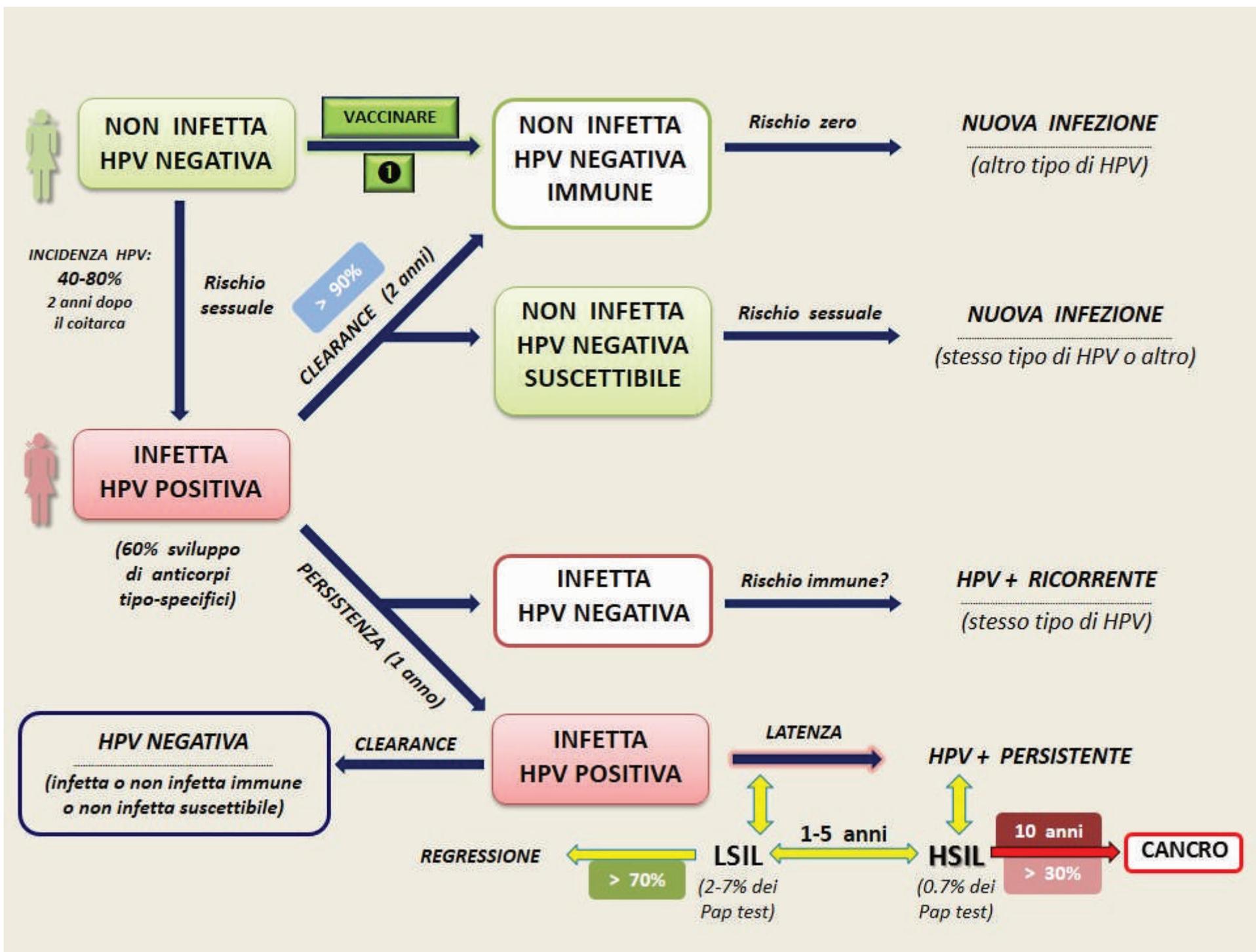
LSIL
(2-7% dei Pap test)

1-5 anni

HSIL
(0.7% dei Pap test)







NON INFETTA HPV NEGATIVA

VACCINARE
1

NON INFETTA HPV NEGATIVA IMMUNE

Rischio zero

NUOVA INFEZIONE
(altro tipo di HPV)

INCIDENZA HPV: 40-80% 2 anni dopo il coitarca

Rischio sessuale

> 90% CLEARANCE (2 anni)

NON INFETTA HPV NEGATIVA SUSCETTIBILE

Rischio sessuale

NUOVA INFEZIONE
(stesso tipo di HPV o altro)

INFETTA HPV POSITIVA

(60% sviluppo di anticorpi tipo-specifici)

PERSISTENZA (1 anno)

INFETTA HPV NEGATIVA

Rischio immune?

HPV + RICORRENTE
(stesso tipo di HPV)

HPV NEGATIVA
(infetta o non infetta immune o non infetta suscettibile)

CLEARANCE

INFETTA HPV POSITIVA

LATENZA

HPV + PERSISTENTE

REGRESSIONE

> 70%

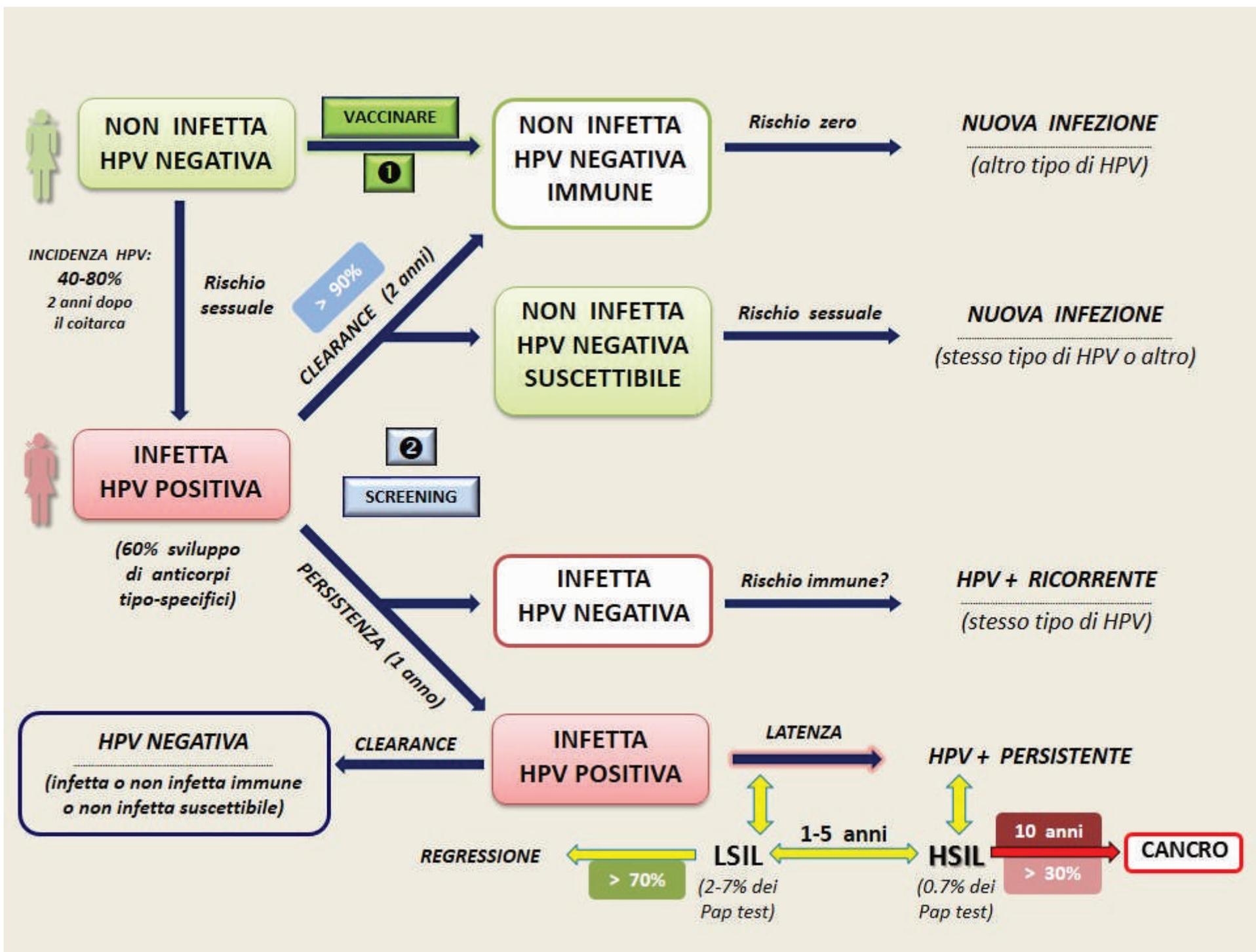
LSIL
(2-7% dei Pap test)

1-5 anni

HSIL
(0.7% dei Pap test)

10 anni
> 30%

CANCRO



NON INFETTA HPV NEGATIVA

VACCINARE

1

NON INFETTA HPV NEGATIVA IMMUNE

Rischio zero

NUOVA INFEZIONE
(altro tipo di HPV)

INCIDENZA HPV: 40-80% 2 anni dopo il coitarca

Rischio sessuale

> 90% CLEARANCE (2 anni)

NON INFETTA HPV NEGATIVA SUSCETTIBILE

Rischio sessuale

NUOVA INFEZIONE
(stesso tipo di HPV o altro)

INFETTA HPV POSITIVA

(60% sviluppo di anticorpi tipo-specifici)

2

SCREENING

PERSISTENZA (1 anno)

INFETTA HPV NEGATIVA

Rischio immune?

HPV + RICORRENTE
(stesso tipo di HPV)

HPV NEGATIVA

(infetta o non infetta immune o non infetta suscettibile)

CLEARANCE

INFETTA HPV POSITIVA

LATENZA

HPV + PERSISTENTE

1-5 anni

LSIL
(2-7% dei Pap test)

HSIL
(0.7% dei Pap test)

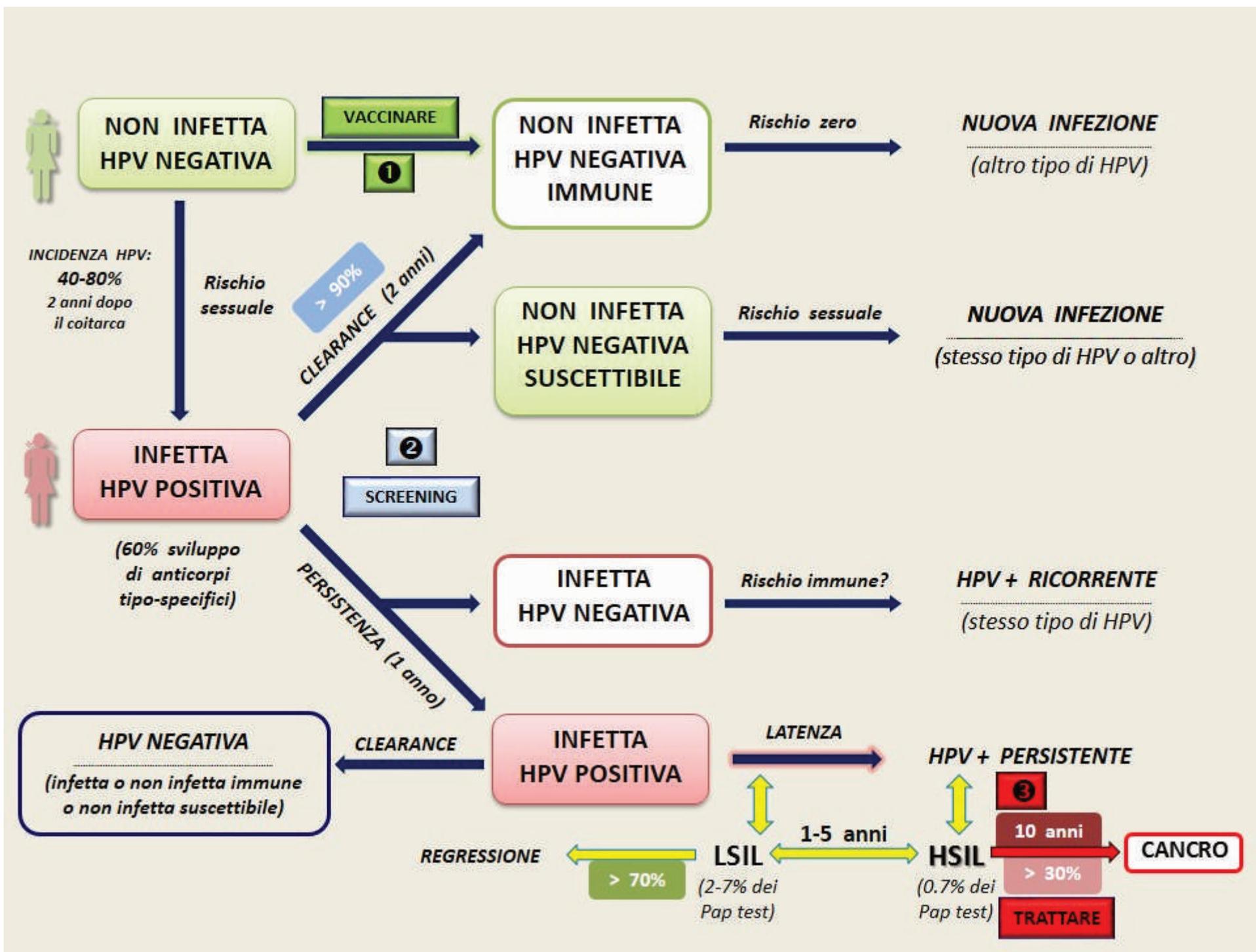
REGRESSIONE

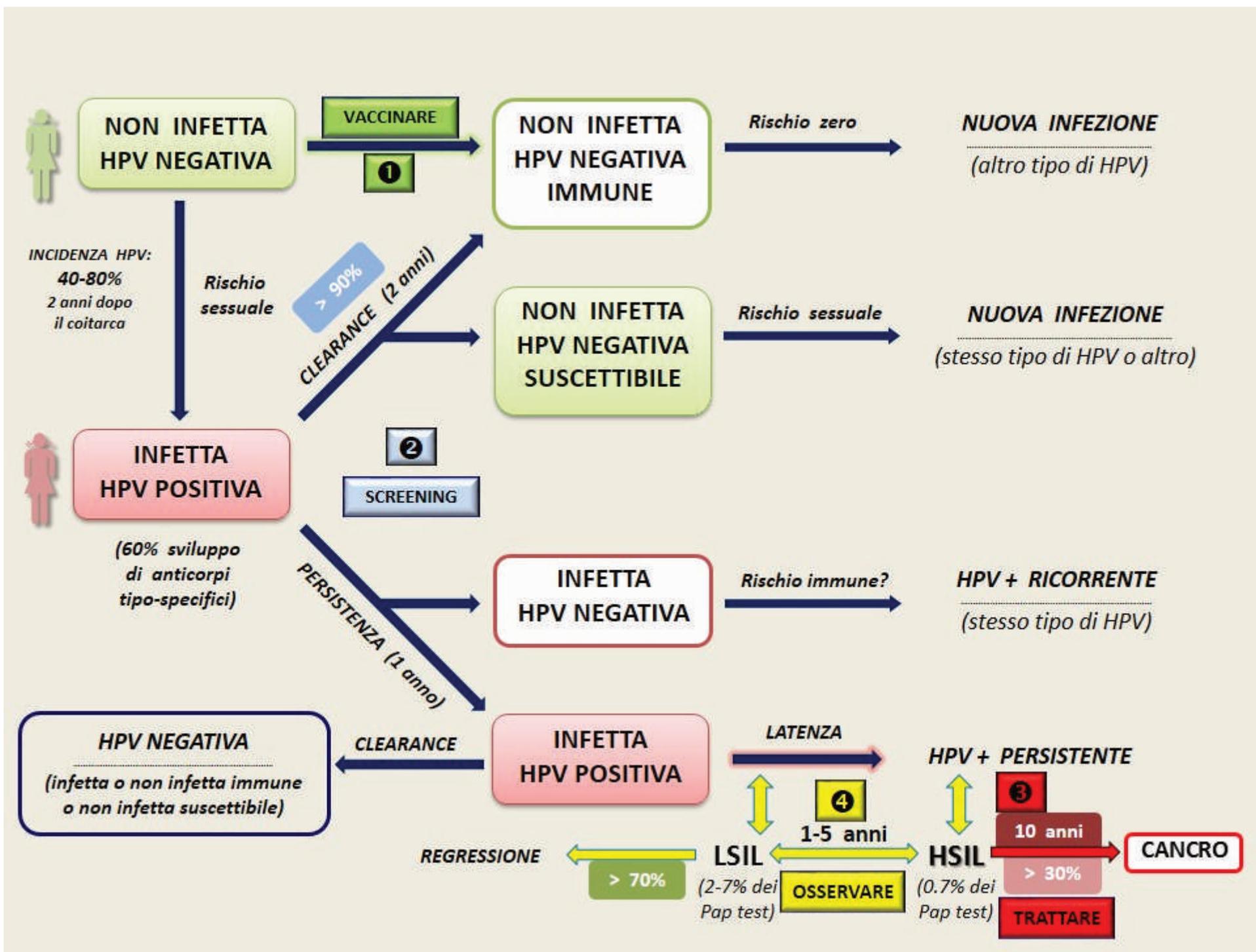
> 70%

10 anni

> 30%

CANCRO

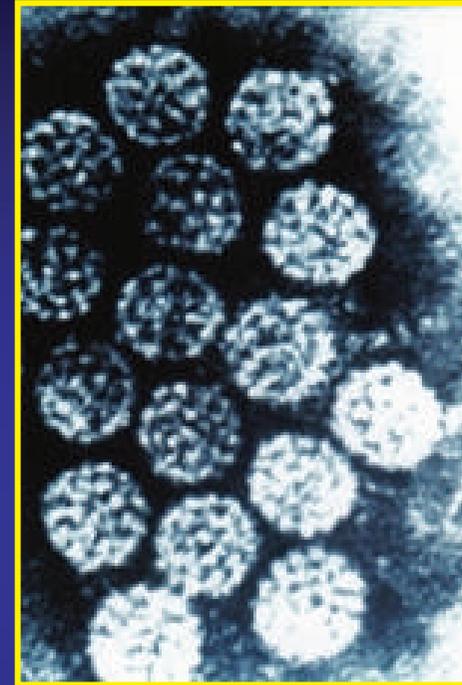




What causes cancer?

HPV AND BAD LUCK

Complication of a STD



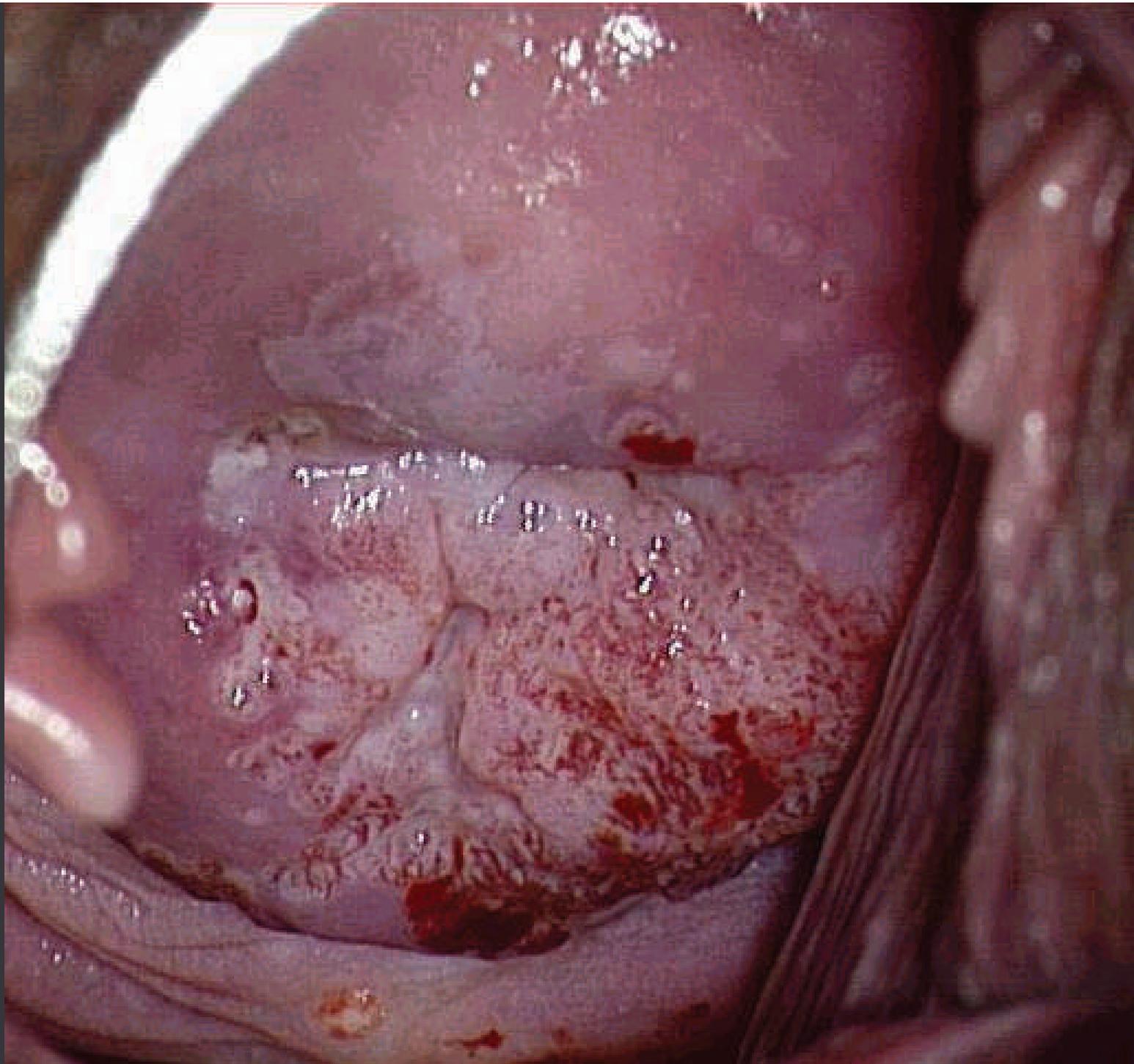
Ralph M. Richart

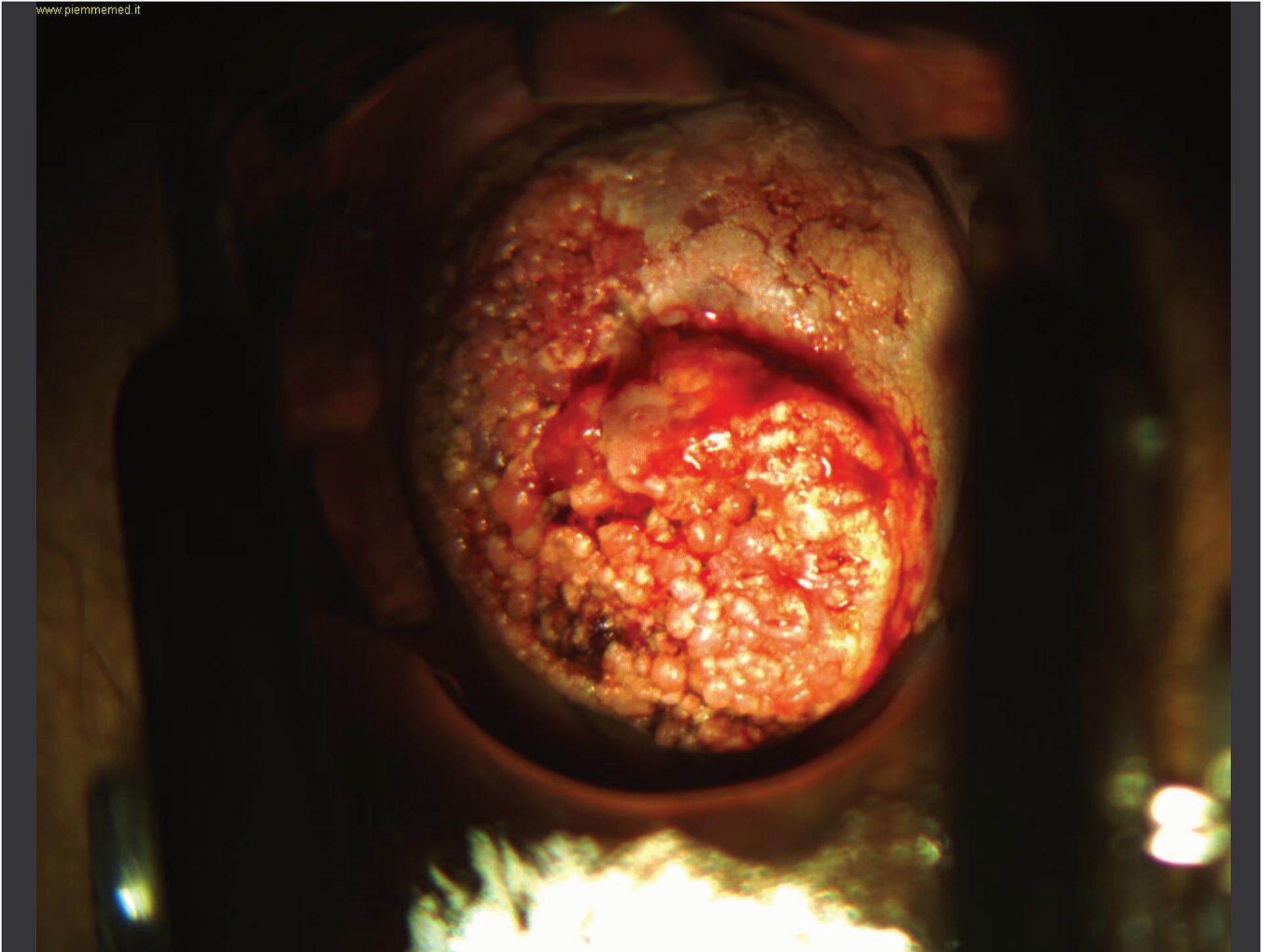
11th World Congress of Cervical Pathology & Colposcopy

(Barcelona, 9-13 June 2002)

Infezione Clinica







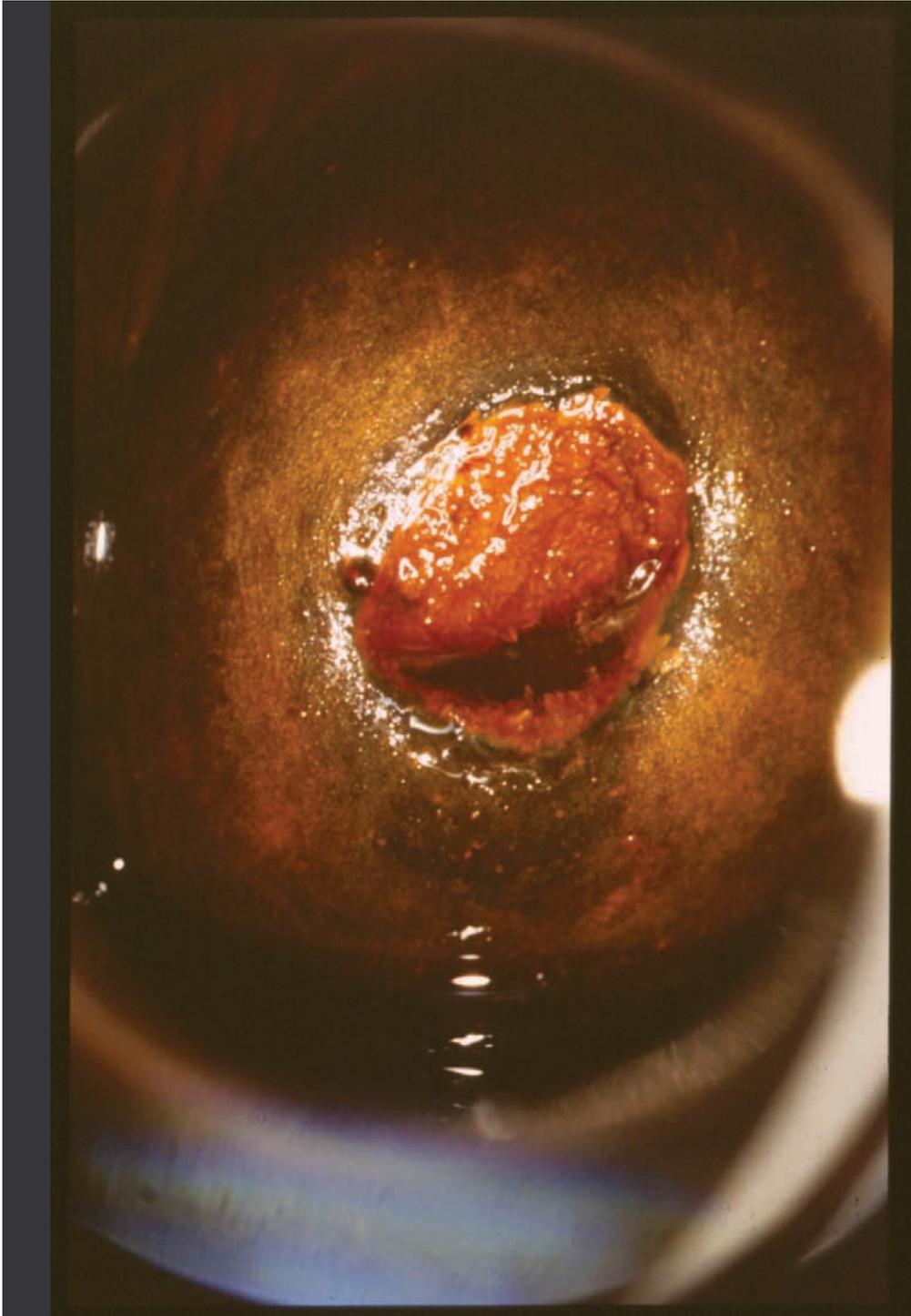
Infezione Subclinica



senza atipie

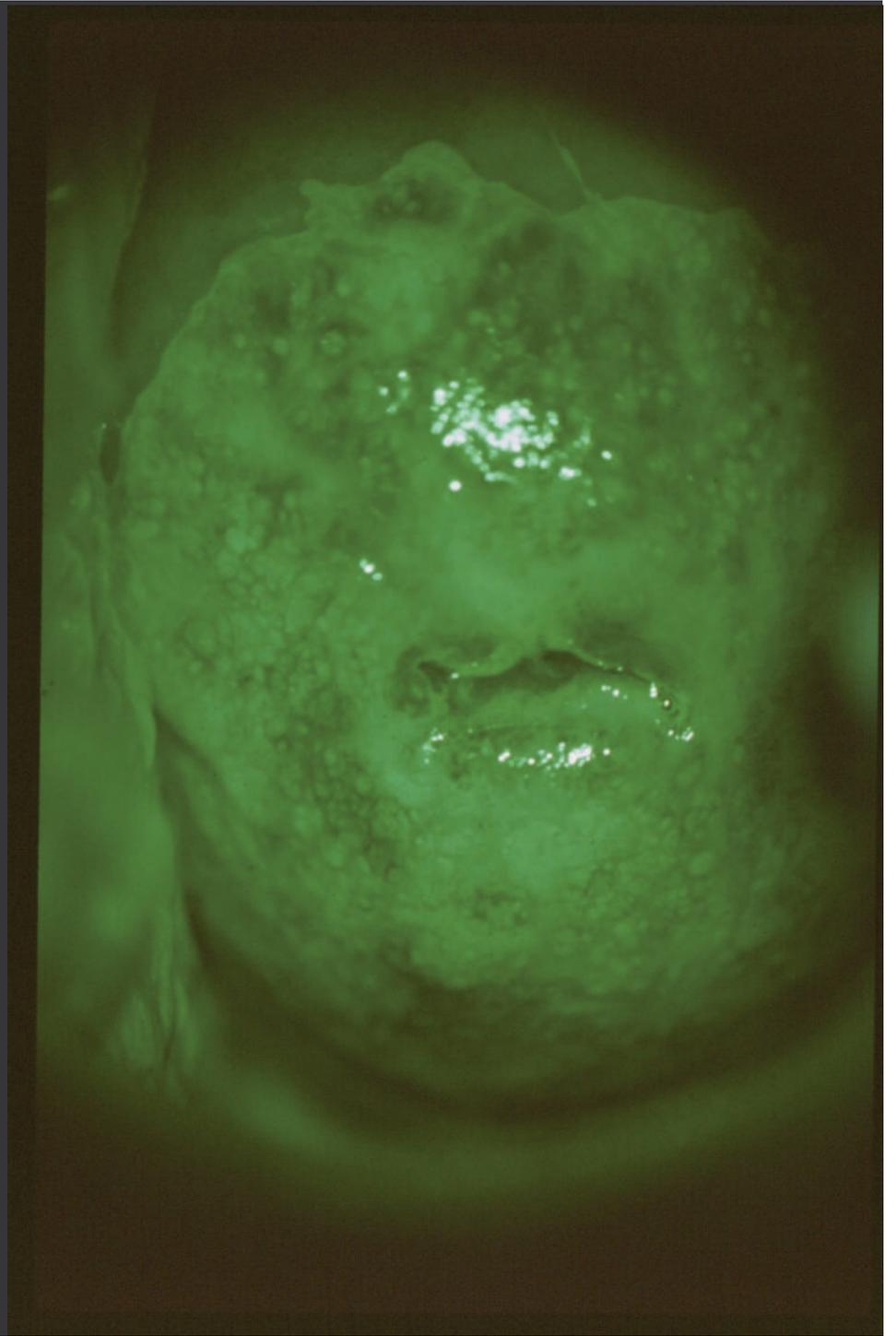


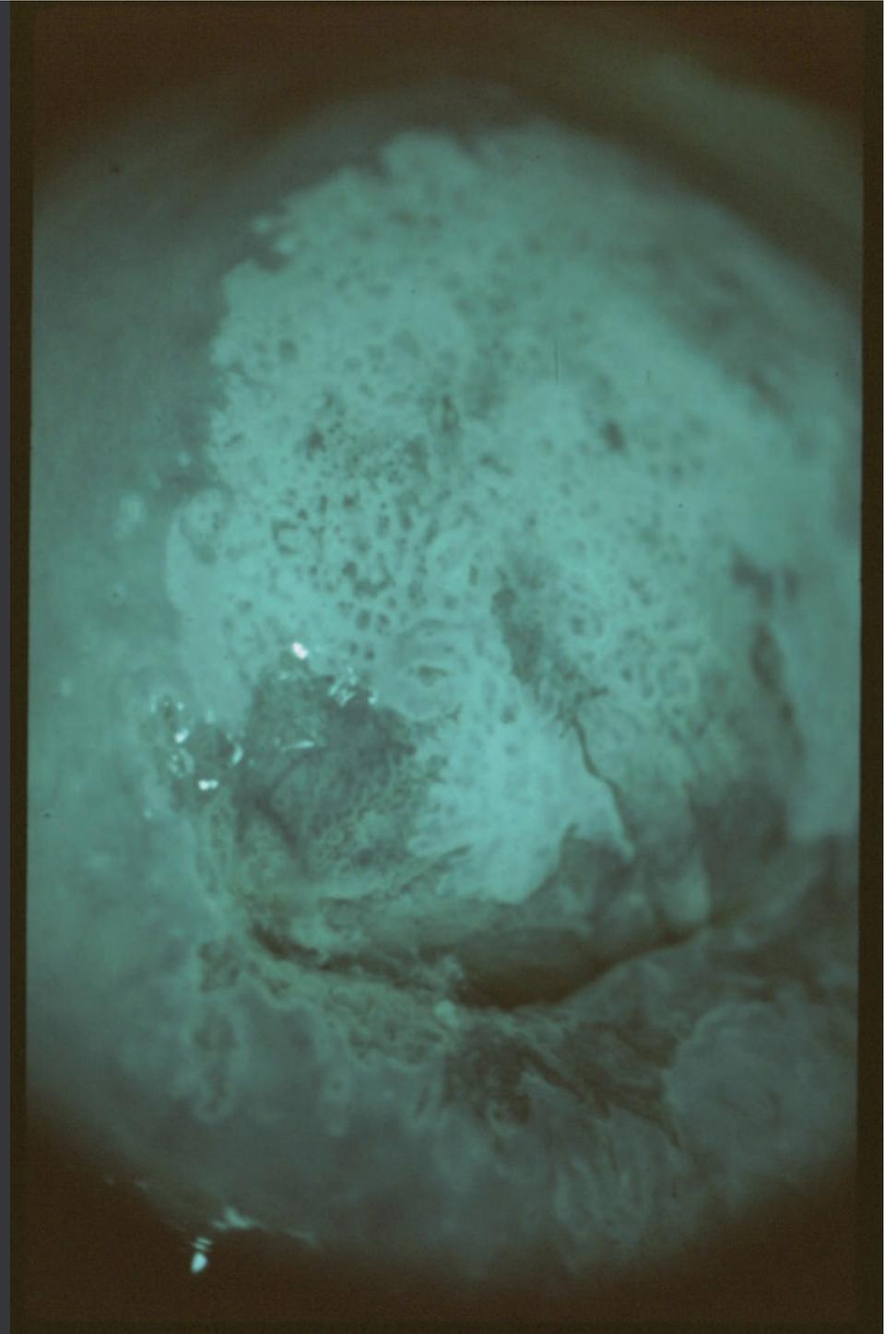
con atipie

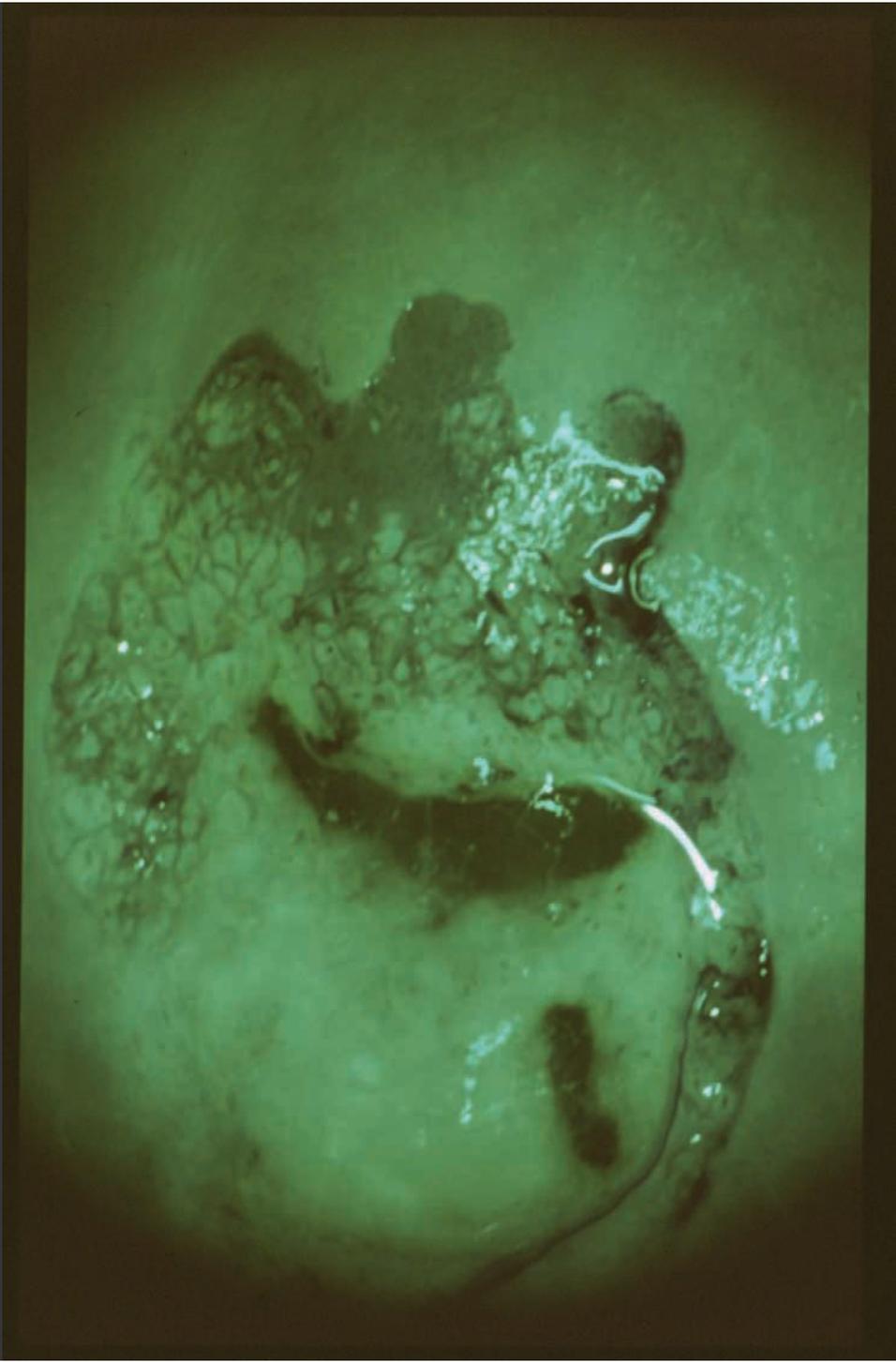


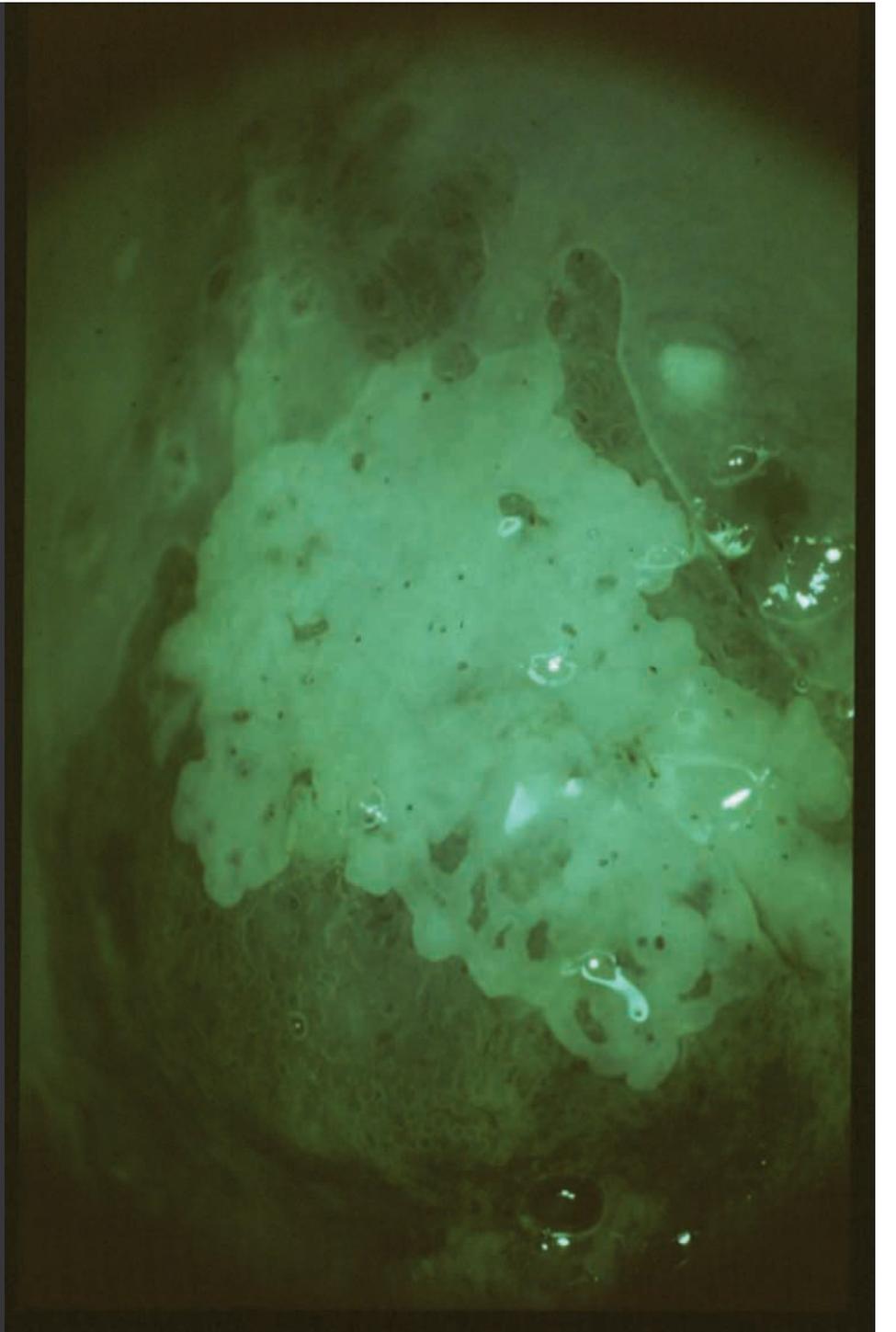
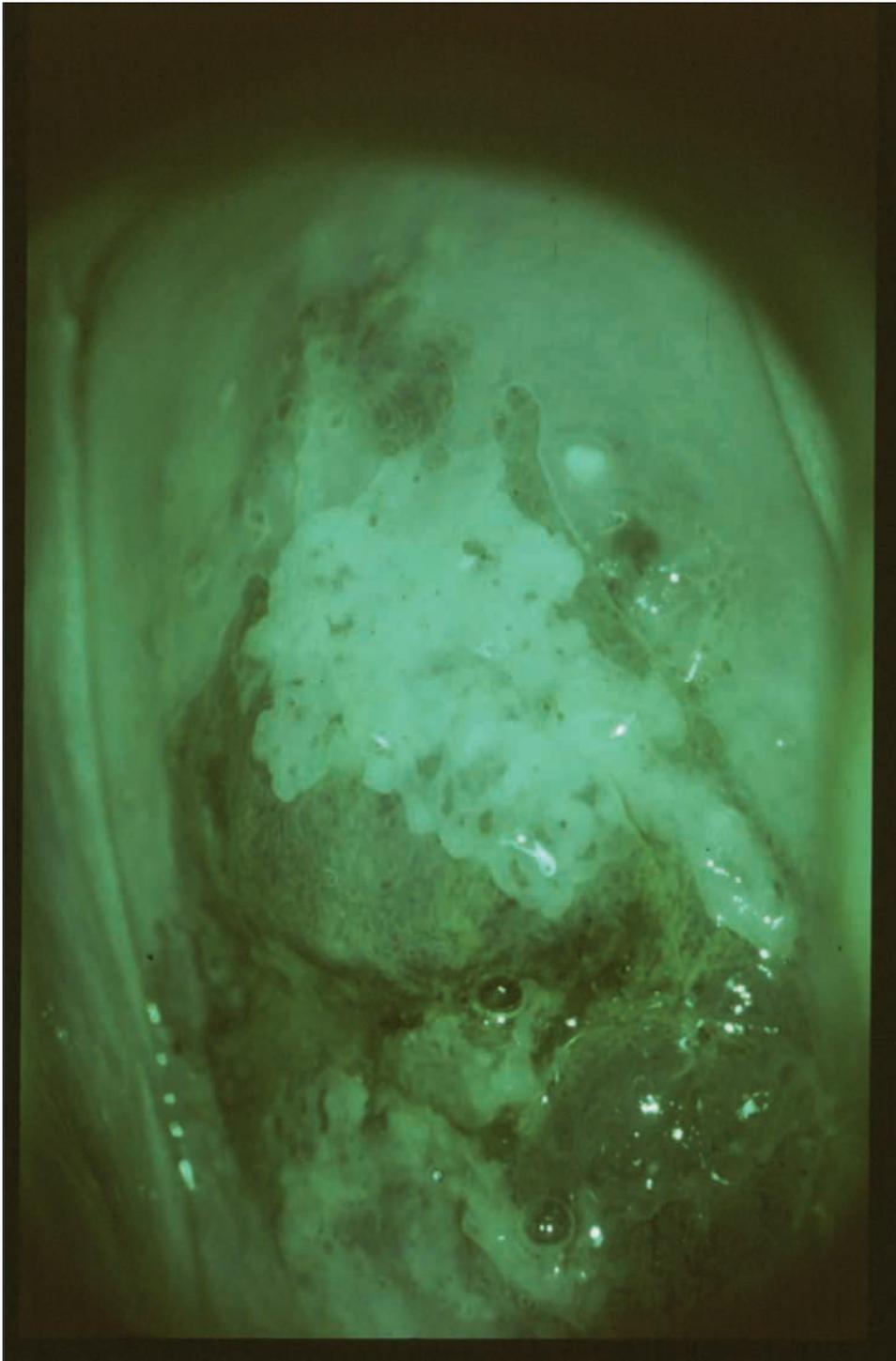
**Infezione
latente**

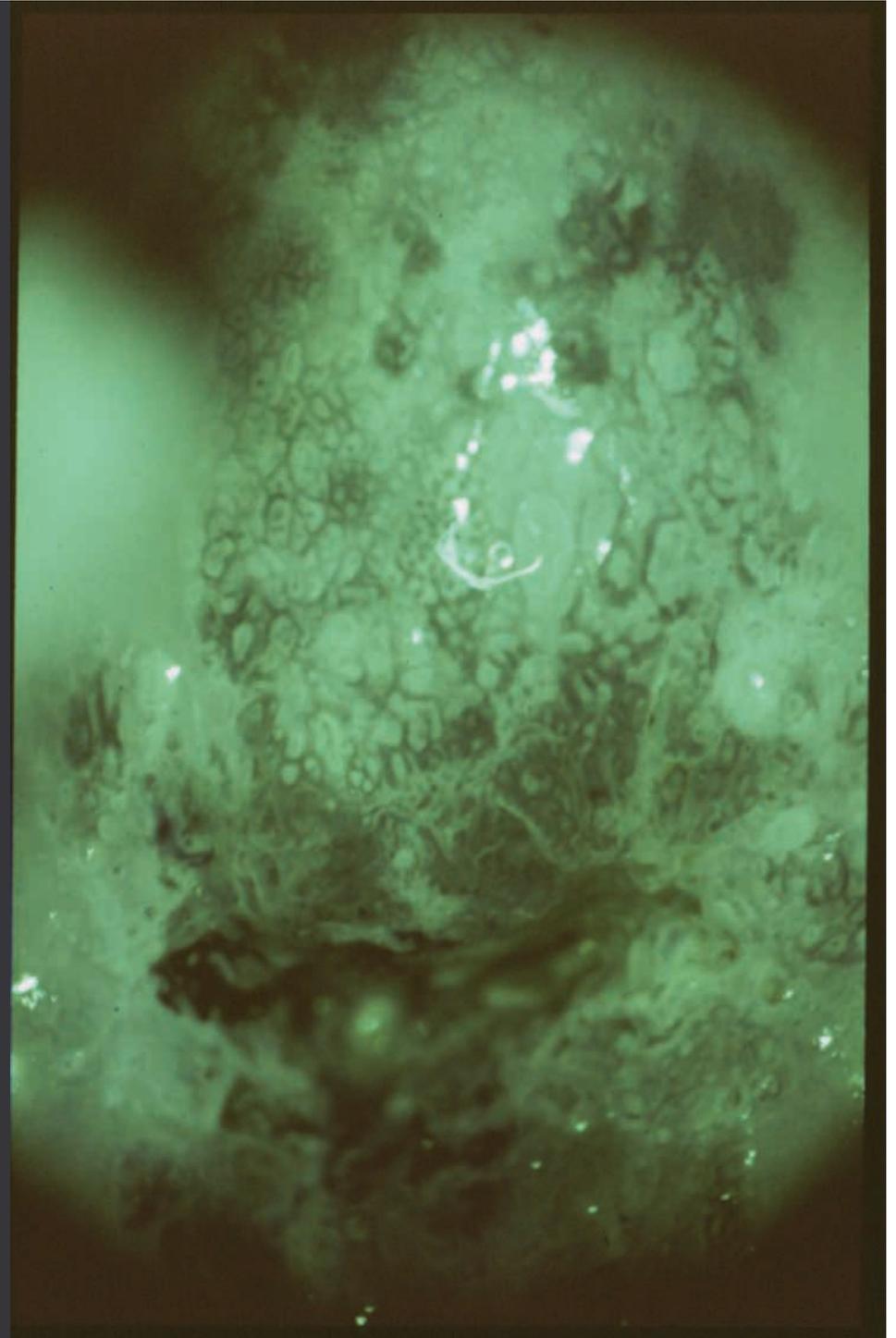
HPV test positivo

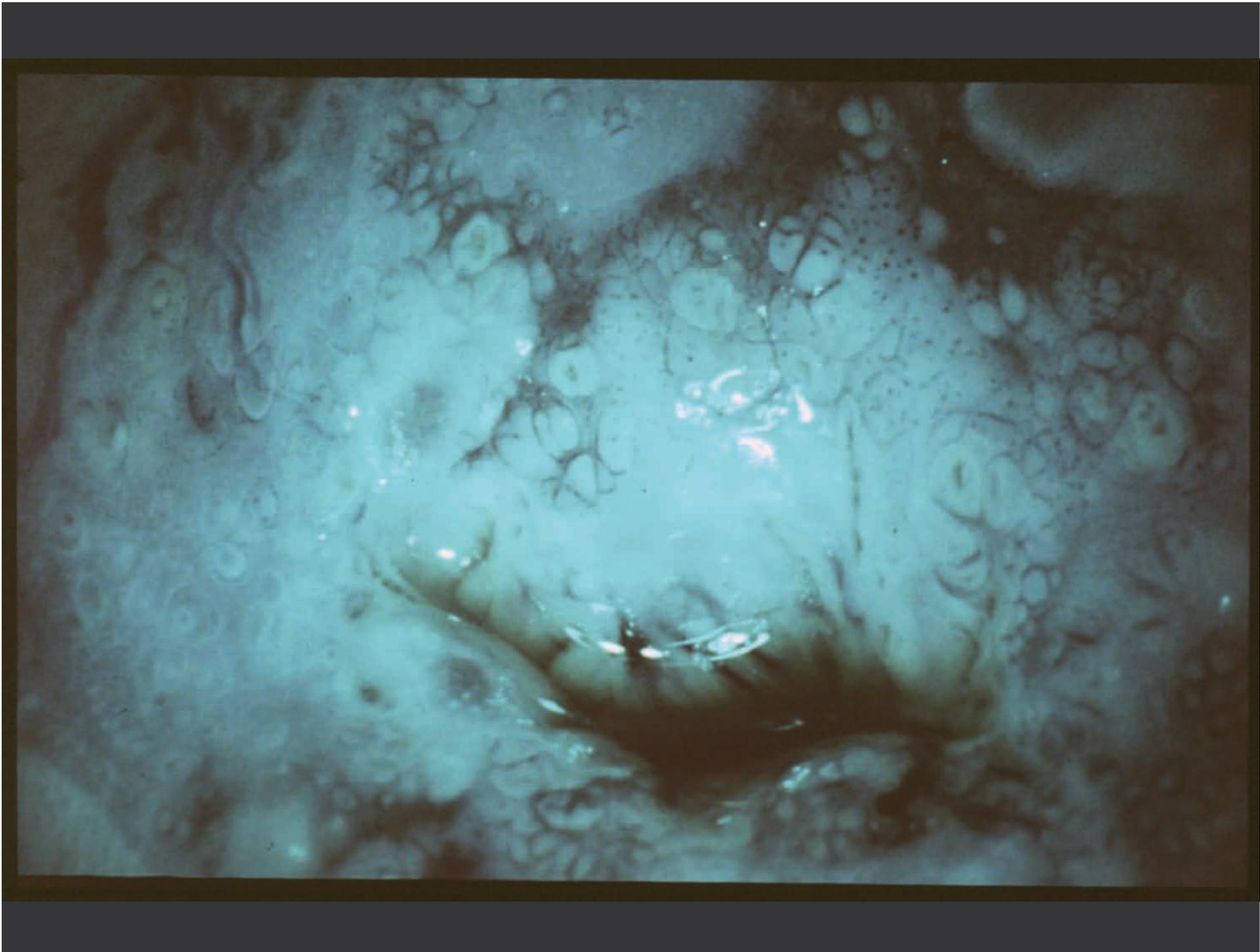


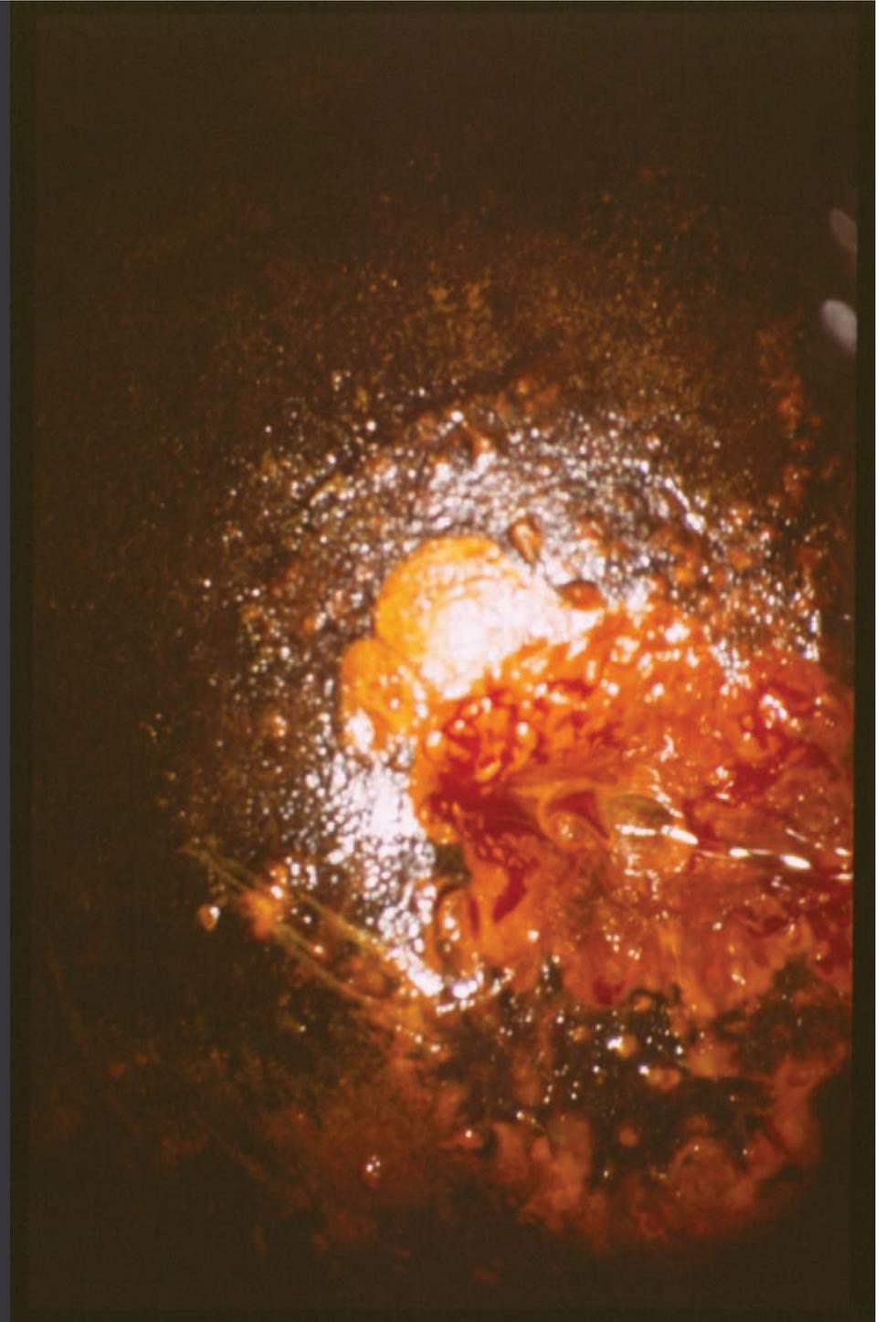
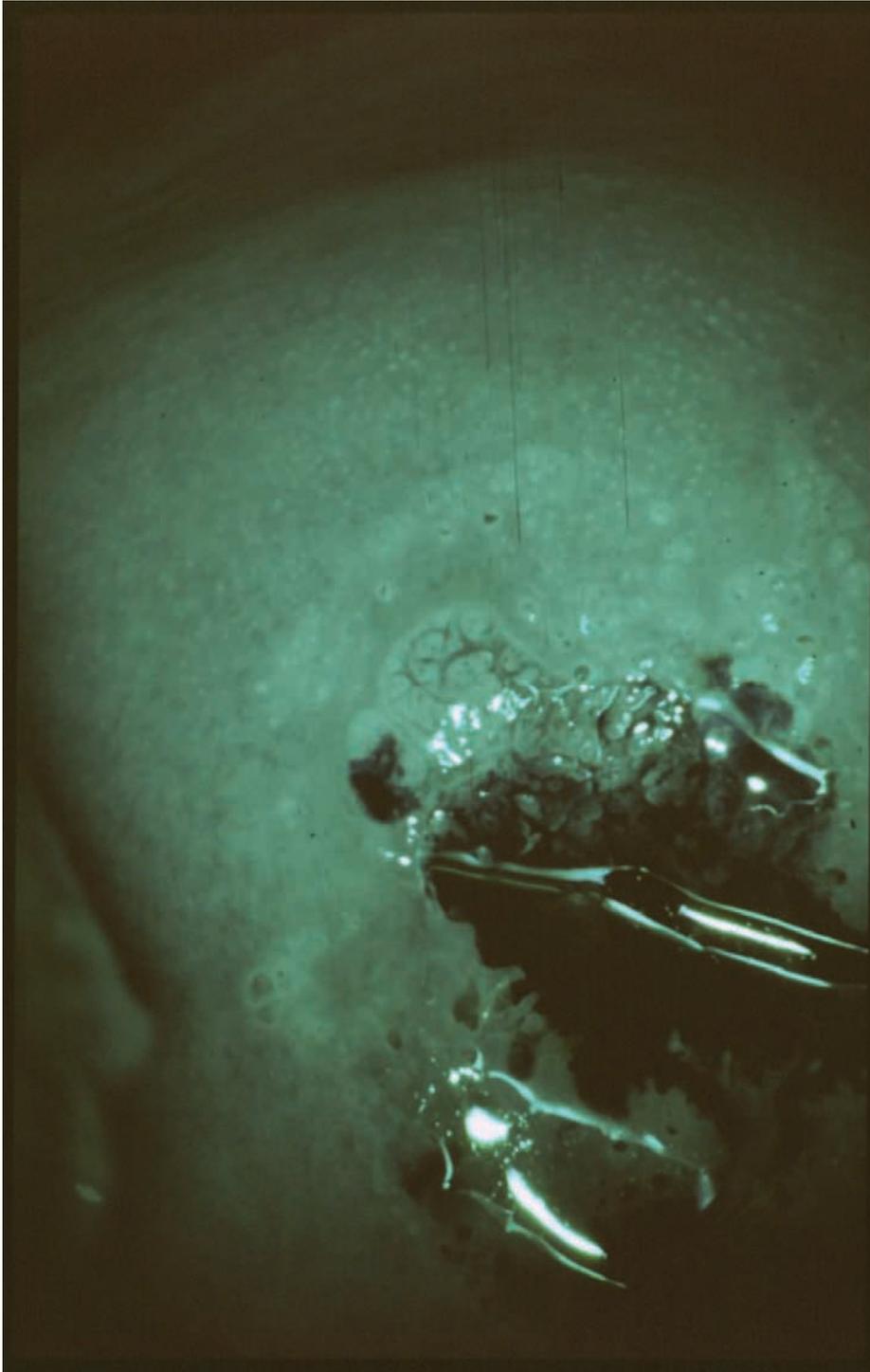


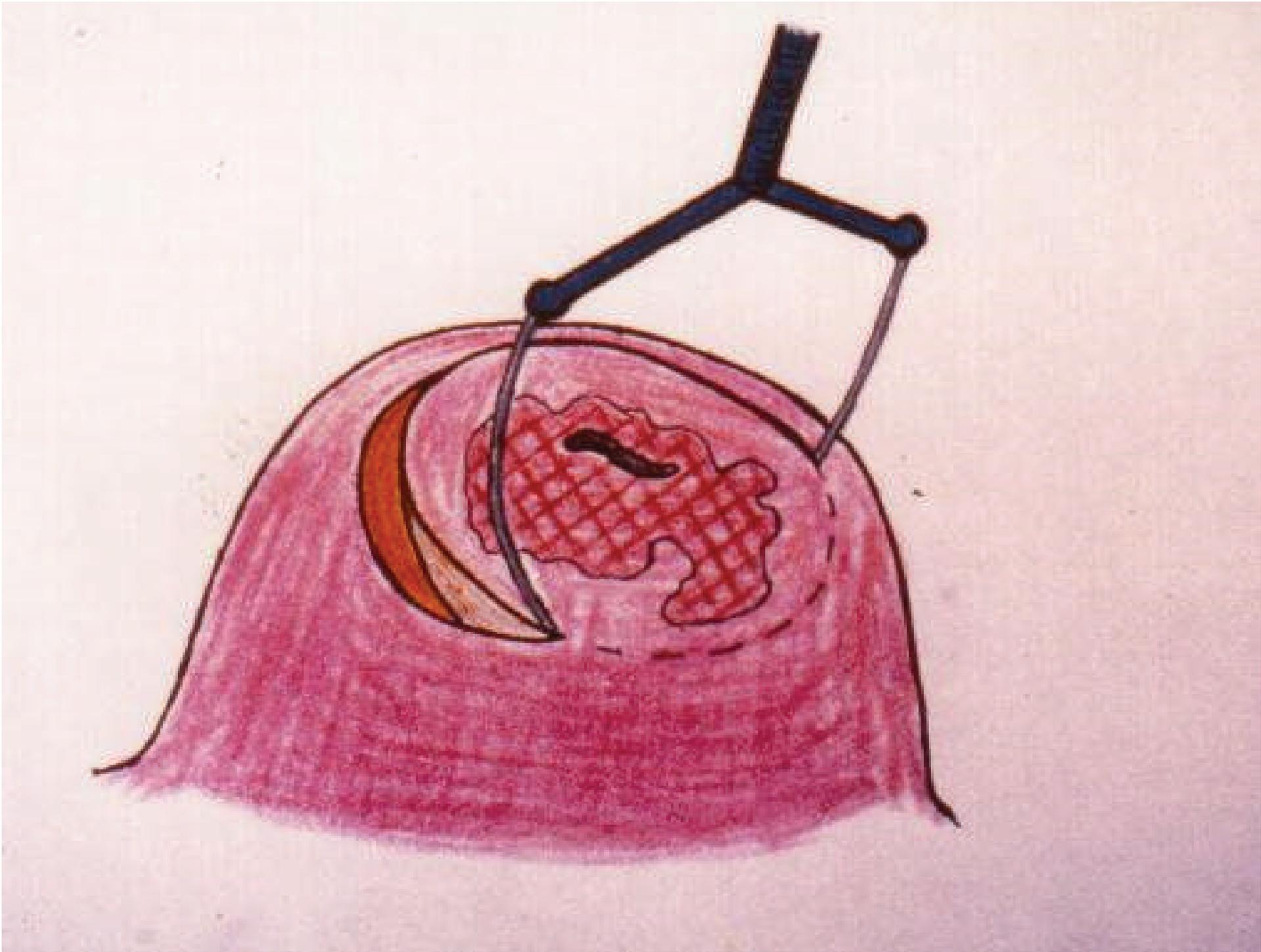


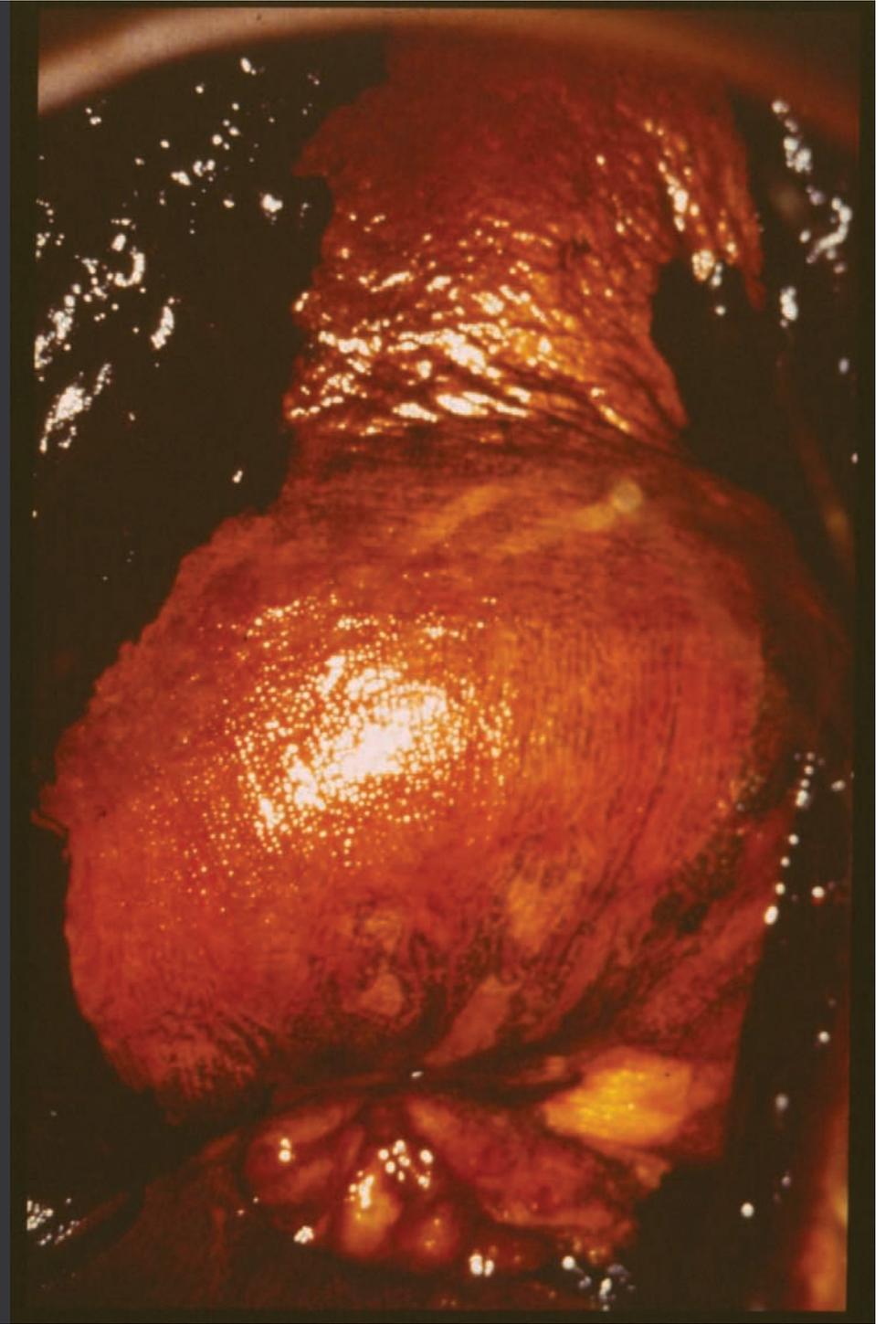
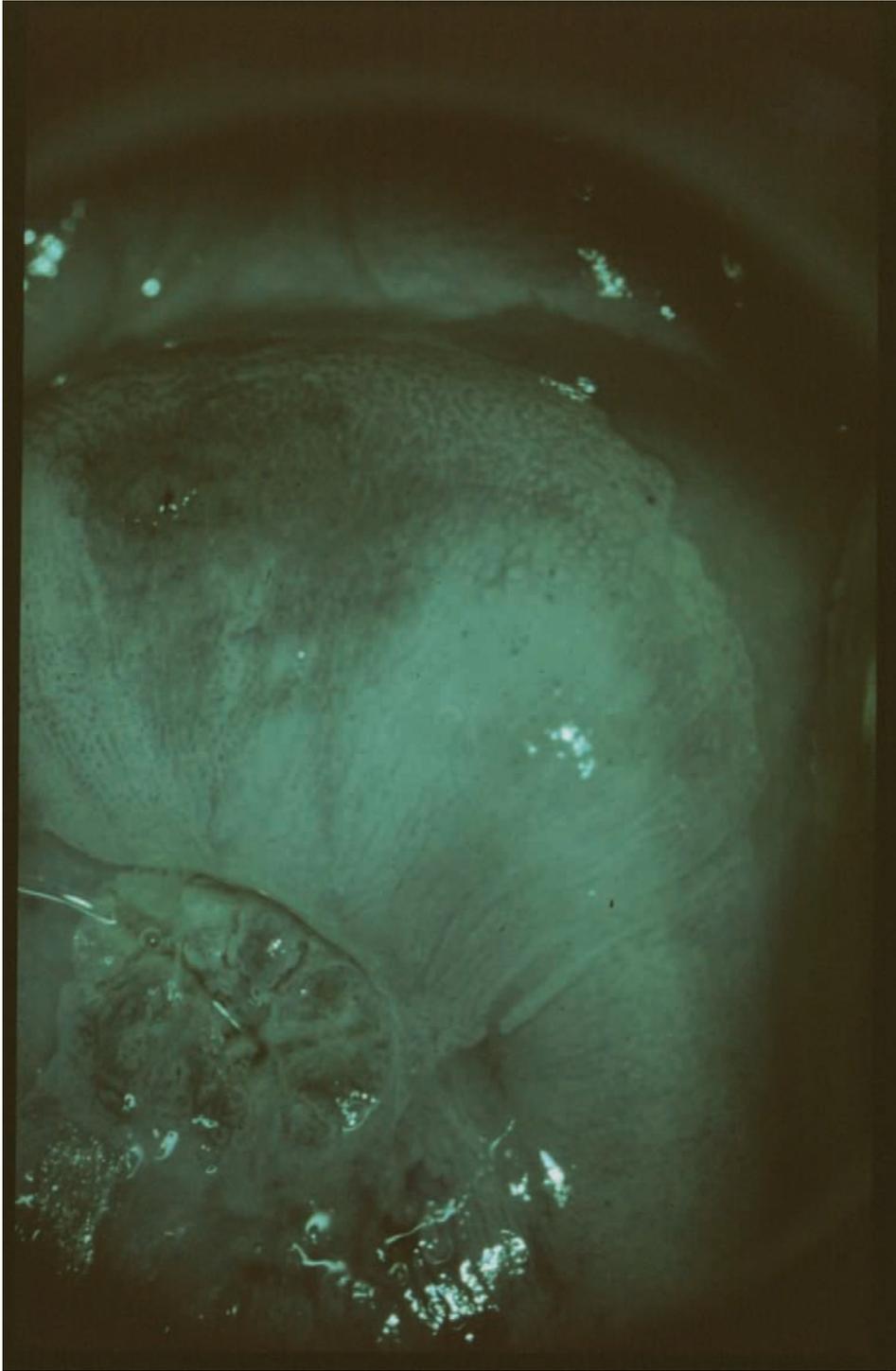










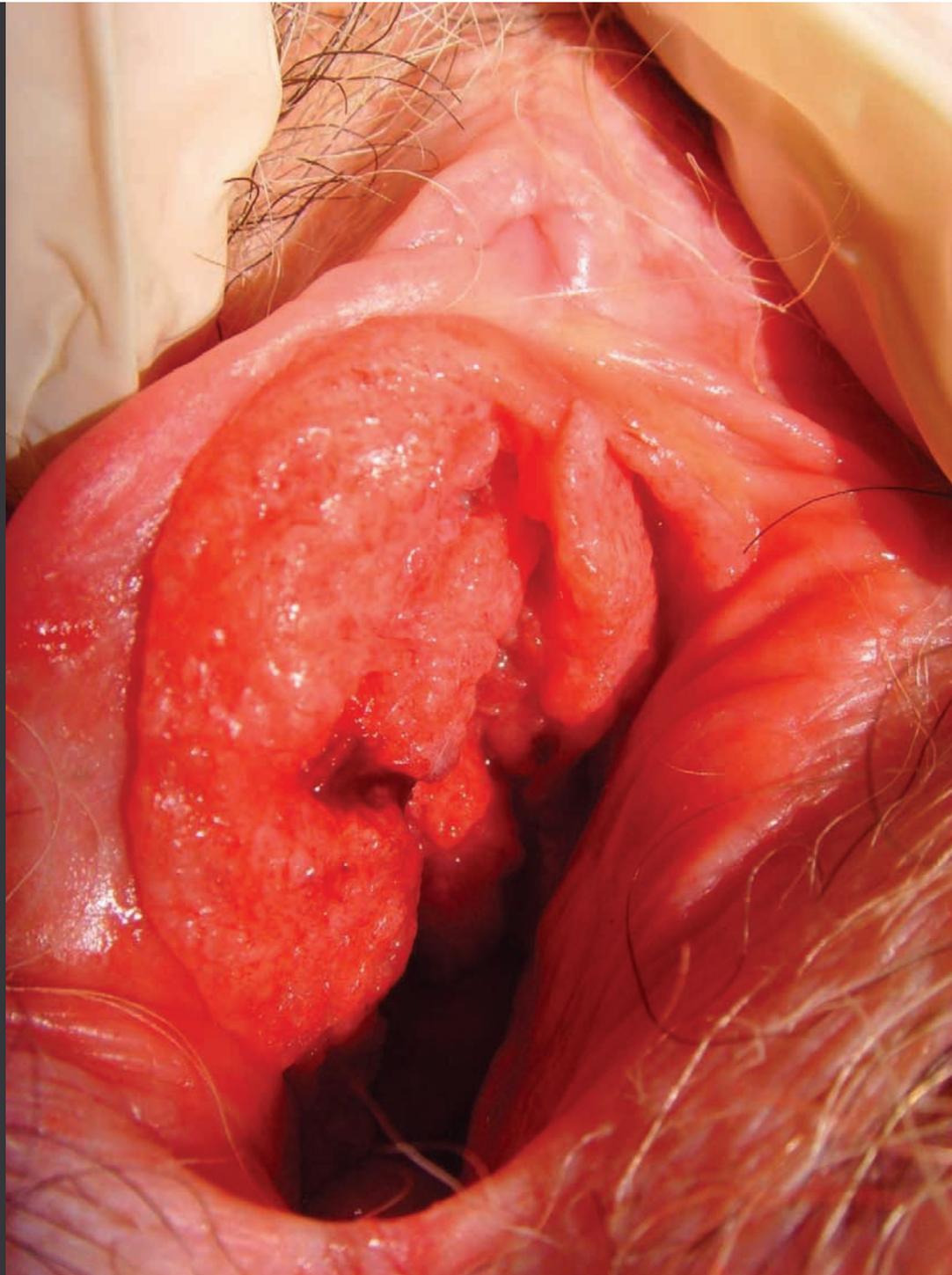


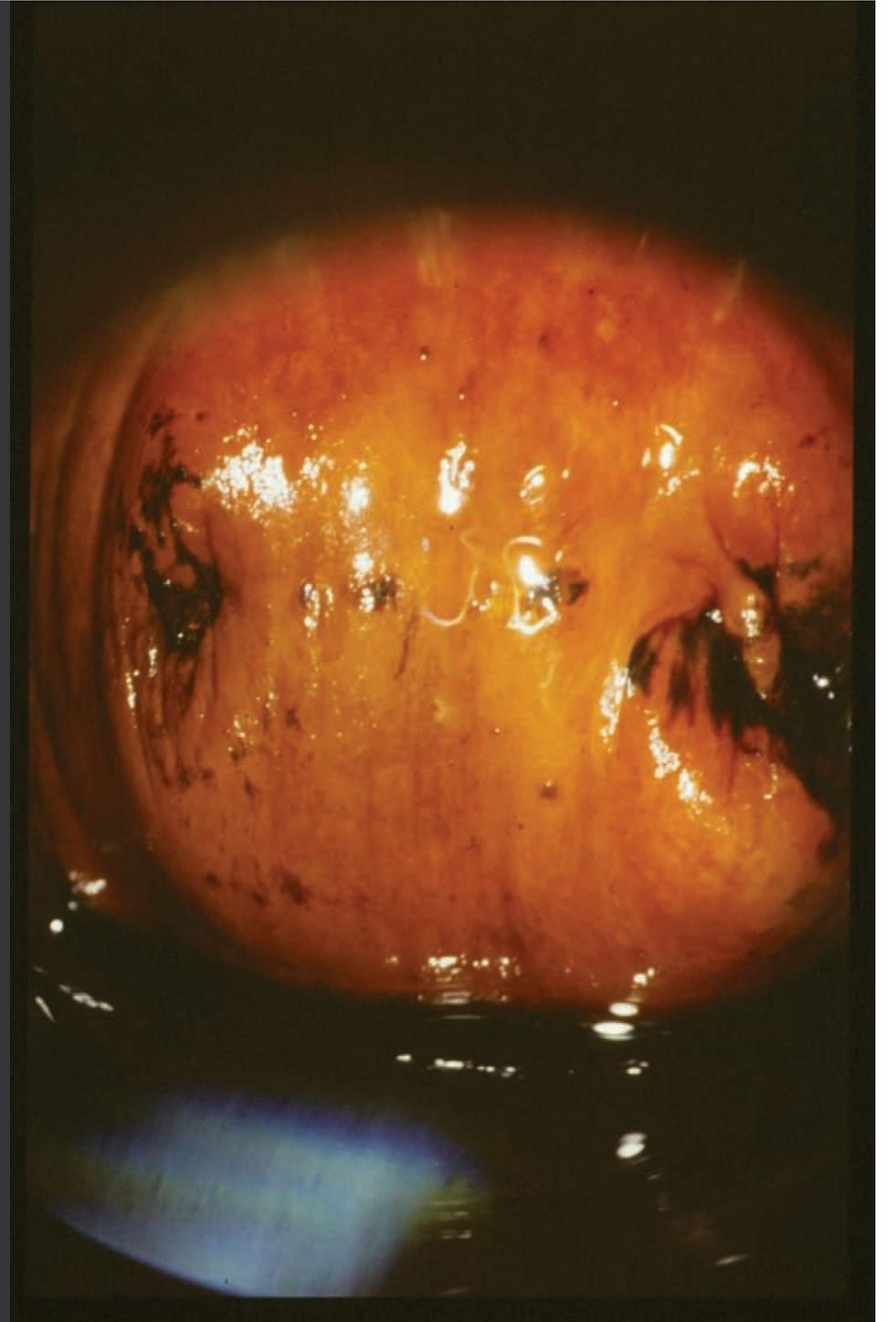
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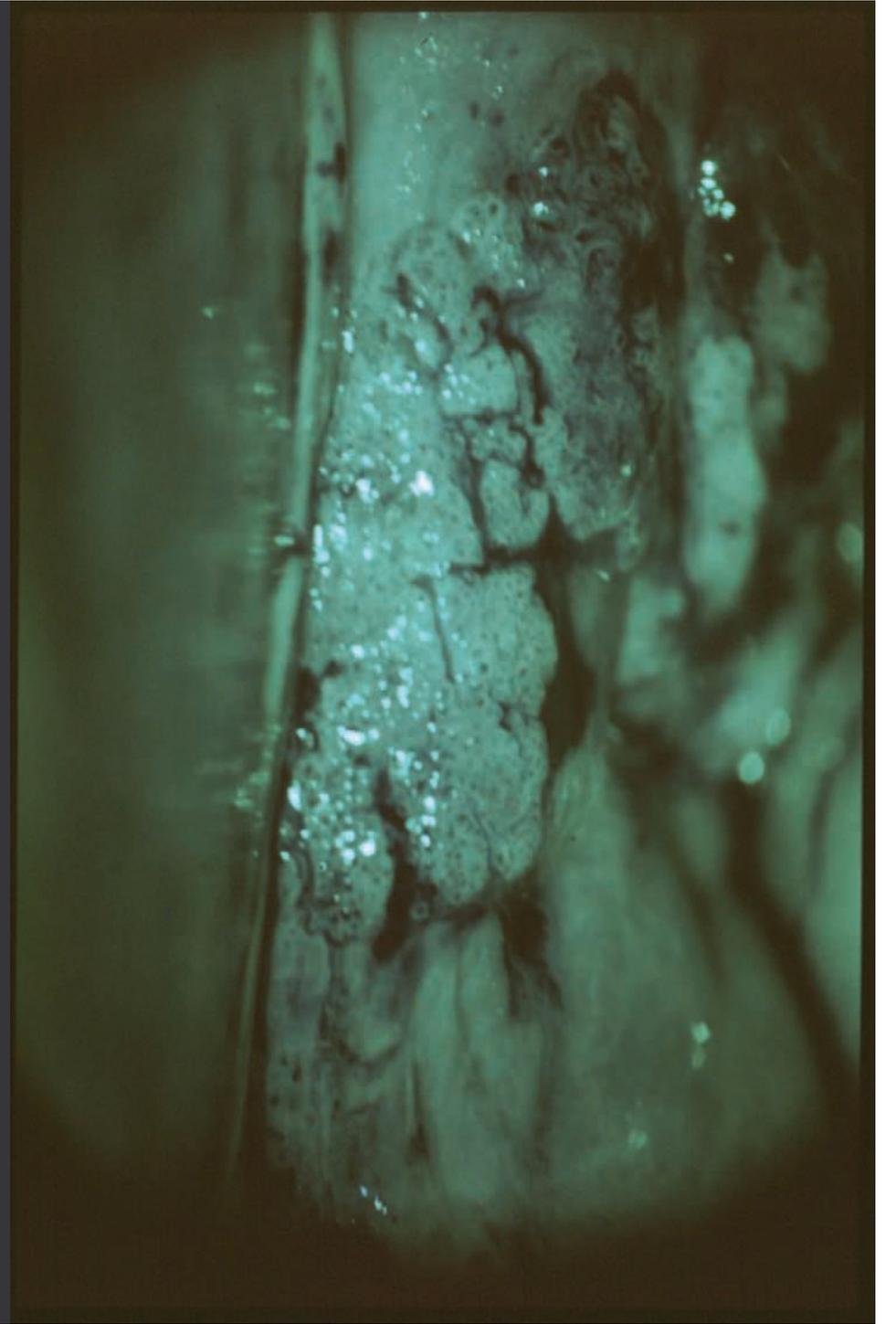


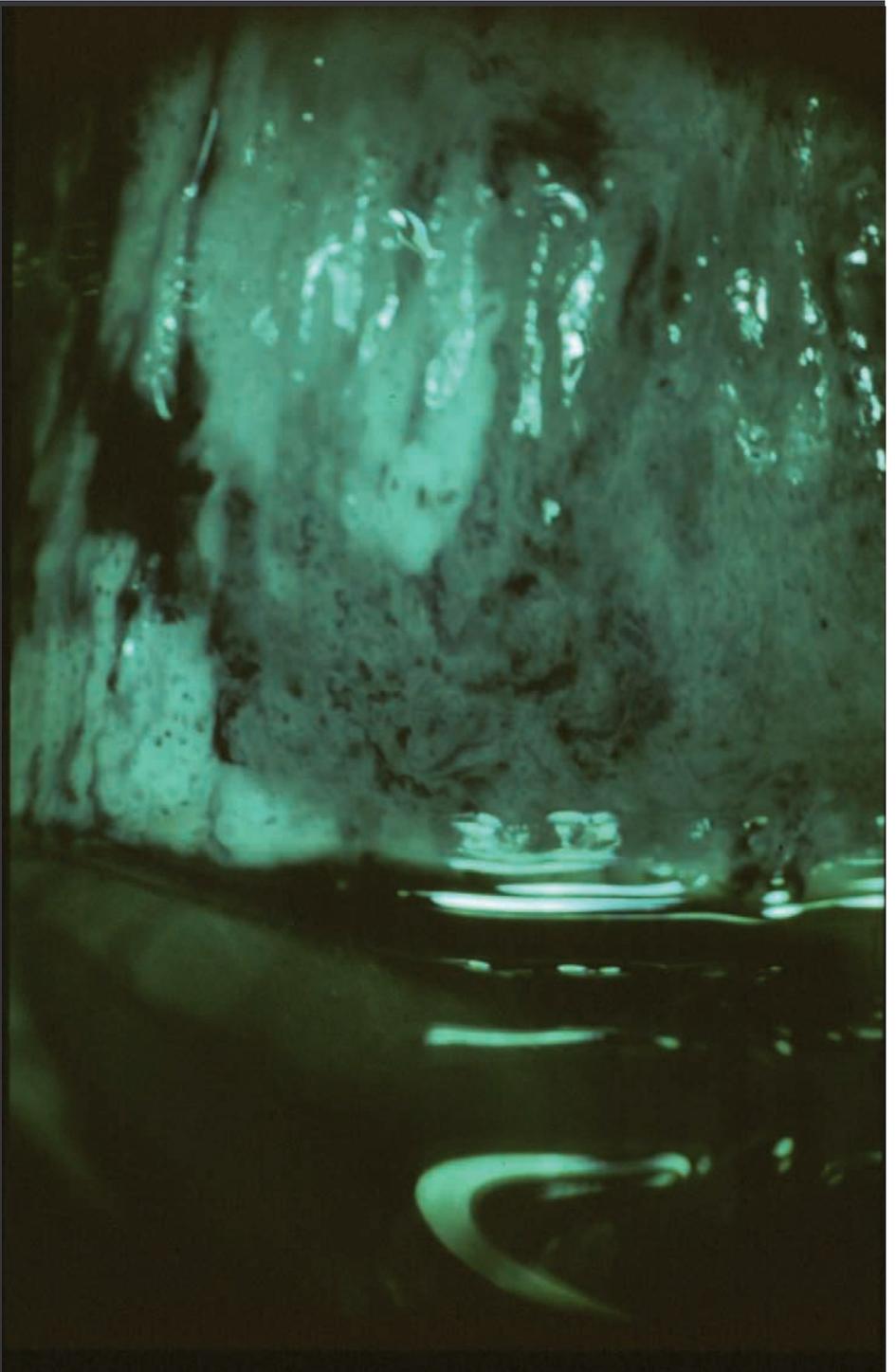
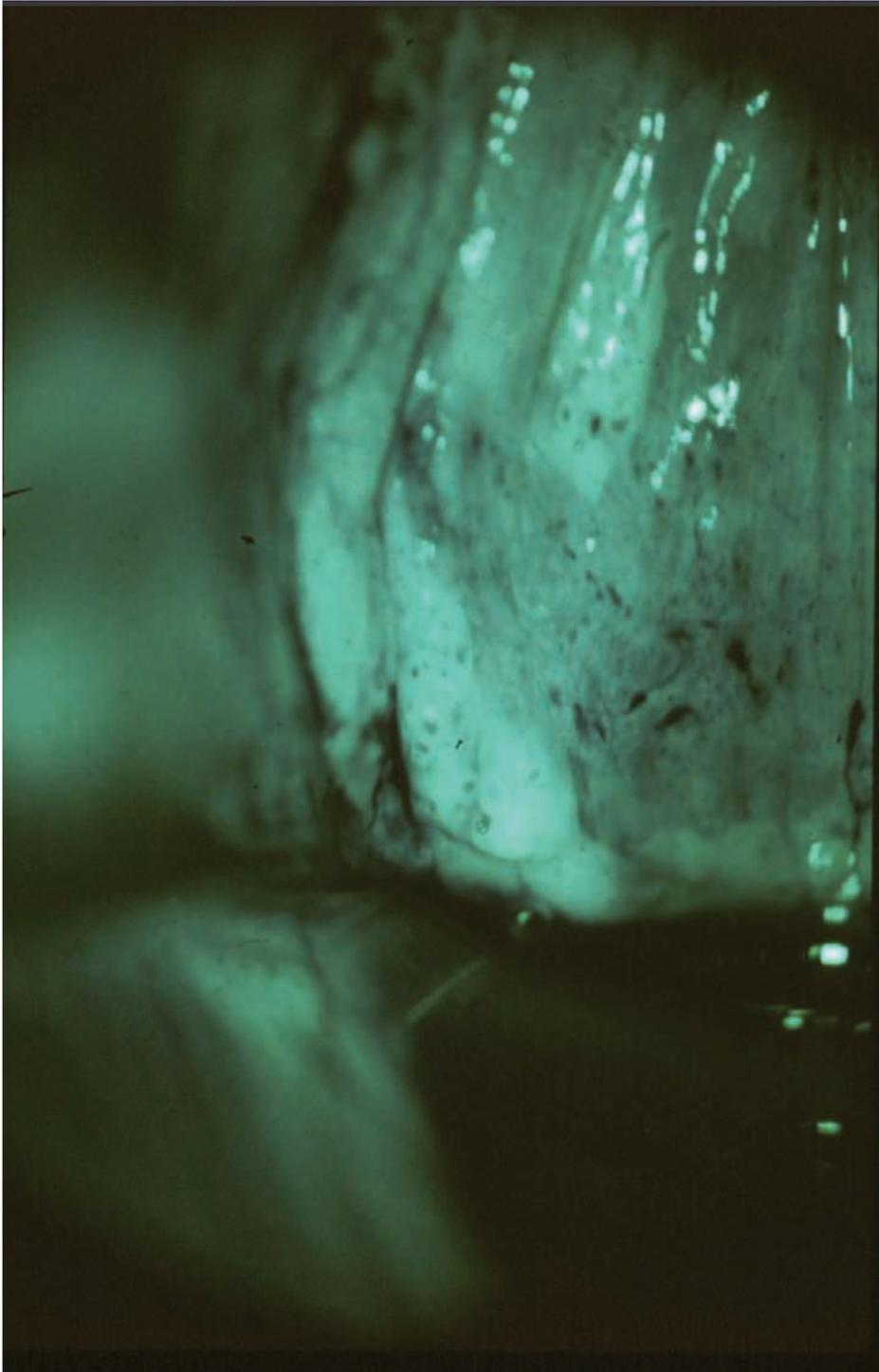














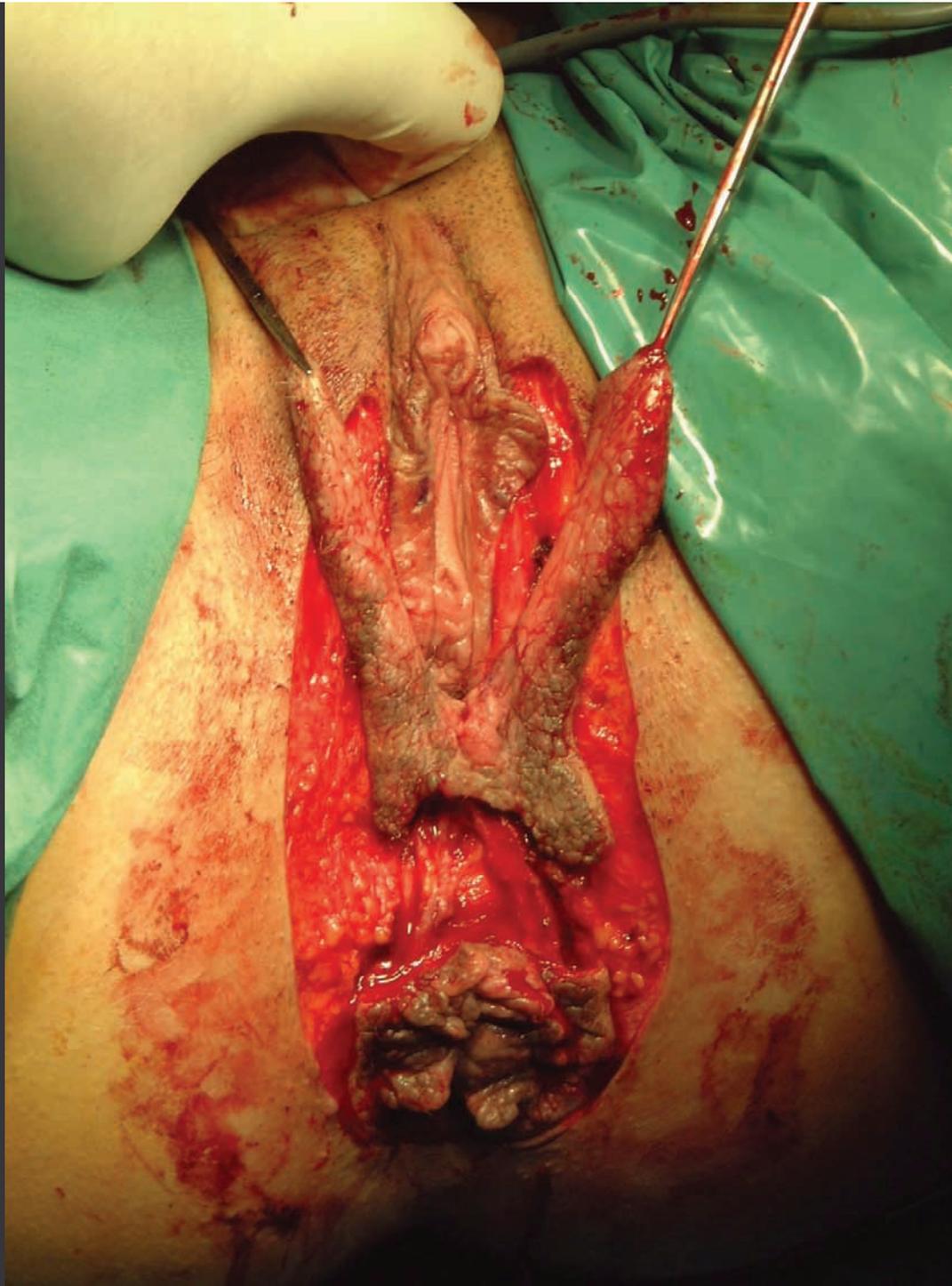


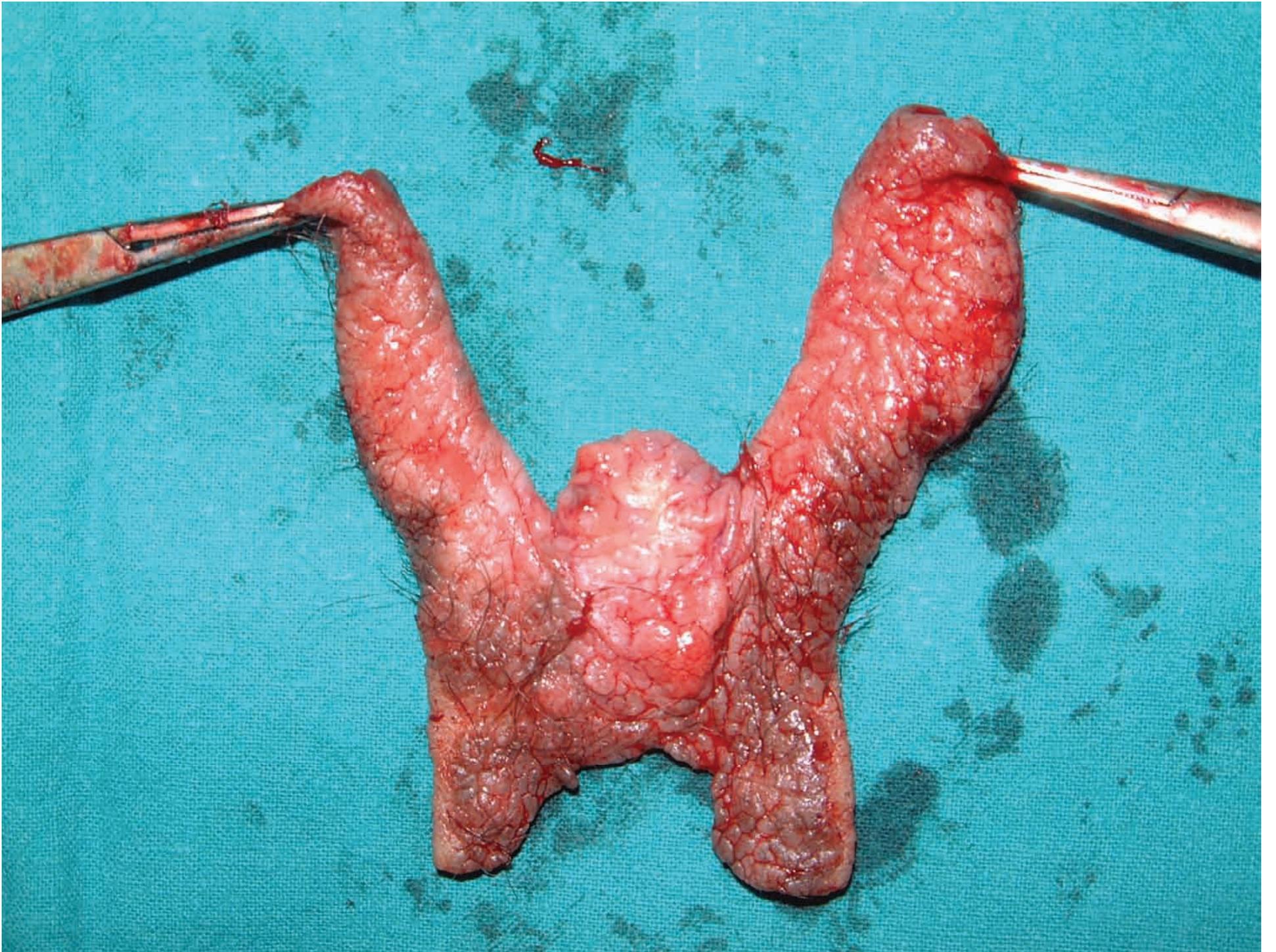








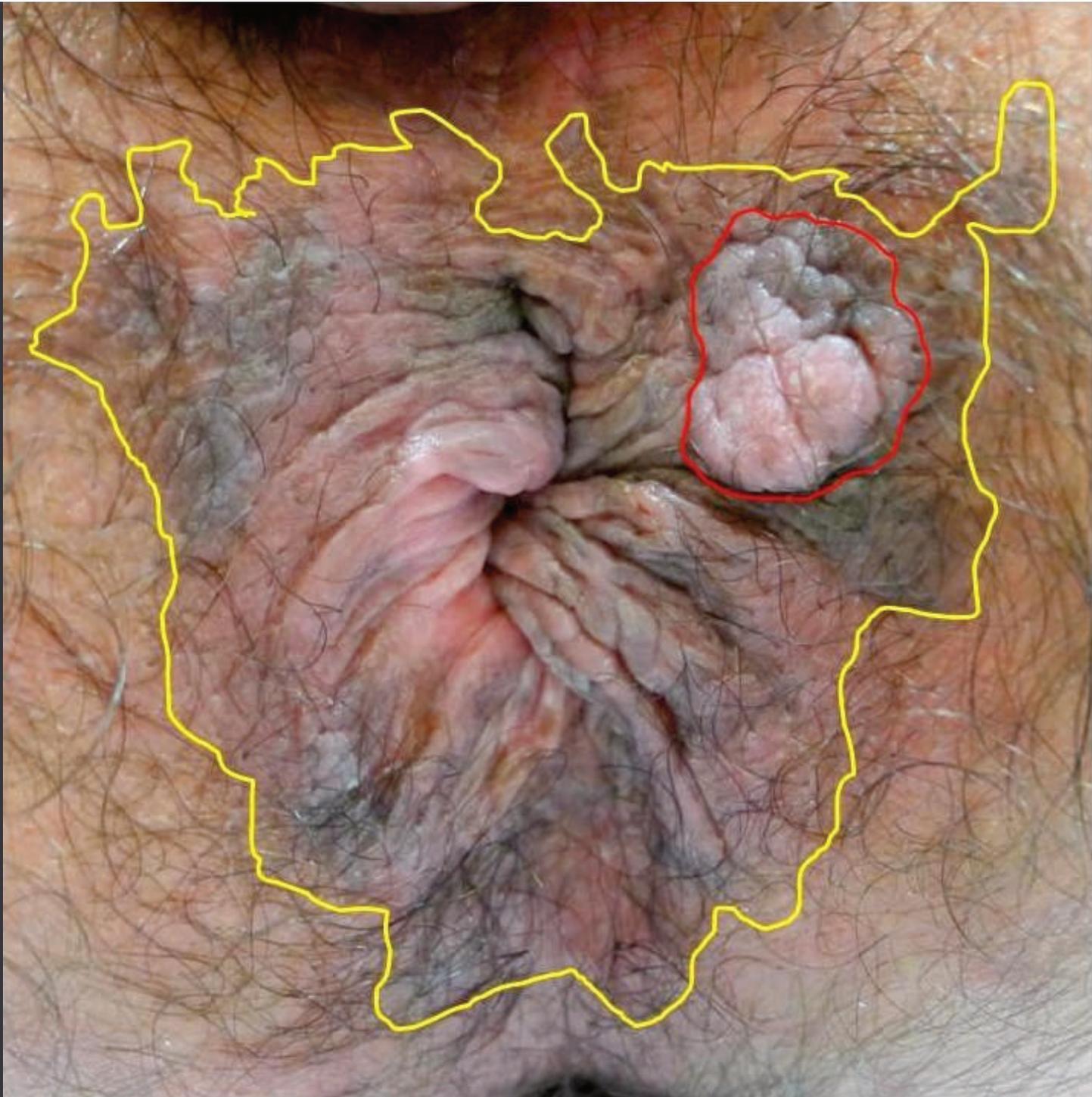


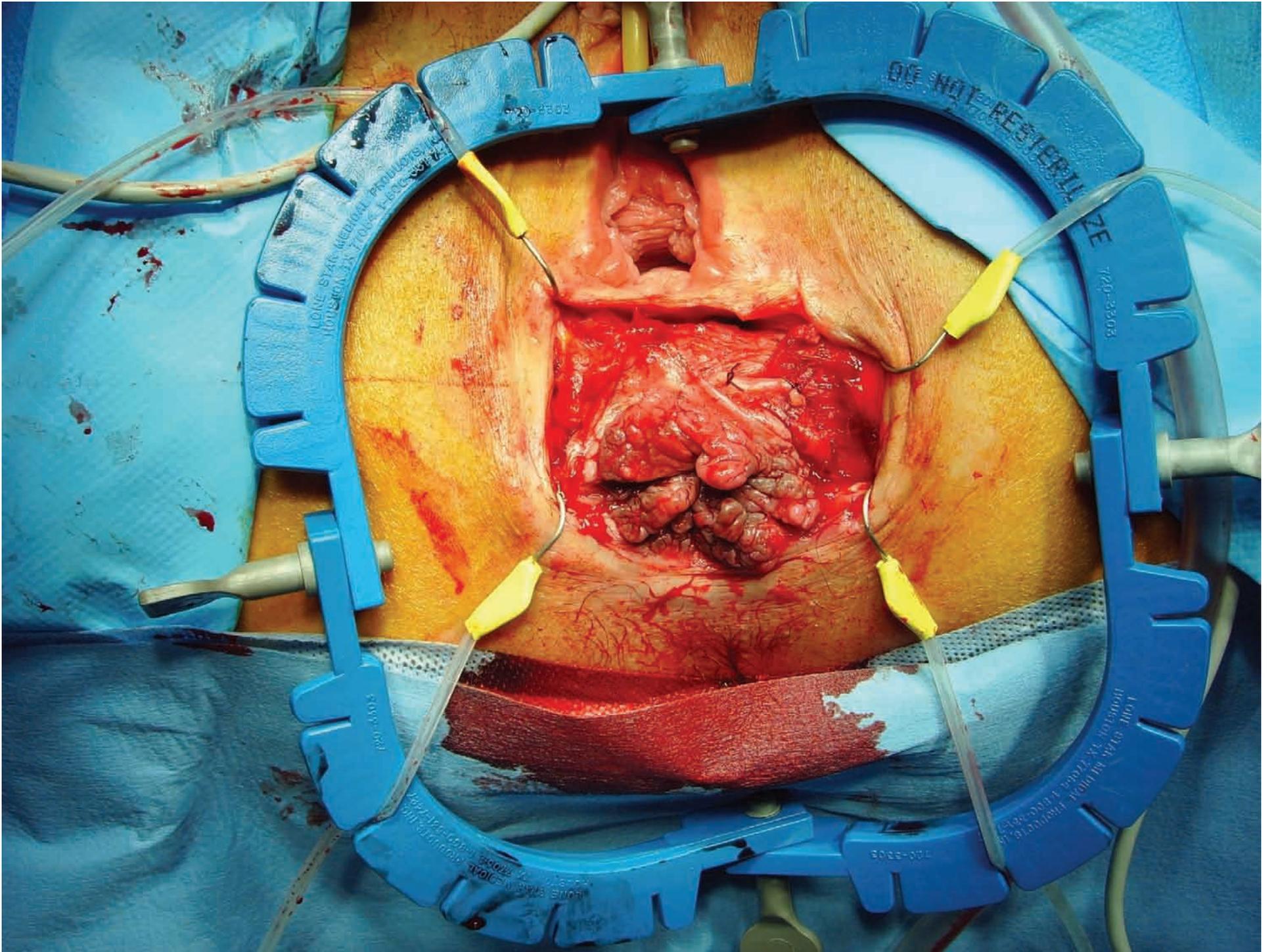


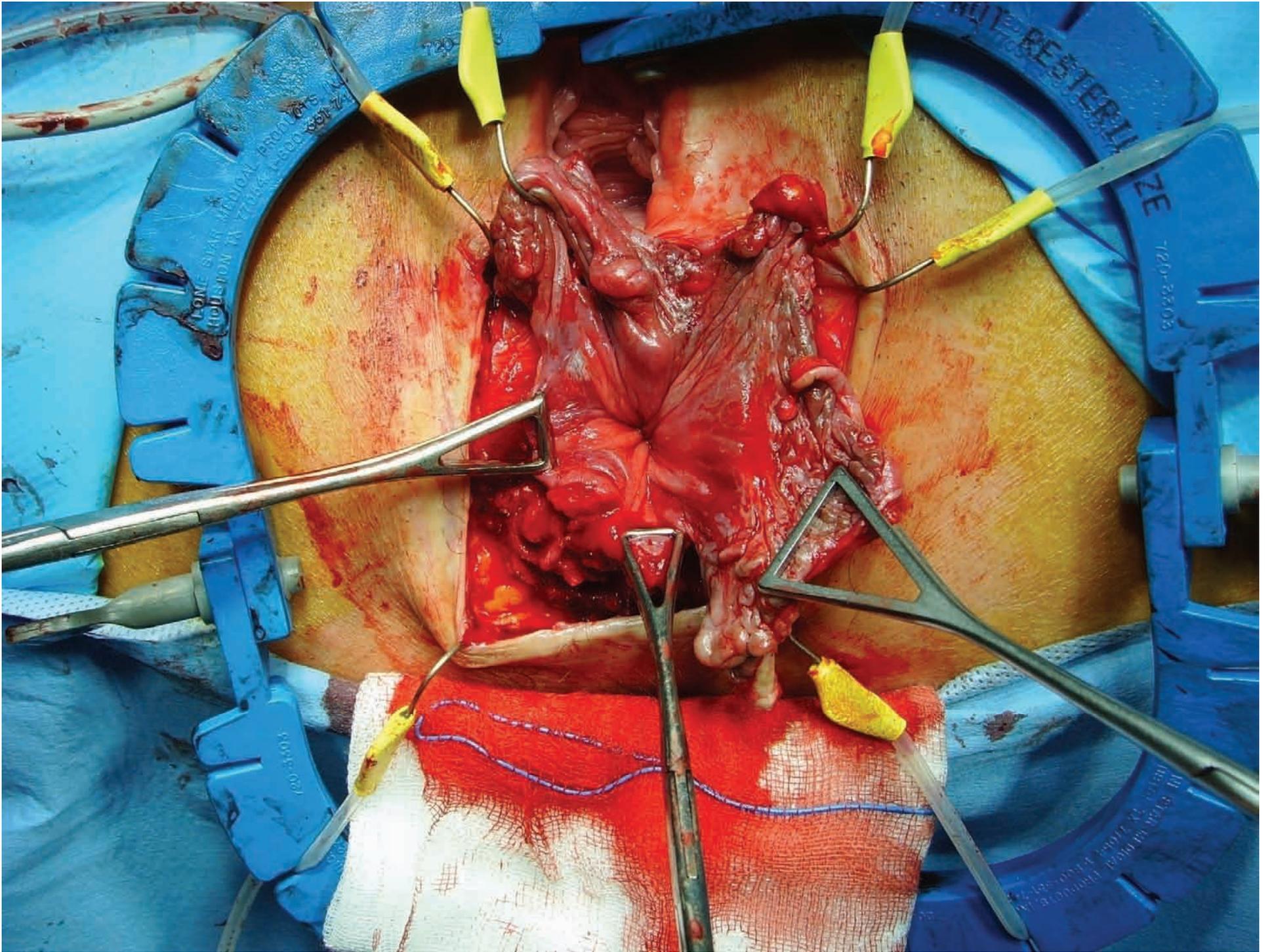












U.O. ANATOMIA ED ISTOLOGIA PATOLOGICA

Responsabile : dott. Silvestro Carinelli

Via Francesco Sforza 35 - 20122 Milano

Tel (02) 55032417

Fax (02) 55032860

nata: 10/06/1968 sesso F

Provenienza: (Sede Mangiagalli - Regina Elena)
"Suor Giovanna"

Cartella n: 2008051526

INTERVENTO

LEEP
asportazione

MATERIALE INVIATO (SEDE DEL PRELIEVO)

- A. portio (vaginalis)*esocervice
- B. endocervice
- C. grande labbro destro
- D. grande labbro sinistro
- E. circonferenza anale ore 2-3
- F. circonferenza anale ore 3-6
- G. circonferenza anale ore 9-12
- H. circonferenza anale ore 7-9
- I. circonferenza anale ore 6-7

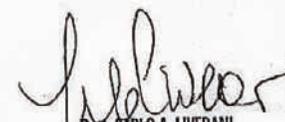
DIAGNOSI

- A) Cervice: metaplasia squamosa con displasia di alto grado (CIN 2-3).
- B) Cervice: metaplasia squamosa con displasia grave (CIN 3) con focale iniziale estensione alle cripte.
- C-D) Carcinoma squamocellulare intraepiteliale, condilomatoide (VIN 3); lesione al margine in C; margine non valutabile con sicurezza in D.
- E-F-G-H) Carcinoma squamocellulare intraepiteliale, condilomatoide (AIN 3); lesione al margine.
- I) Displasia lieve (AIN 1).

DESCRIZIONE MACROSCOPICA

- A) Cono di cm 2 x 0,6.
- B) Cono di cm 2 x 0,5.
- C) Plica cutanea di cm 3,5 x 2.
- D) Lembo cutaneo di cm 2 x 1.
- E) Lembo cutaneo di cm 1,5 x 0,8.
- F) Lembo cutaneo di cm 3,5 x 1,5.
- G) Lembo cutaneo di cm 1.
- H) Lembo cutaneo di cm 2,5 x 1,2.
- I) Lembo cutaneo di cm 1.

acm


Dott. CARLO A. LIVERANI
LVR CLN 52P11 D969S

data di accettazione 19/09/2008

data di refertazione 26/09/2008

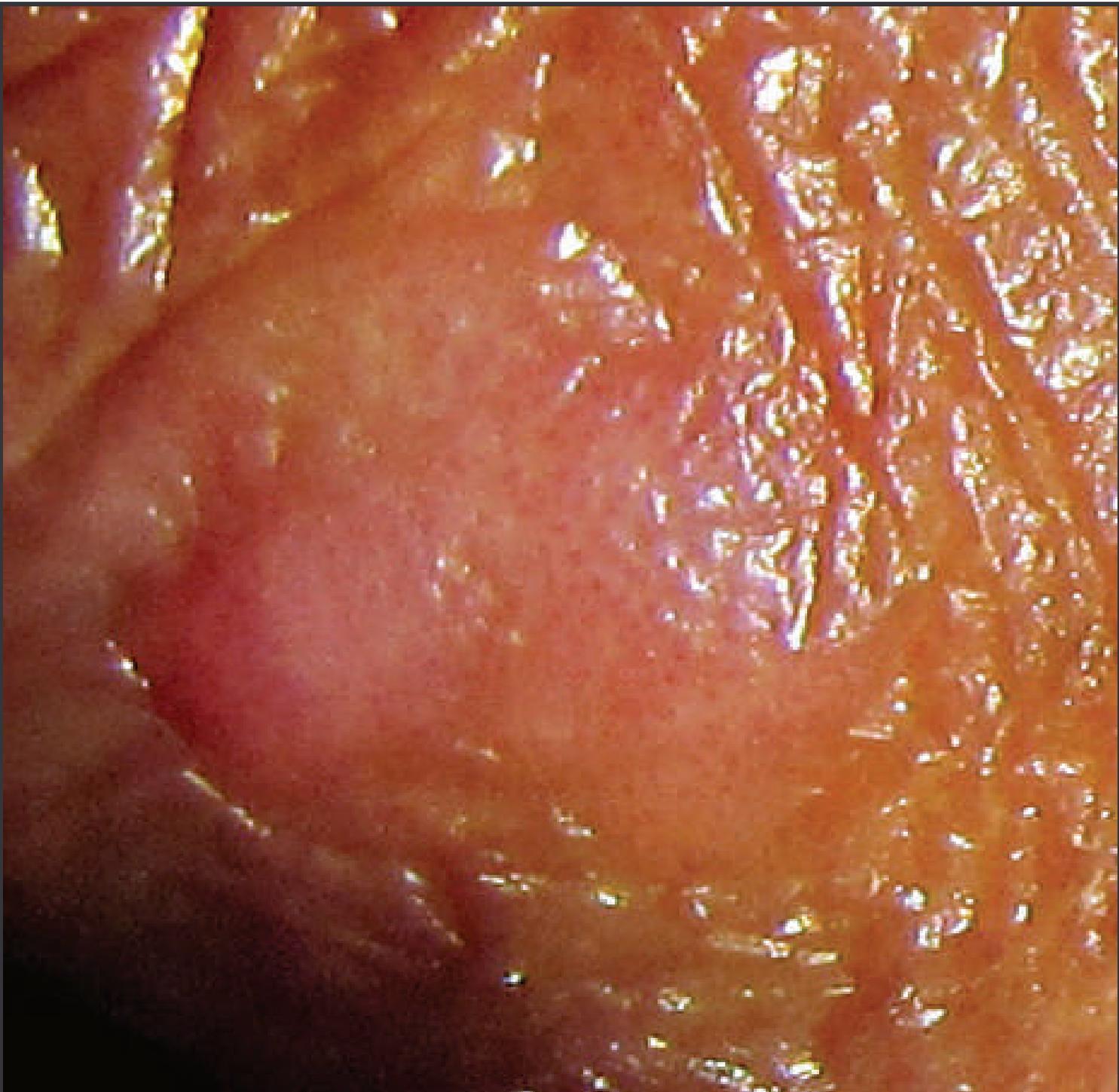




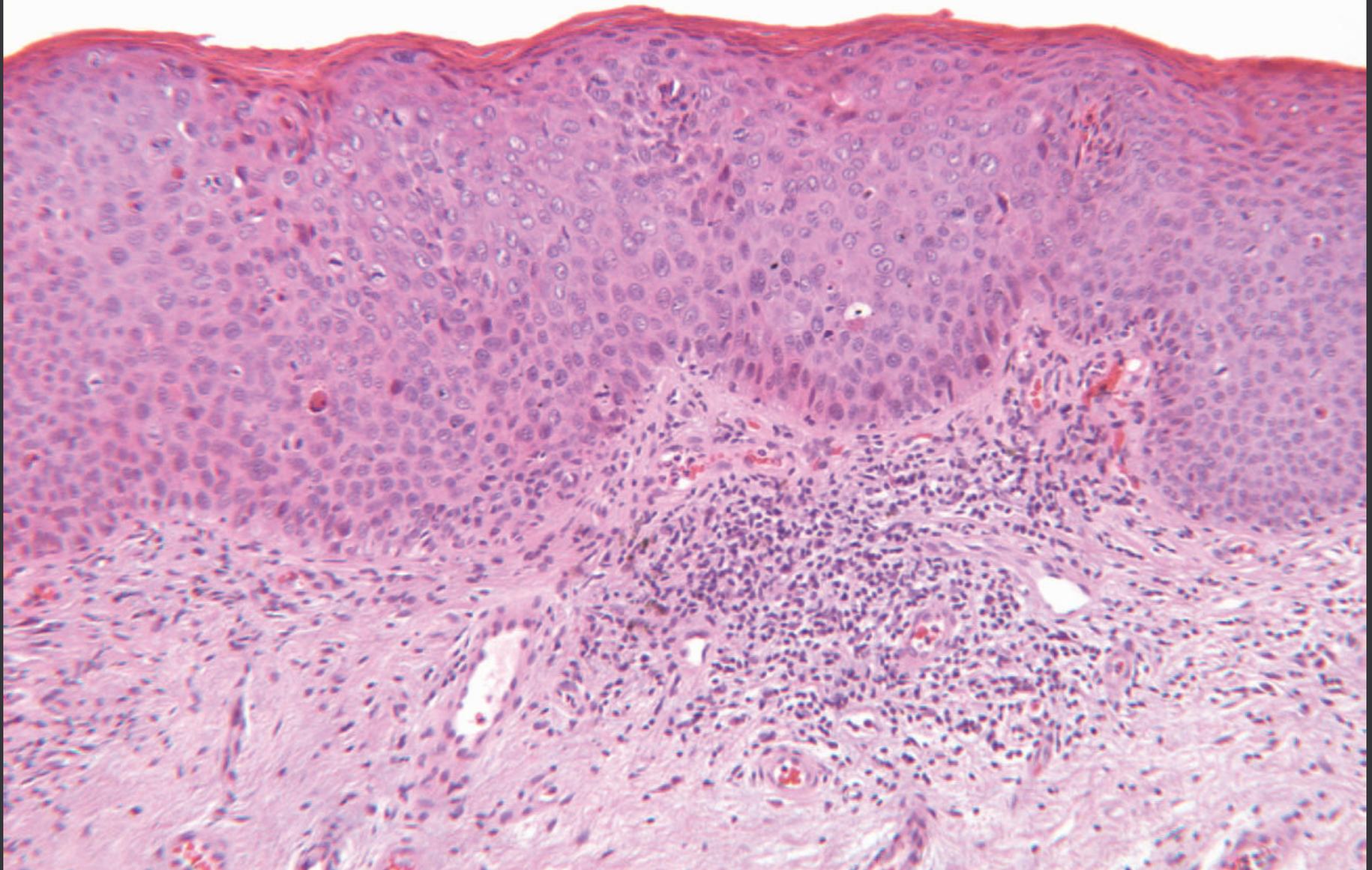


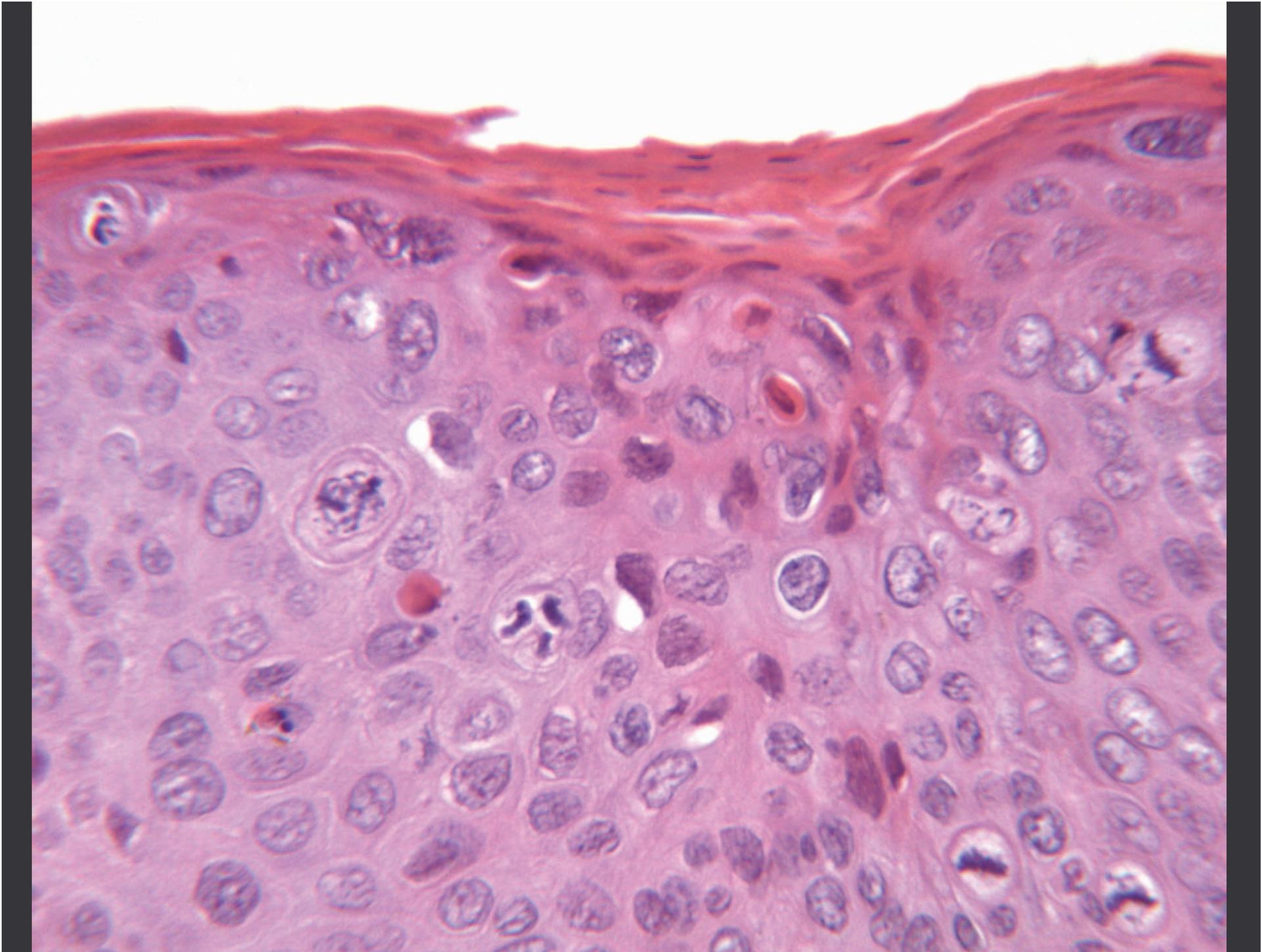
















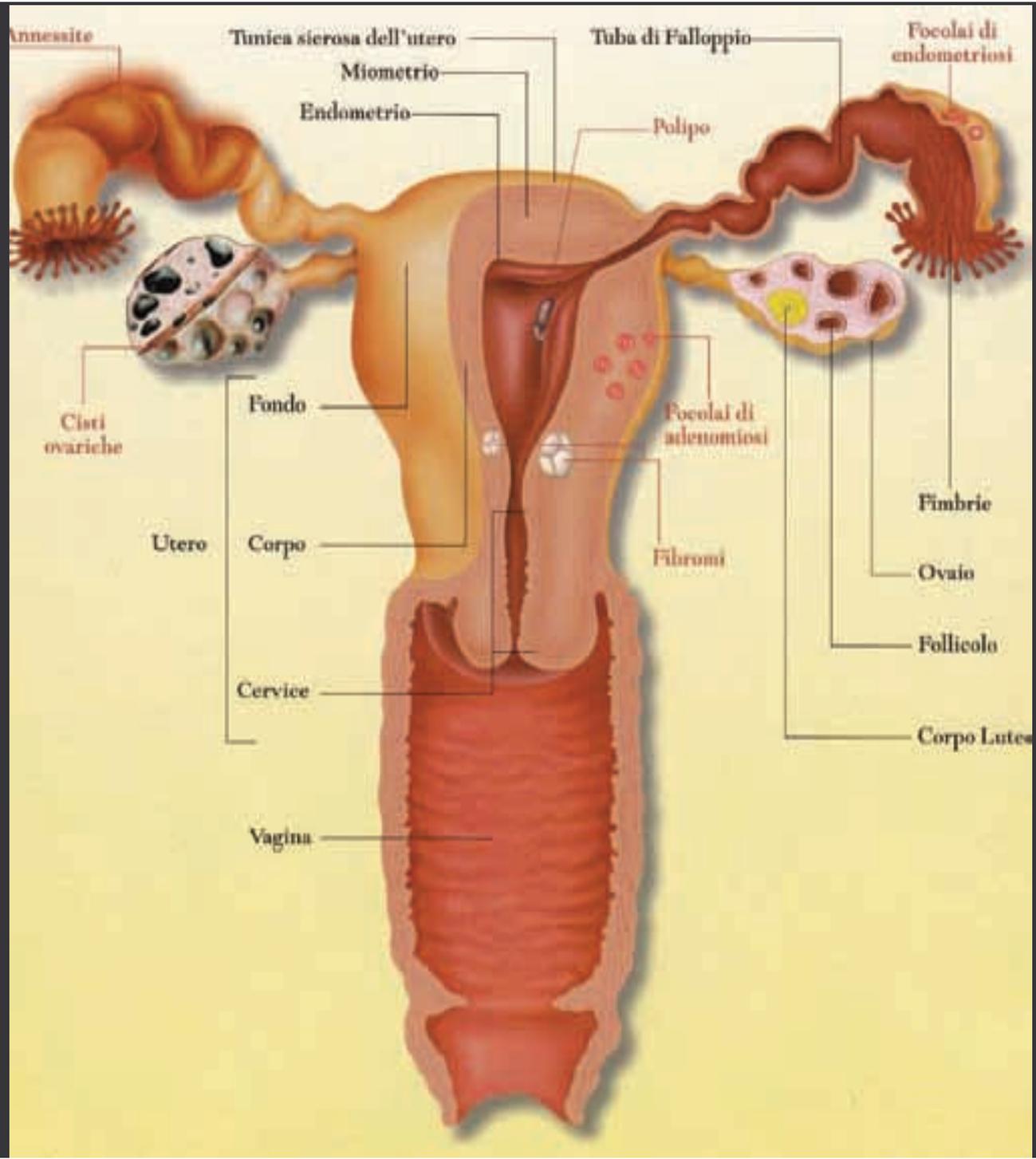


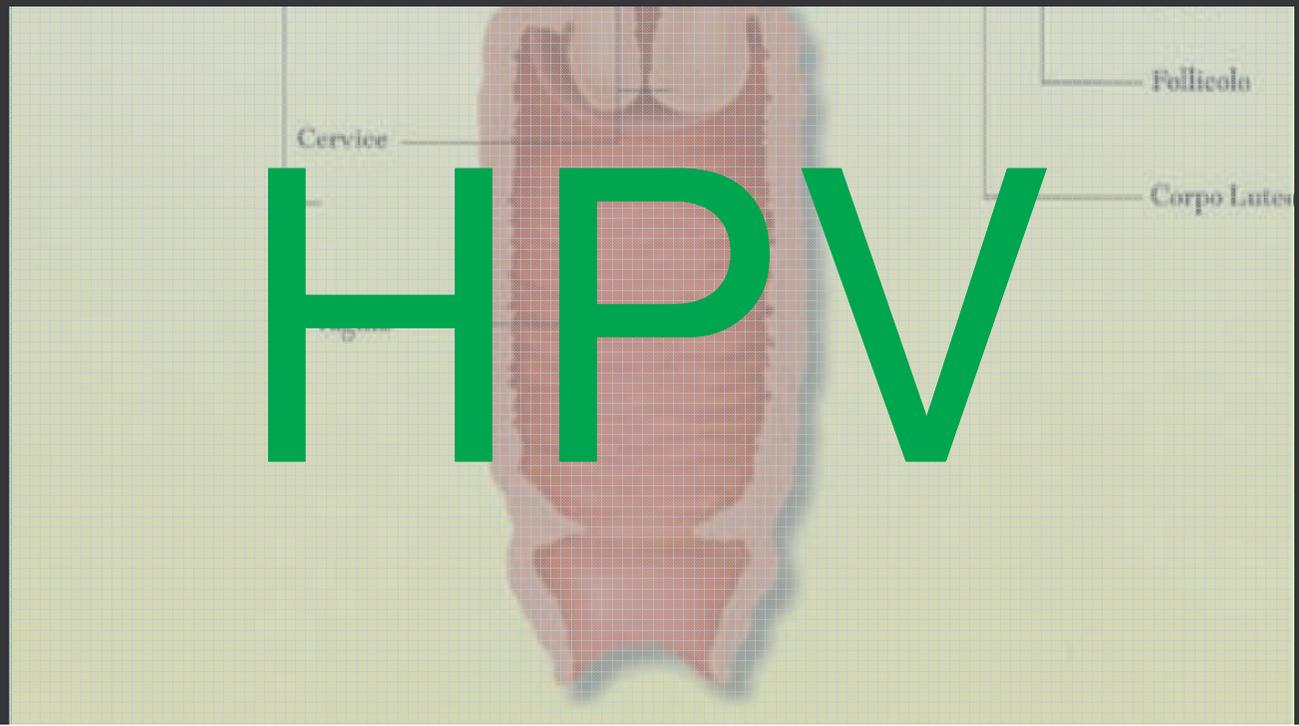
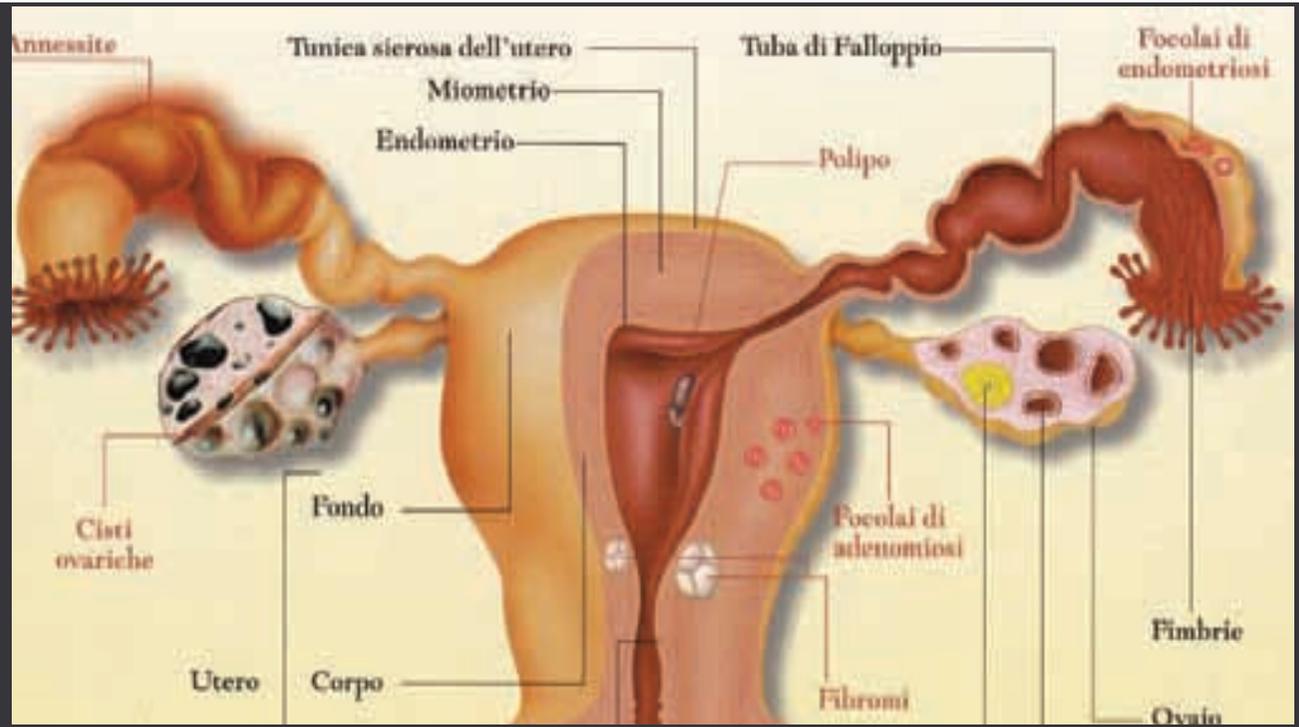
Condilomi del labbro in paziente HIV positiva

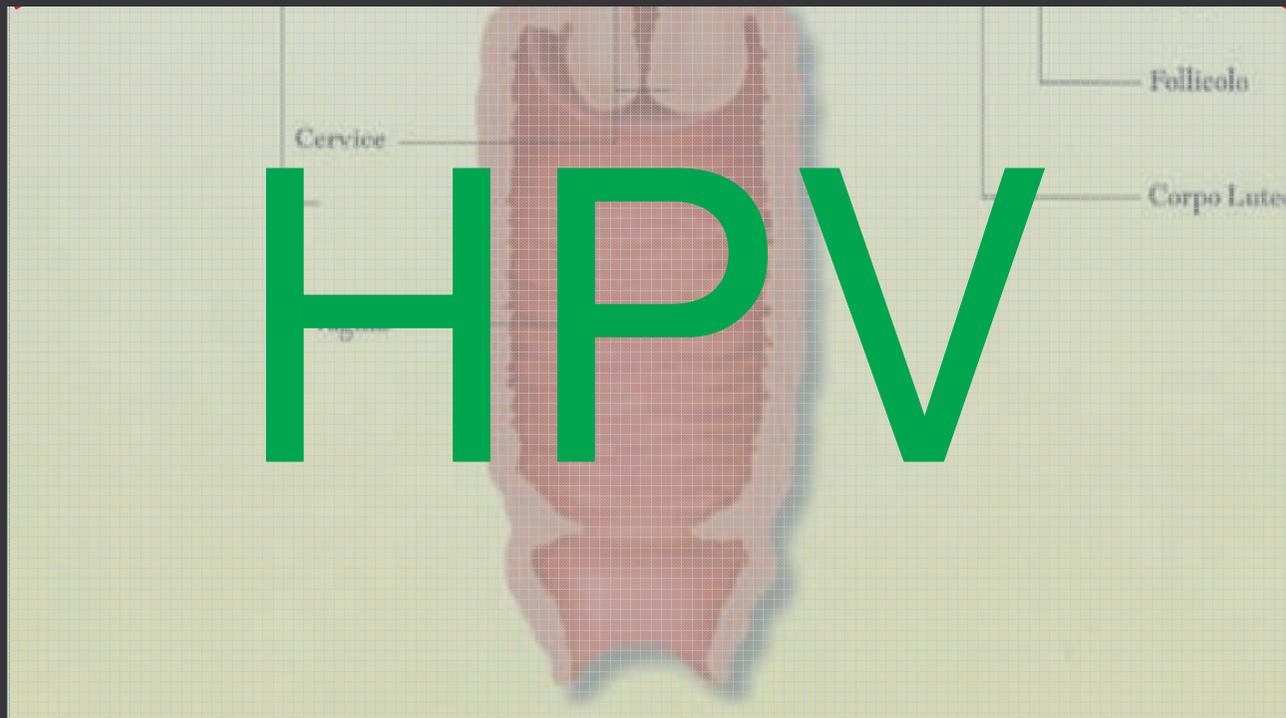
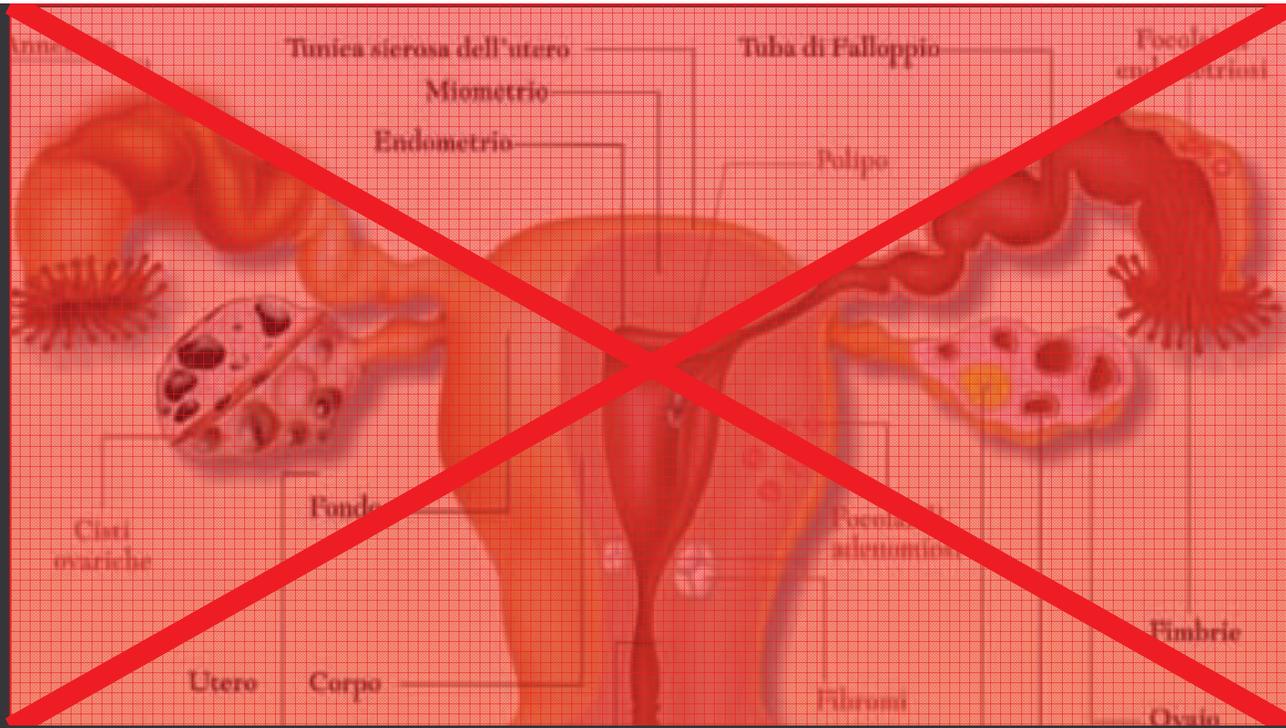


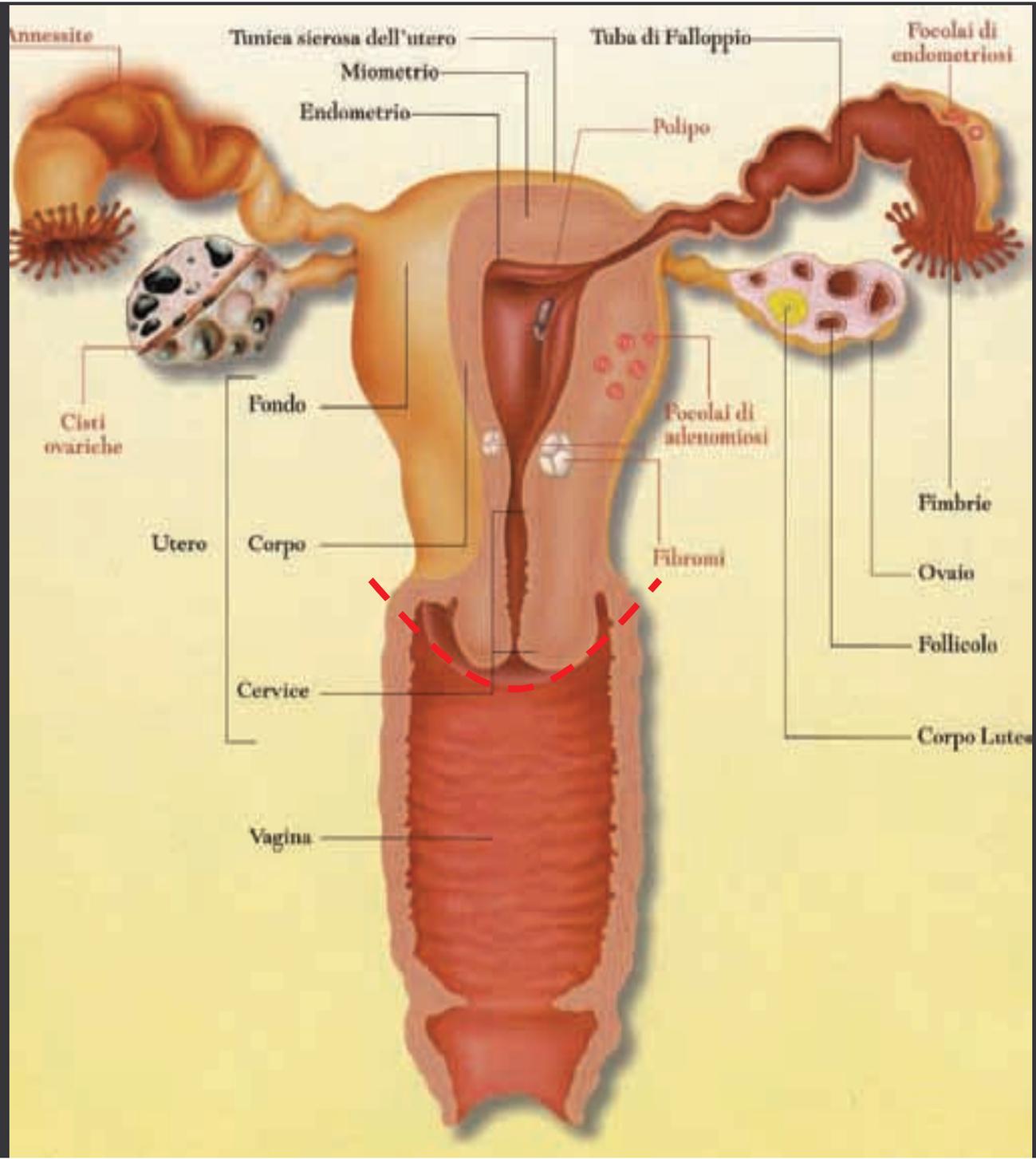


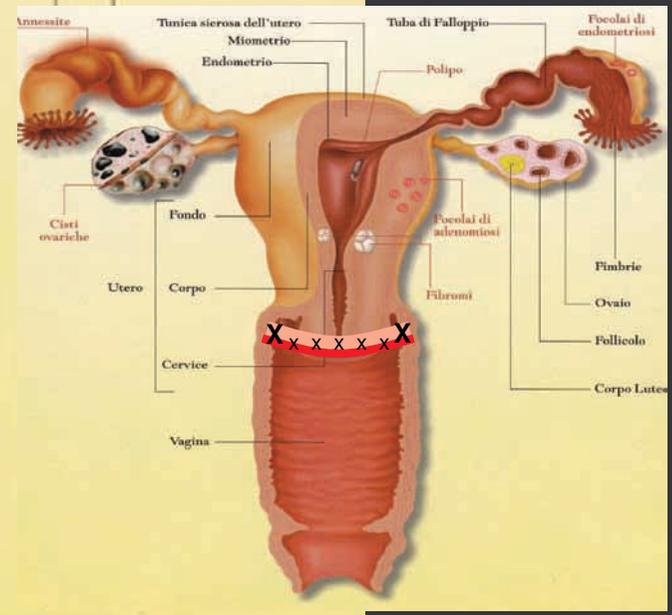
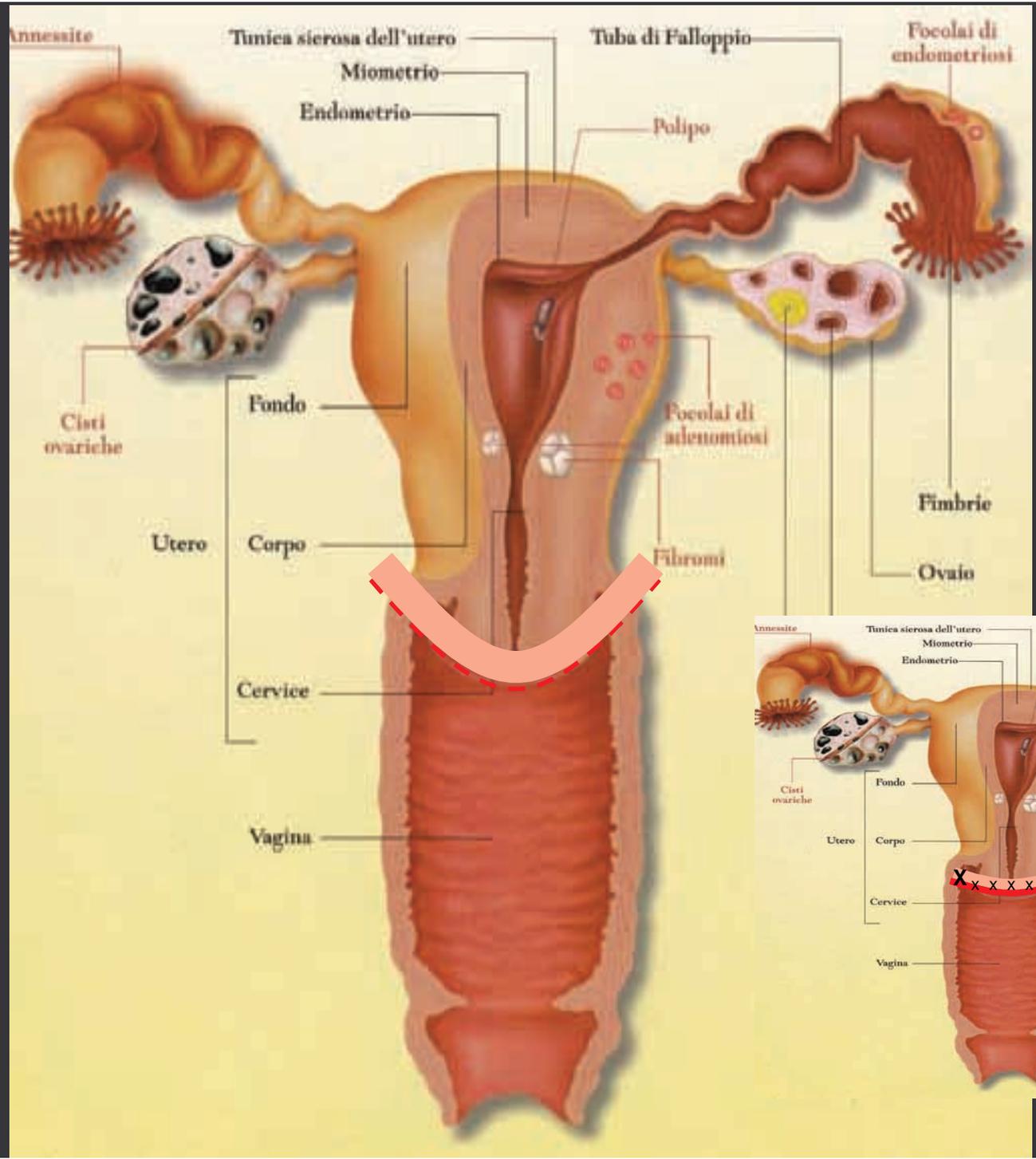














Grazie

