



Associazione Ginecologi  
Extra Ospedalieri

VI CORSO BASE A.G.E.O.

# COLPOSCOPIA

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



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. (b), GIUSEPPE MARTINELLI, M.D. (c), RENZO BARRASSO, M.D. (d), JEAN DE BRUX, M.D. (e)

### Abstract

Sixty-six regular male partners of women with cervical condyloma or intraepithelial neoplasia (CIN) (group one), and 50 male partners of women with recurrent vulvar condylomata acuminata (group two) were studied. Sixty-five of the 116 (54.3%) male partners examined presented lesions histologically diagnosed as hyperplasia, condyloma or intraepithelial neoplasia. Penile human papillomavirus (HPV) related lesions were found in 13 (69%) of 27 partners of women with CIN, in 25 (60%) of 39 partners of women with cervical flat condylomata and in 21 (42%) of 50 partners of women with recurrent vulvar condylomata 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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Reprint requests: Prof. J. De Brux (e).

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

RICHARD U. LEVINE, MD, CHRISTOPHER F. CRUM, MD, ERIC HERMAN, MD, DAVID SILVERS, MD, ALEX FERENCZY, MD, AND RALPH M. RICHART, MD

The male sexual partners of 31 women with cervical condylo-  
mata or cervical intraepithelial neoplasia (CIN) were exam-  
ined for penile condylo-mata and/or urinary tract lesions.  
Internal lesions were detected in 18 (58%) of the male  
partners of women with cervical lesions including 14 of 22  
whose partners had cervical condylo-mata or low grade CIN,  
one of six whose partners had CIN 2, and three of six whose  
partners 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 spec-  
imens from the men with and without penile lesions con-  
tained nonspecific abnormalities consisting of squamous  
metaplasia with mild degrees of cytologic atypia. Koilocy-  
tic atypia characteristic of condylo-mata was not found except  
in cases with documented distal urethral condylo-mata.  
Hence, at present the diagnosis of human papillomavirus  
infection in the man is best made by careful clinical exami-  
nation. Whether or not papillomavirus resides deep in the  
urethral tract of these patients remains to be determined.  
(*Obstet Gynecol* 34:16, 1998)

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  
cancer 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 respon-  
sible for the genesis of cancer precursors. Studies inves-  
tigating the "high risk male" include the following:  
second wives of men 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>

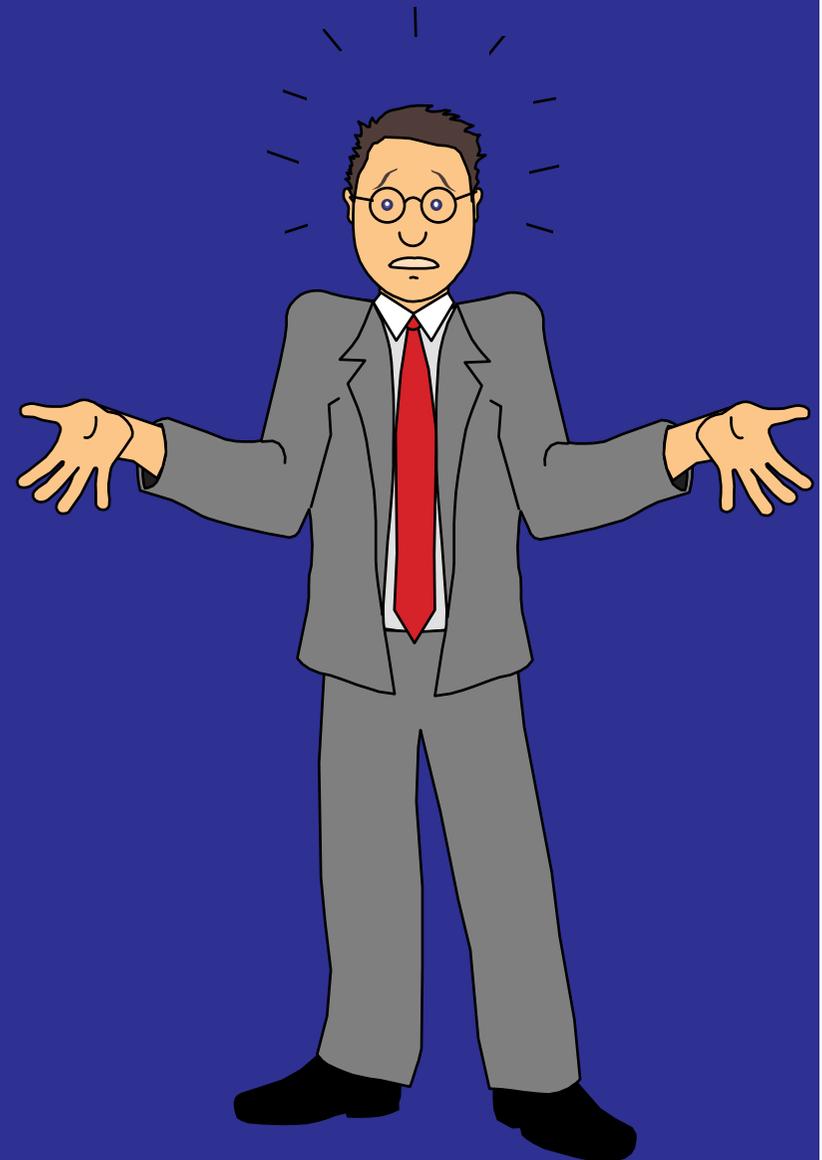
It is now an accepted fact that papillomavirus infec-  
tion is closely related to the development of cervical  
cancer precursors, or cervical intraepithelial neoplasia  
(CIN) and that this virus is usually transmitted.<sup>6</sup> It  
follows that papillomavirus infection should be com-  
mon in the male contacts of women with CIN or  
condylo-mata 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 part-  
ners have lesions have themselves visible penile le-  
sions.<sup>7</sup> Additional lesions may include the urethra  
and the proximal urinary tract.

The purpose of the current study was to evaluate a  
population of male contacts of women with cervical  
condylo-mata or CIN and determine what proportion  
of the men had visible lesions on the penis 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  
condylo-mata.

## Materials and Methods

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

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of Dermatology, Columbia University College of Physicians and Sur-  
geons, Columbia Presbyterian Medical Center, New York, NY, and the  
Department of Pathology, Jewish General Hospital, Montreal, Quebec,  
Canada.



Mots-clés:  
Papillomavirus

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

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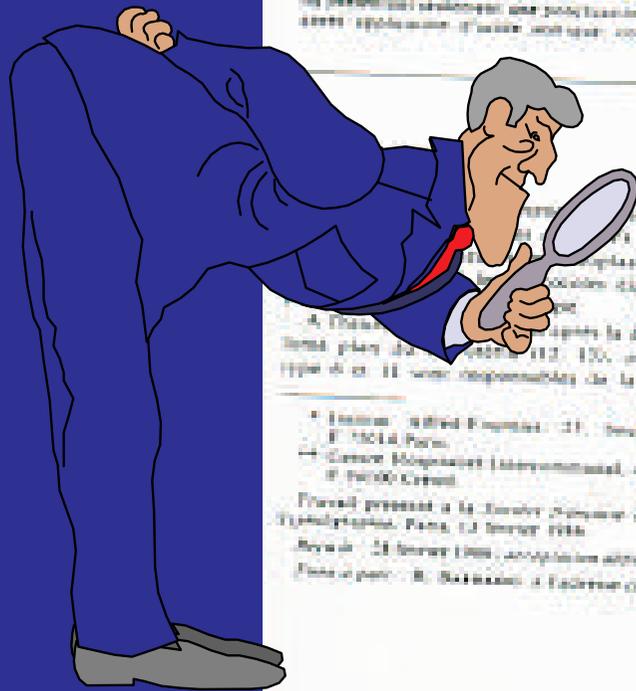
### Résumé

En raison de la forte fréquence des lésions génitales masculines à papillomavirus (HPV) d'aujourd'hui, les auteurs font une étude à l'aide de l'application d'acide acétique à 3 à 500 µl de l'ensemble des colposcopes. Des lésions ont été mises en évidence chez 30 des 114 patients examinés. L'aspect de ces lésions est variable. Des verrucoses macroscopiquement appréciables ont été observées. Toutefois, la plupart des lésions sont planes ou papuleuses. Quelques lésions typiques verrucoses sont caractéristiques et l'existence de l'acétowhitening permet de mieux les reconnaître. Dans d'autres cas, des lésions typiques parfaitement caractéristiques (papules) sont mises en évidence. Plusieurs sont appliqués d'acide acétique, comme un test de vir-

alité. Histologiquement, la plupart de ces lésions sont caractérisées par une zone de cellules cytonucléaires des HPV avec des atypies cellulaires qui différencient le matériel microscopique.

Ces observations suggèrent la nécessité de l'examen des parties génitales des hommes présentant une pathologie génitale à HPV et une présymptomatique. L'application d'acide acétique est une partie indispensable de l'examen clinique en cas de pathologie génitale masculine à HPV, permettant de mettre en évidence des lésions caractéristiques. L'observation au colposcope constitue un complément utile de l'examen, permettant et participant de mieux à diagnostiquer.

(En français et p. 791)



... HPV... papillomavirus humains... dans la plupart des... colposcopiques et neoplasiques... de diagnostic et de...  
\* à l'aide de l'application d'acide acétique à 3 à 500 µl de l'ensemble des colposcopes. Des lésions ont été mises en évidence chez 30 des 114 patients examinés. L'aspect de ces lésions est variable. Des verrucoses macroscopiquement appréciables ont été observées. Toutefois, la plupart des lésions sont planes ou papuleuses. Quelques lésions typiques verrucoses sont caractéristiques et l'existence de l'acétowhitening permet de mieux les reconnaître. Dans d'autres cas, des lésions typiques parfaitement caractéristiques (papules) sont mises en évidence. Plusieurs sont appliqués d'acide acétique, comme un test de vir-

\* Institut Alfred Fournier, 21, boulevard Saint-Jacques, F-75014 Paris.  
\*\* Centre Médical International, 48, boulevard Faidherbe, F-59000 Lille.

Travail présenté à la Société Française de Dermatologie et de Syphiligraphie, Paris, 12 février 1988.

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Paris (print) - R. Barbaud, à l'adresse ci-dessus.

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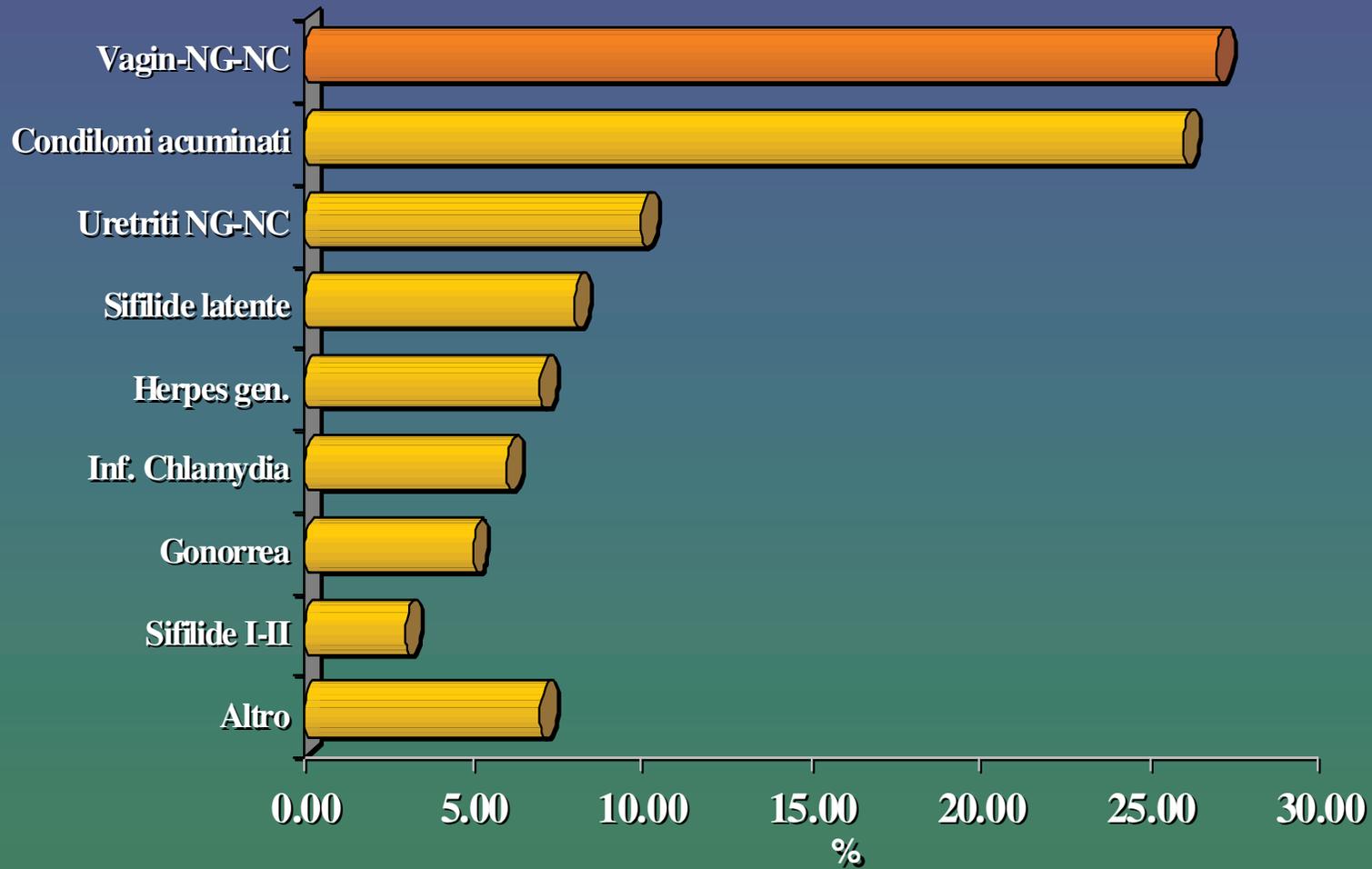
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# **LESIONI HPV-CORRELATE NEL PARTER MASCHILE**

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

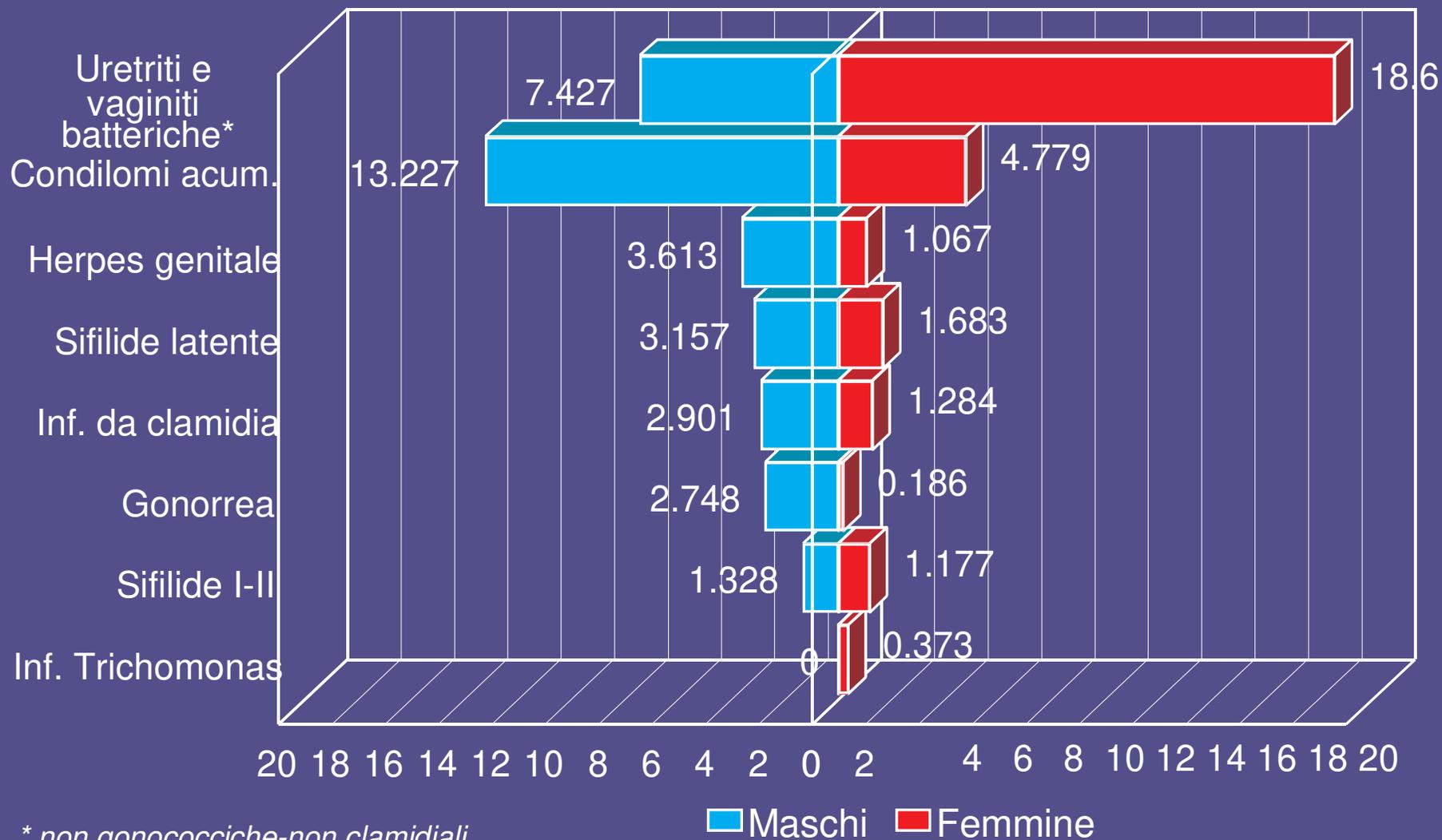
## Sorveglianza Nazionale MST

Distribuzione delle principali MST 1991-2003 (casi 85.420)



# Distribuzione delle MST per sesso

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

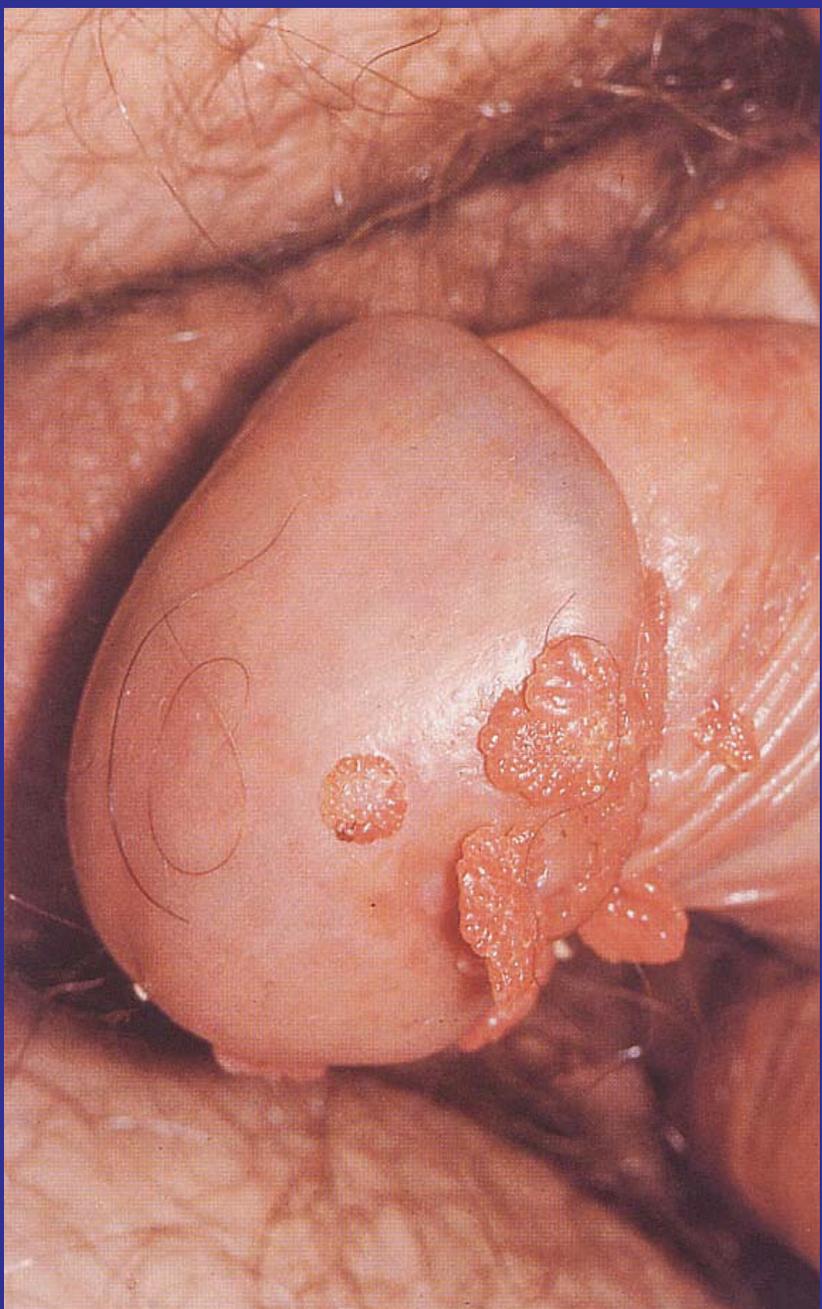


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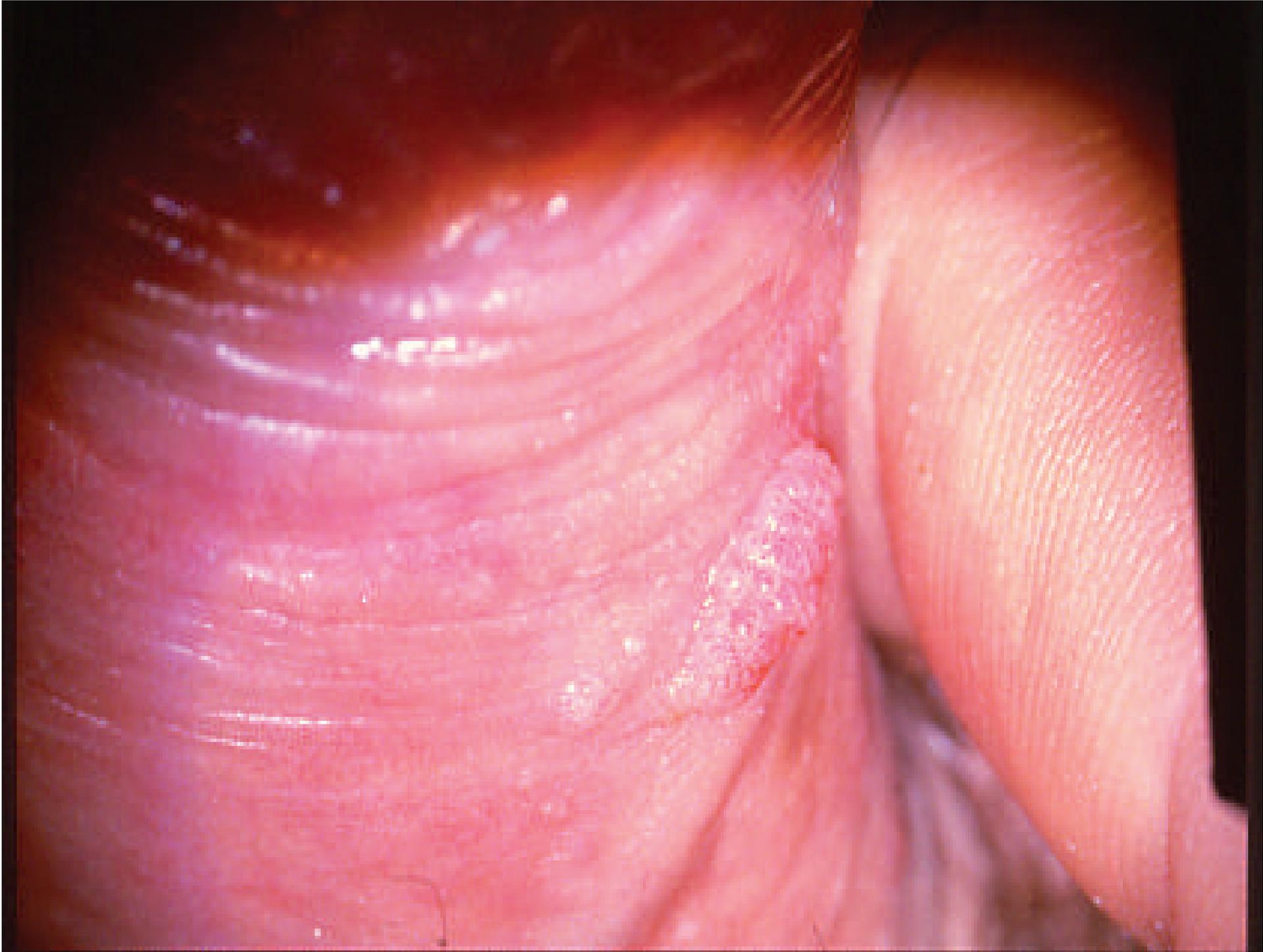
## Condilomi Acuminati: uomini

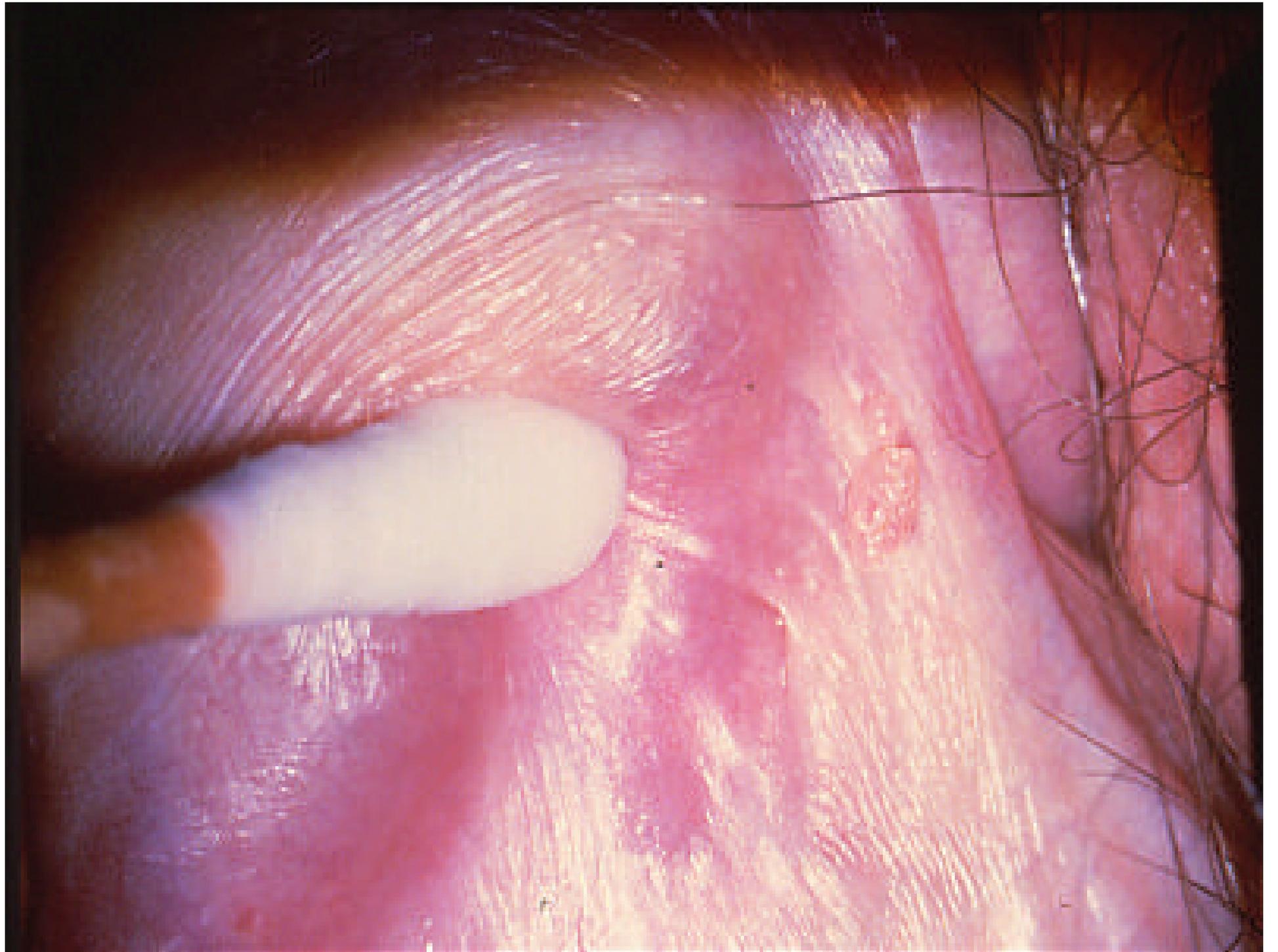


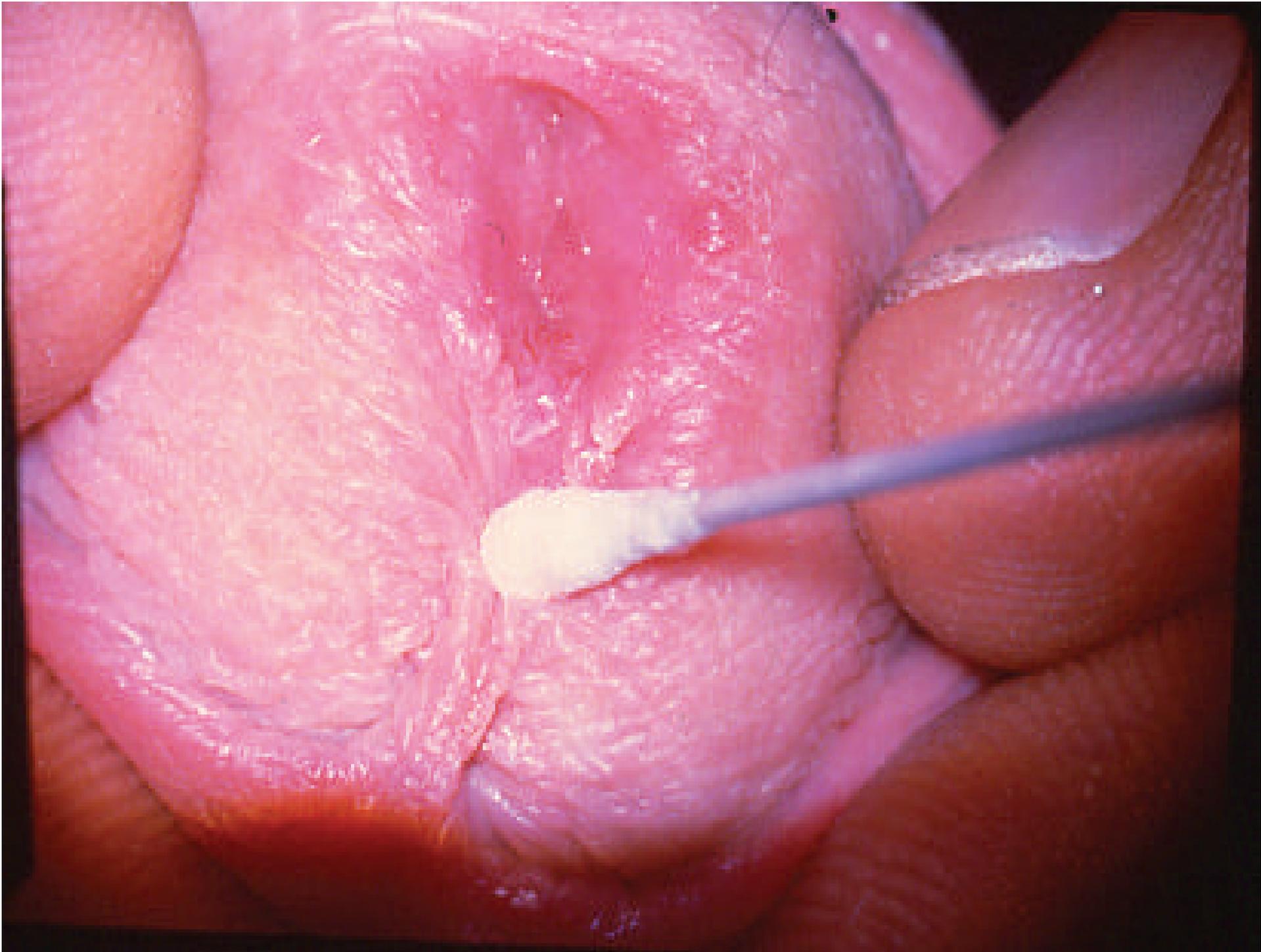
Urogenital Infections

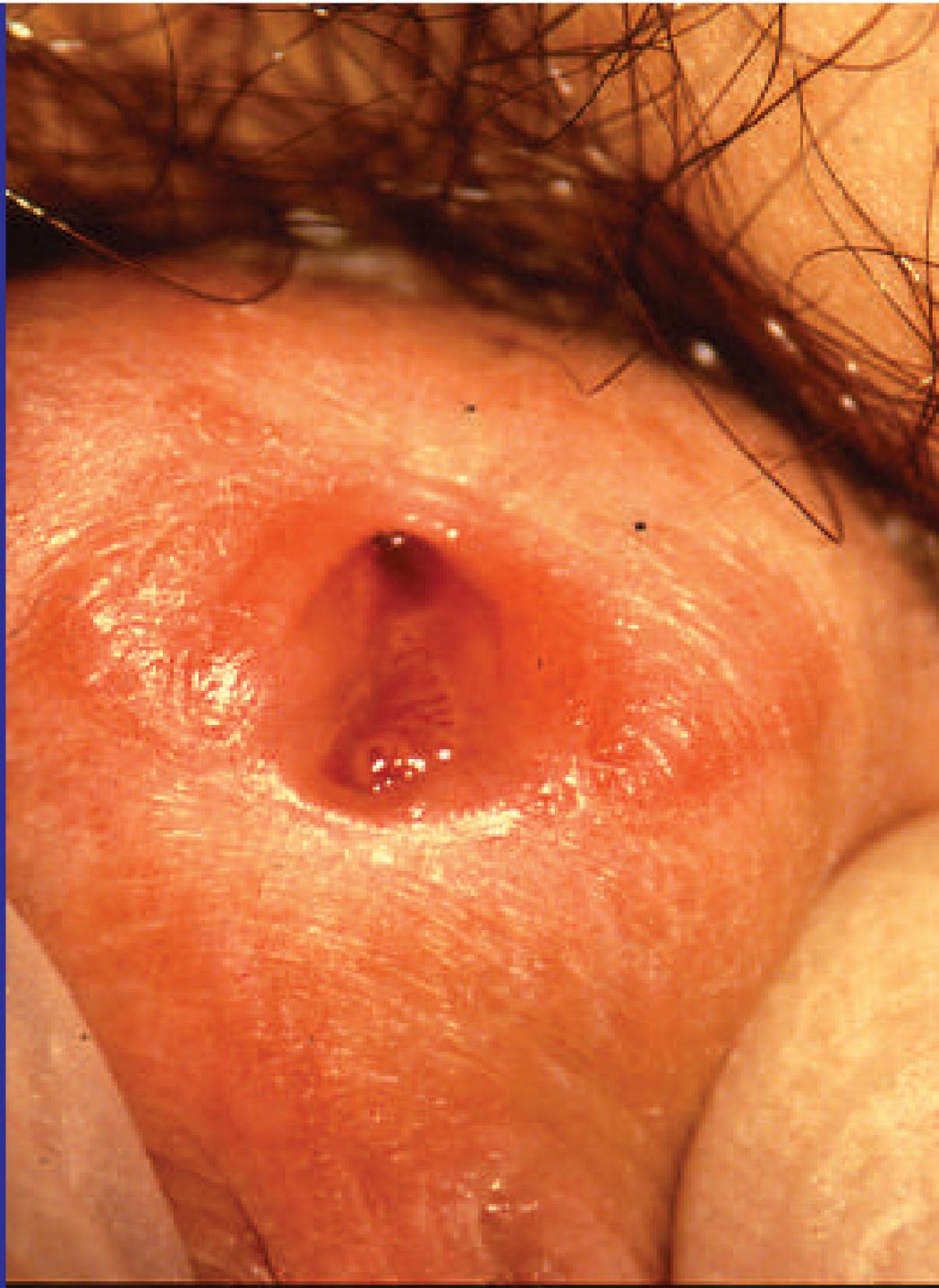


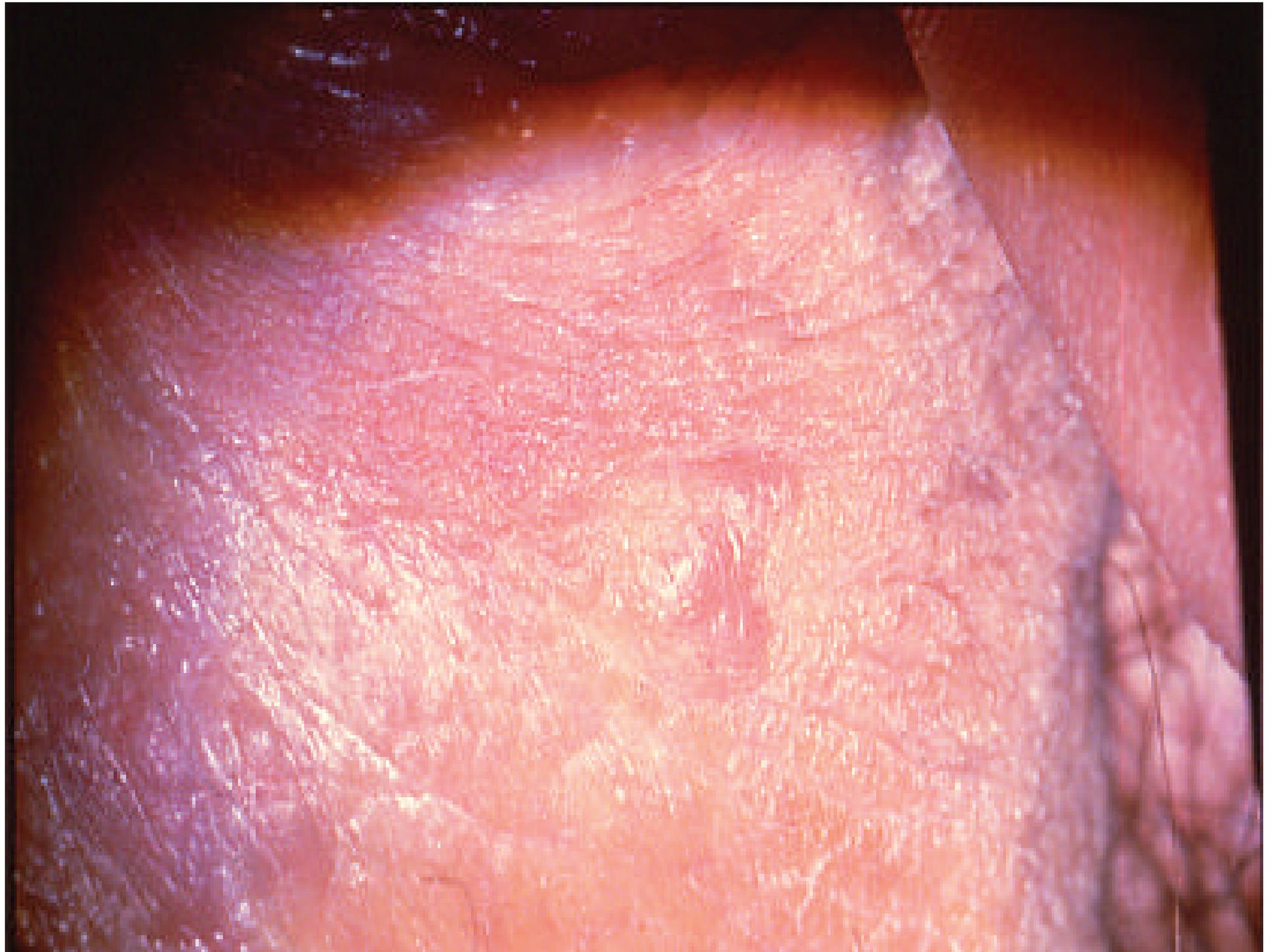




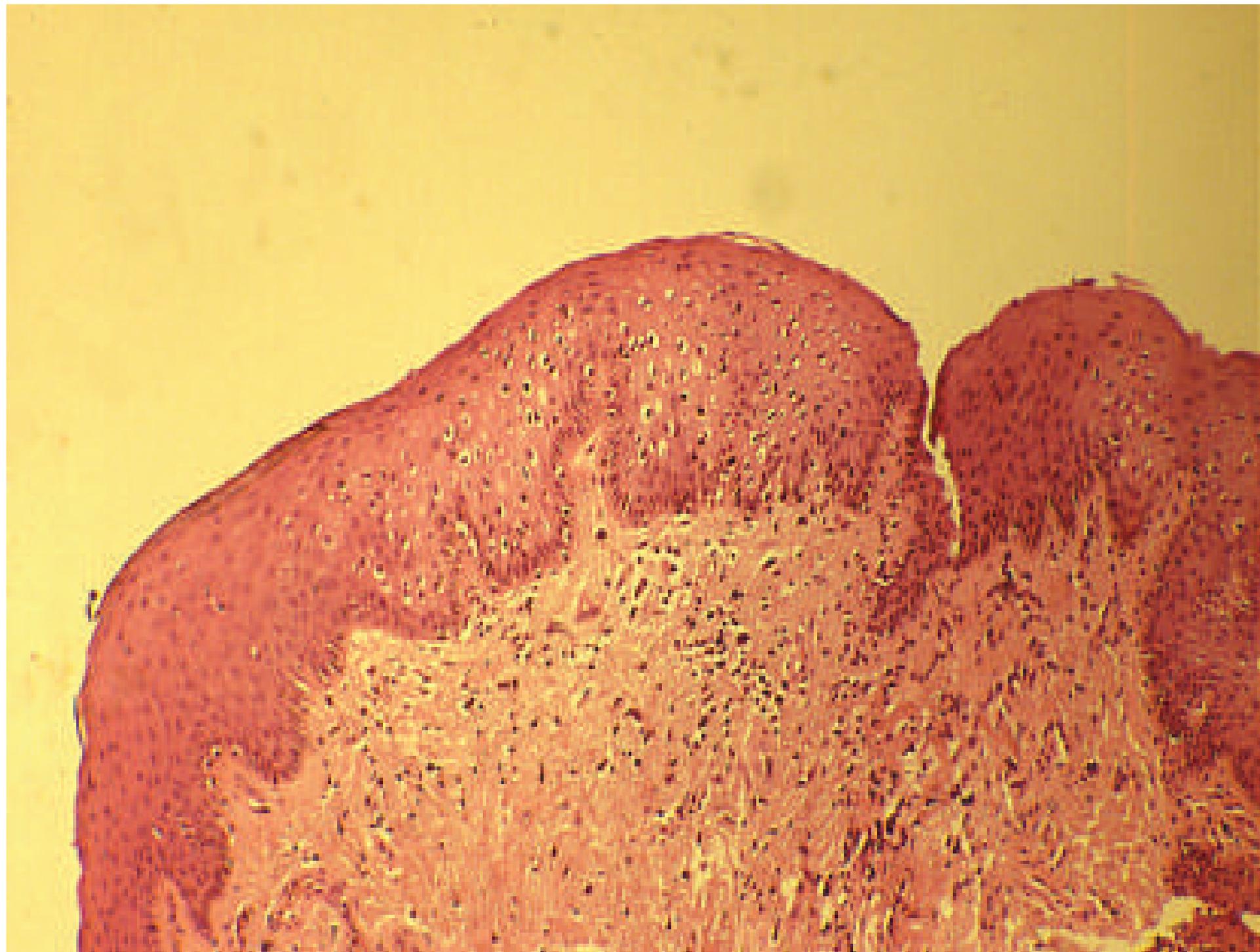




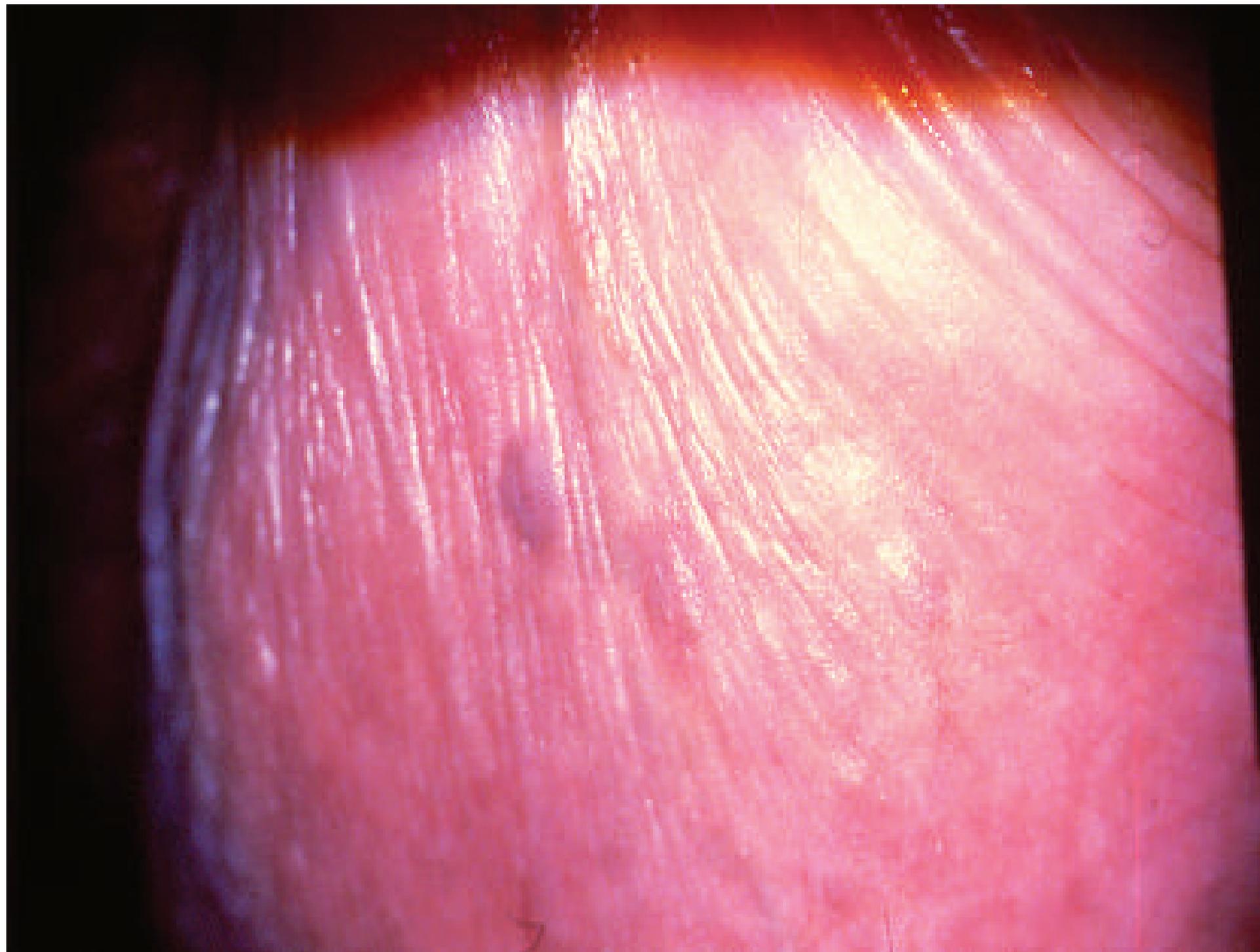


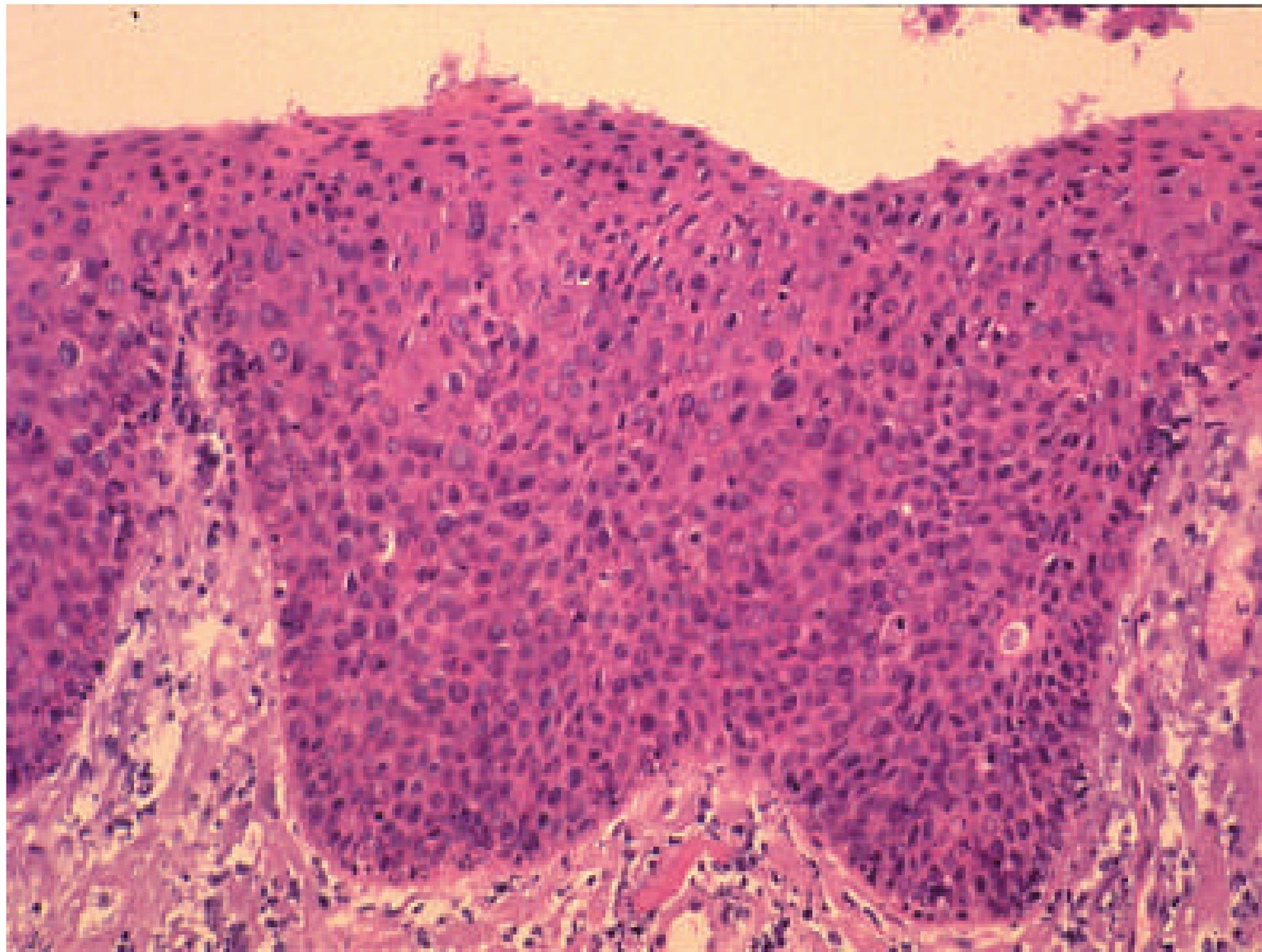


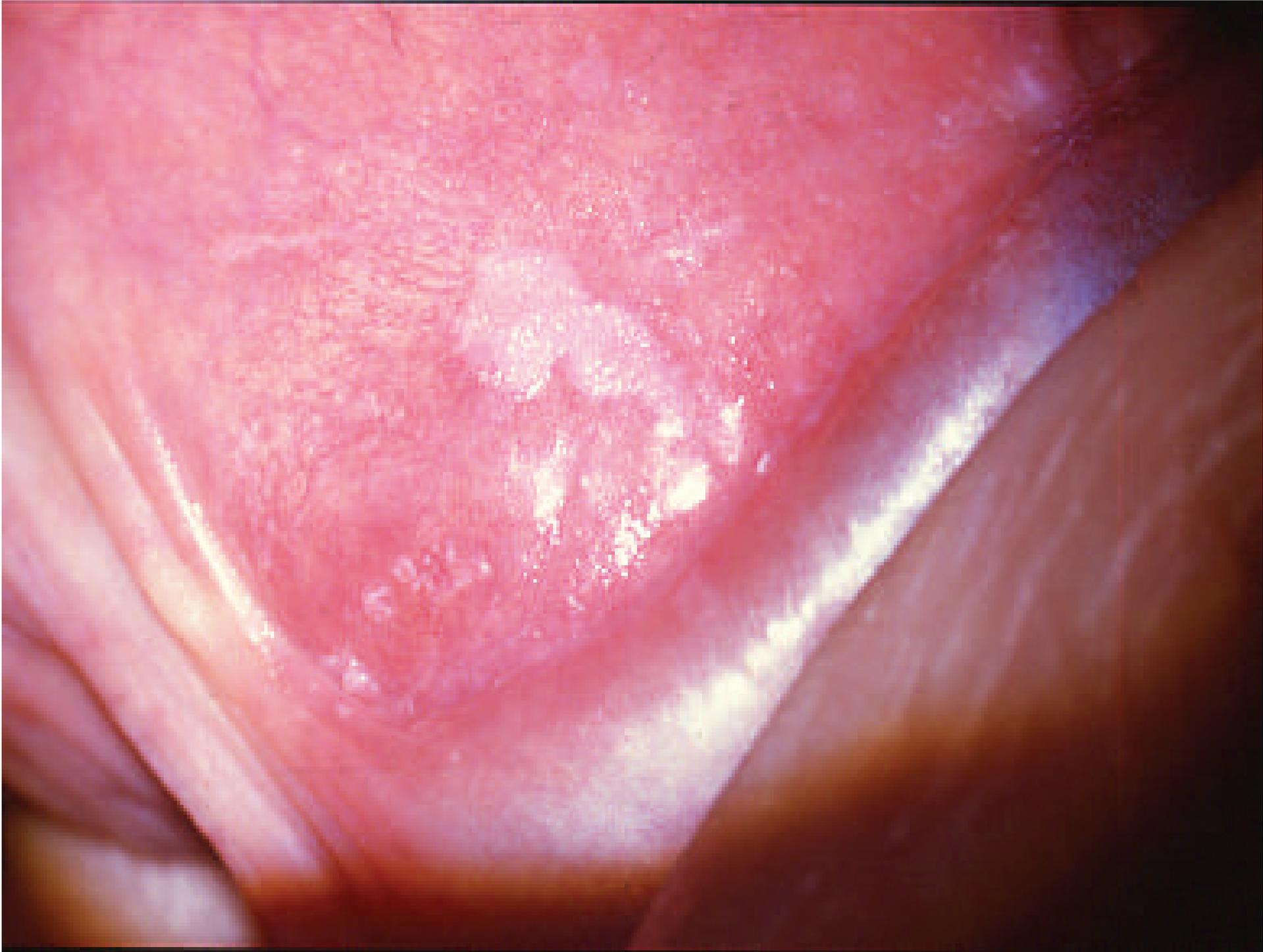


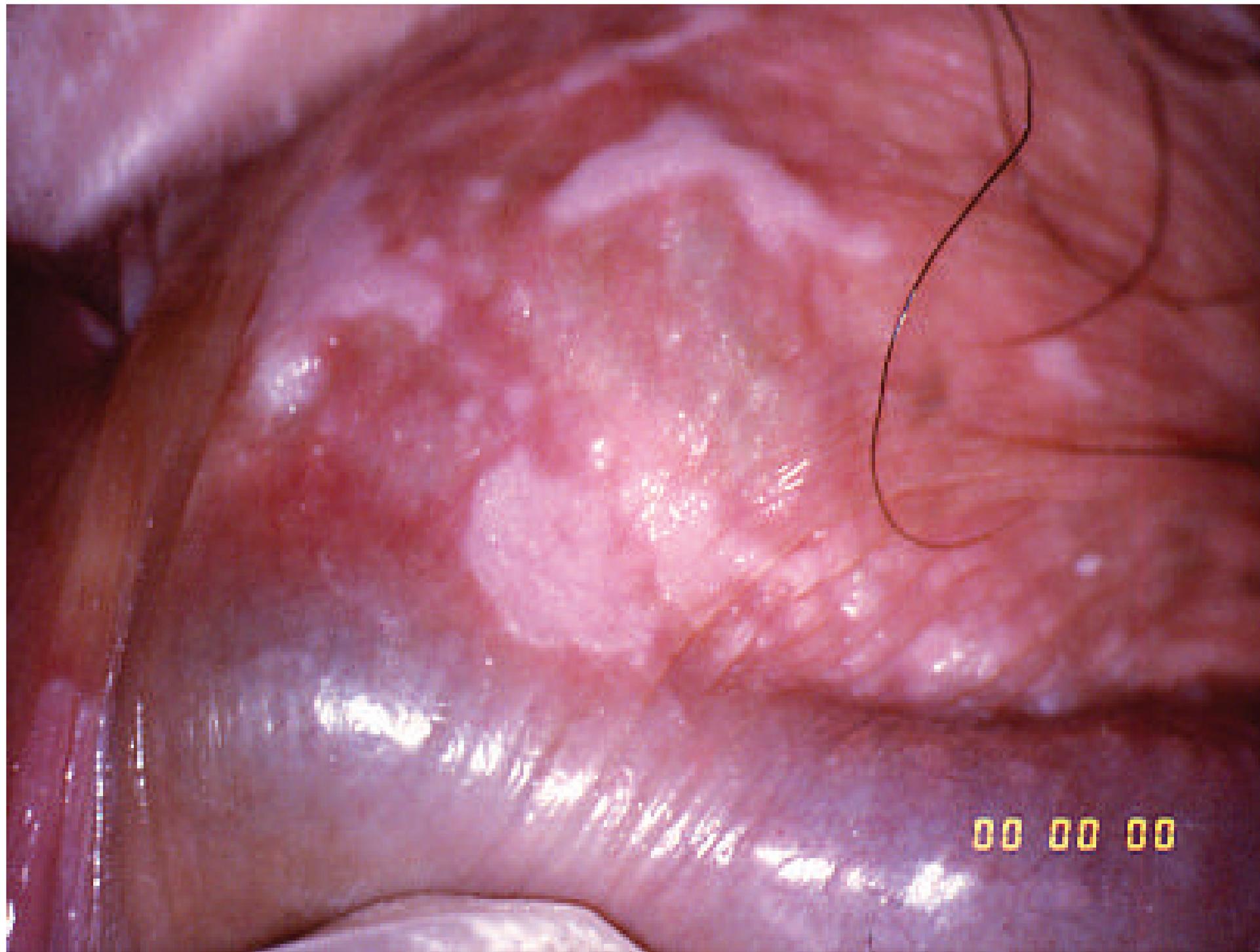


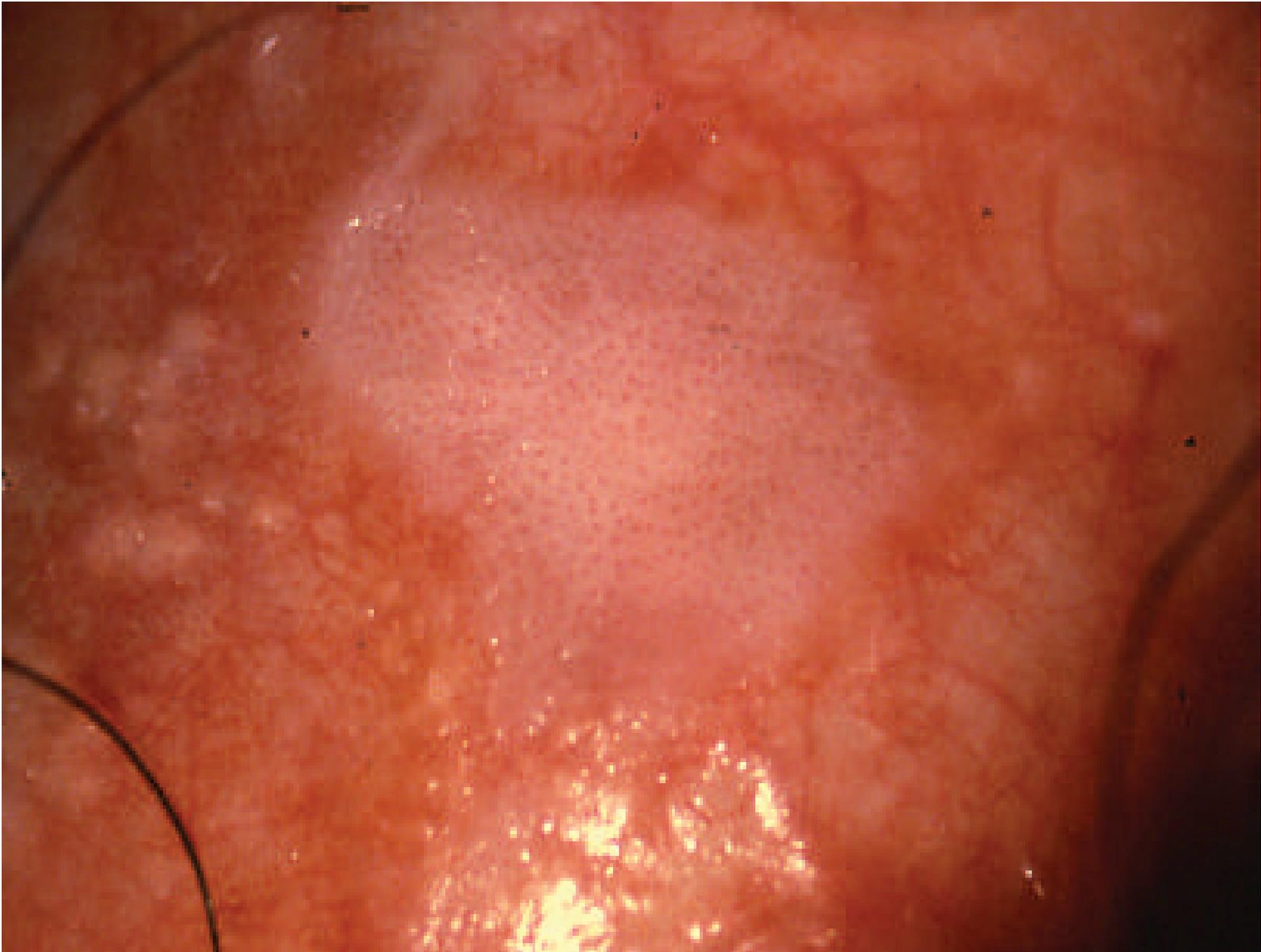


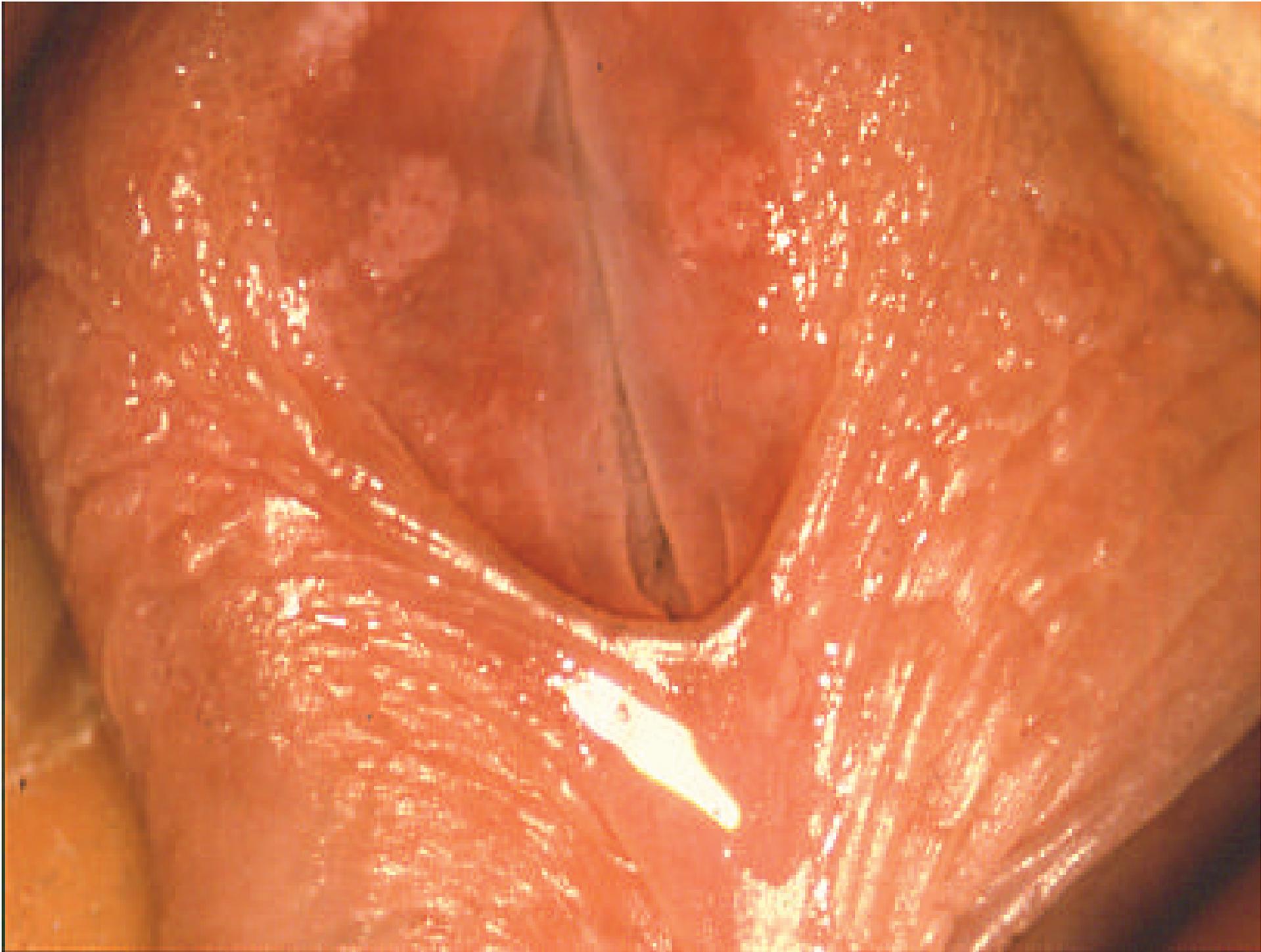




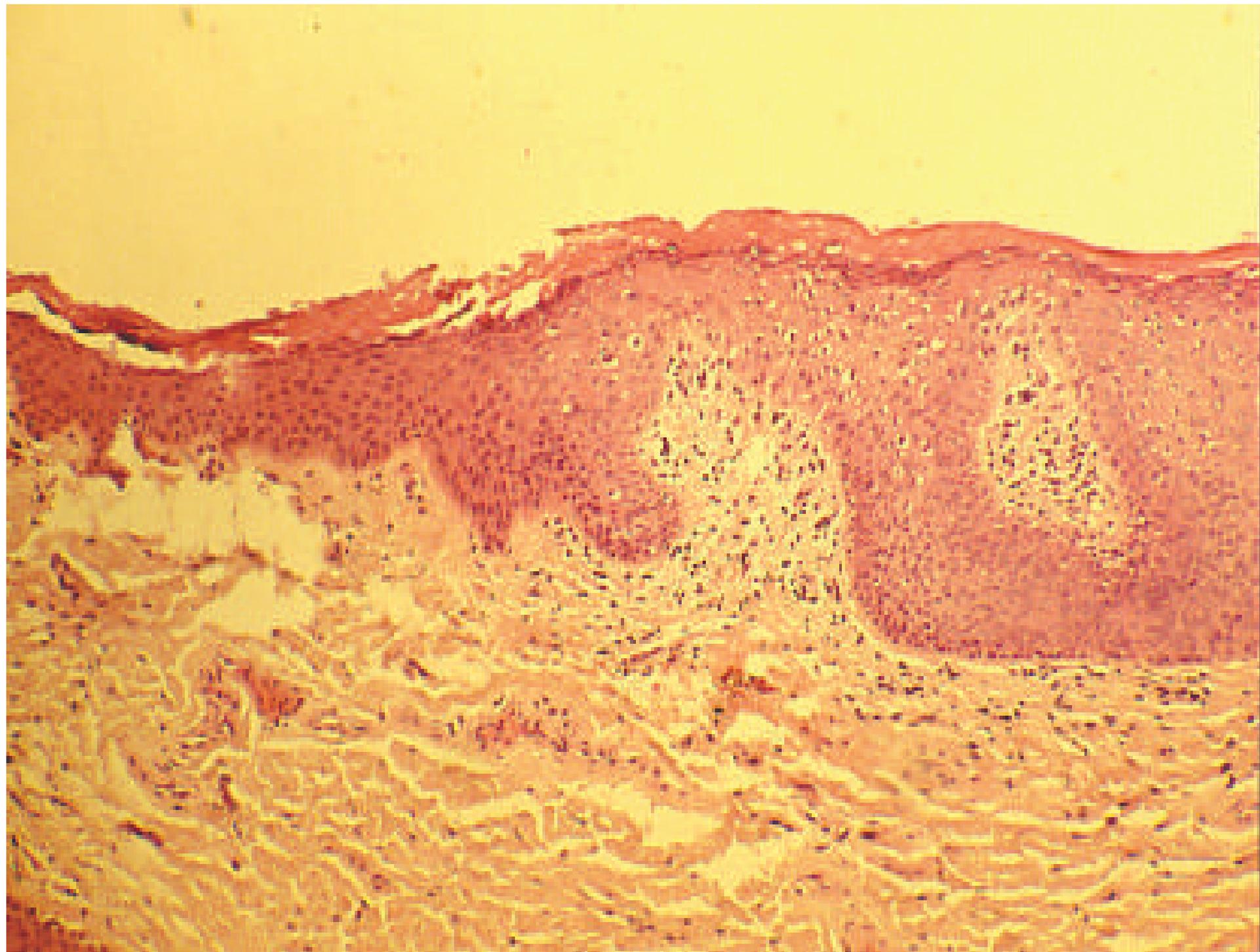










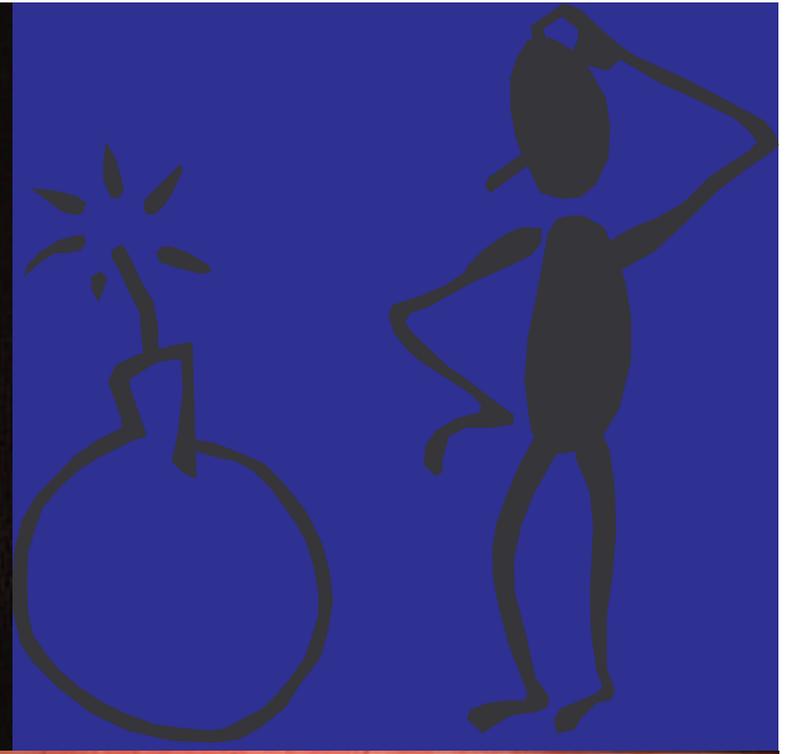
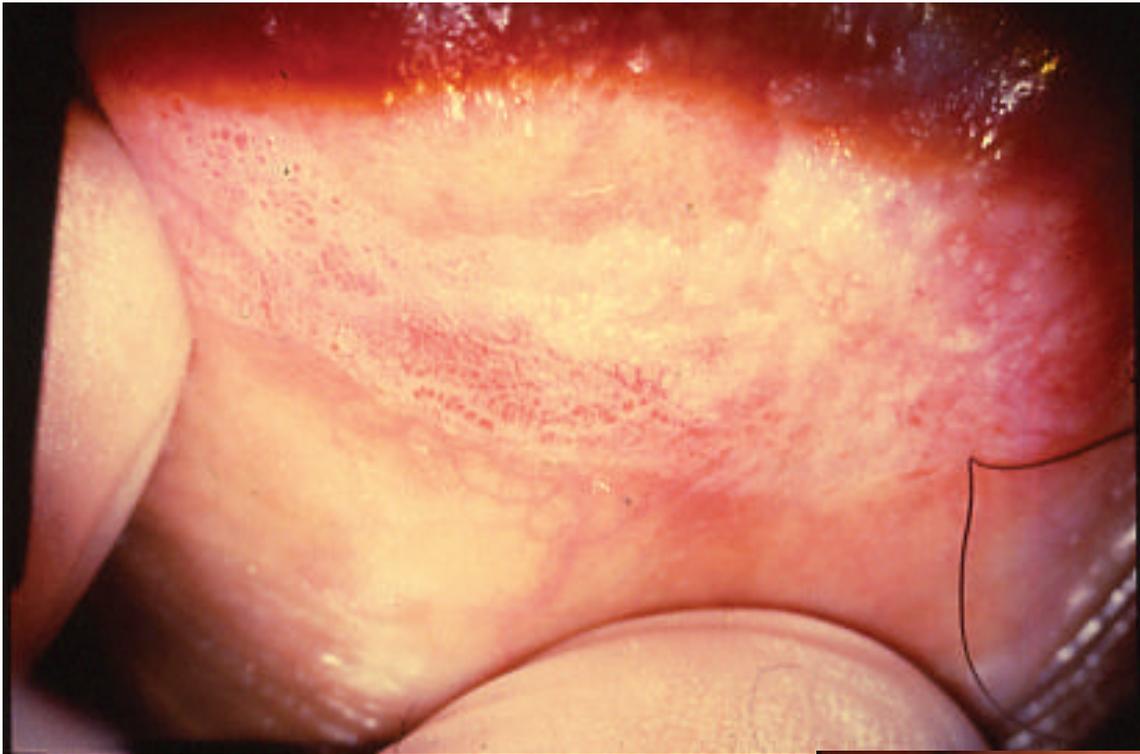




## **PENISCOPIA**

***“LESIONE PIANA  
ERITEMATOSA”***





## **PENISCOPIA**

*“PIN”*



# PIN



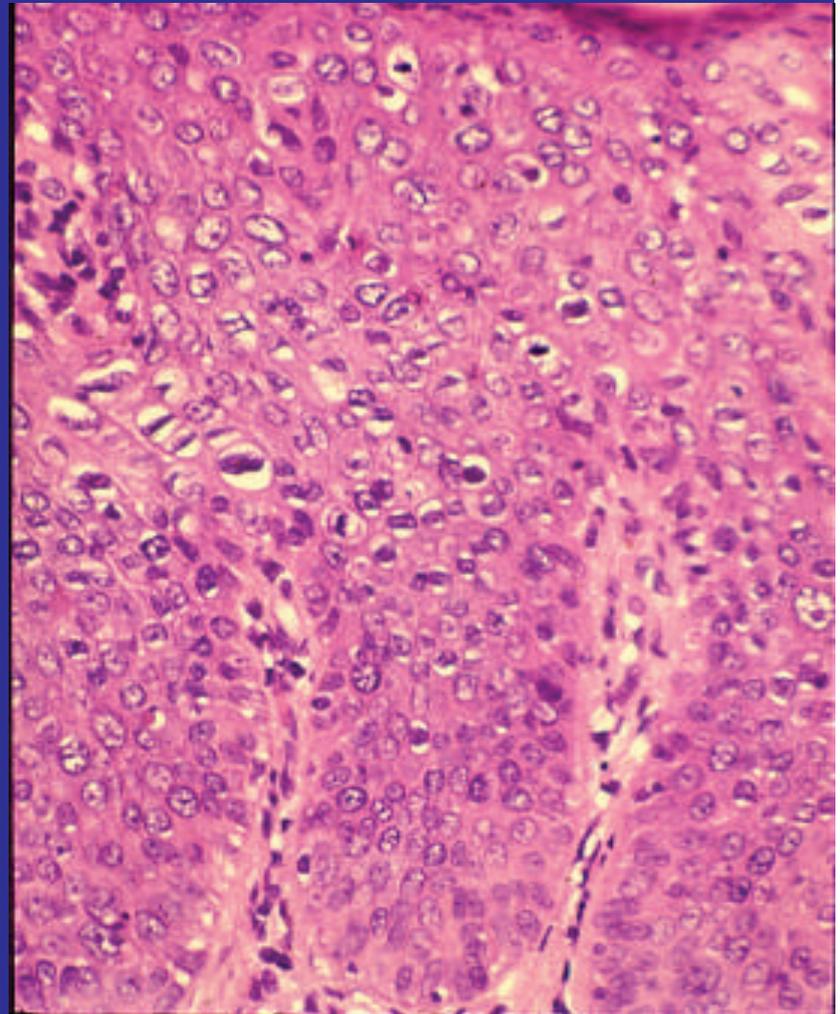
**PENISCOPIA****N.CASI****ISTOLOGIA**

		<b>NORMALE</b>	<b>PAPILLOMA</b>	<b>CONDILOMA</b>	<b>PIN</b>
<b>CONDILOMI ACUMINATI</b>	<b>19</b>	<b>--</b>	<b>--</b>	<b>19</b>	<b>--</b>
<b>PAPULE</b>	<b>57</b>	<b>2</b>	<b>36</b>	<b>19</b>	<b>--</b>
<b>MACULE</b>	<b>58</b>	<b>4</b>	<b>48</b>	<b>6</b>	<b>--</b>
<b>PAPULE PIGMENTATE</b>	<b>41</b>	<b>--</b>	<b>3</b>	<b>--</b>	<b>38</b>
<b>MACULE ERITEMATOSE</b>	<b>42</b>	<b>3</b>	<b>1</b>	<b>--</b>	<b>38</b>
<b>PAPULE FISIOLOGICHE</b>	<b>17</b>	<b>17</b>	<b>--</b>	<b>--</b>	<b>--</b>
<b>ACIDOFILIA ASPECIFICA</b>	<b>54</b>	<b>50</b>	<b>4</b>	<b>--</b>	<b>--</b>
<b>TOTALE</b>	<b>288</b>				

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°°
PAPILLE FISIOLOGICHE	17	0	--	--	--	--
ACIDOFILIA ASPECIFICA	54	1	--	--	--	1
TOTALE	288					

# PENISCOPIA

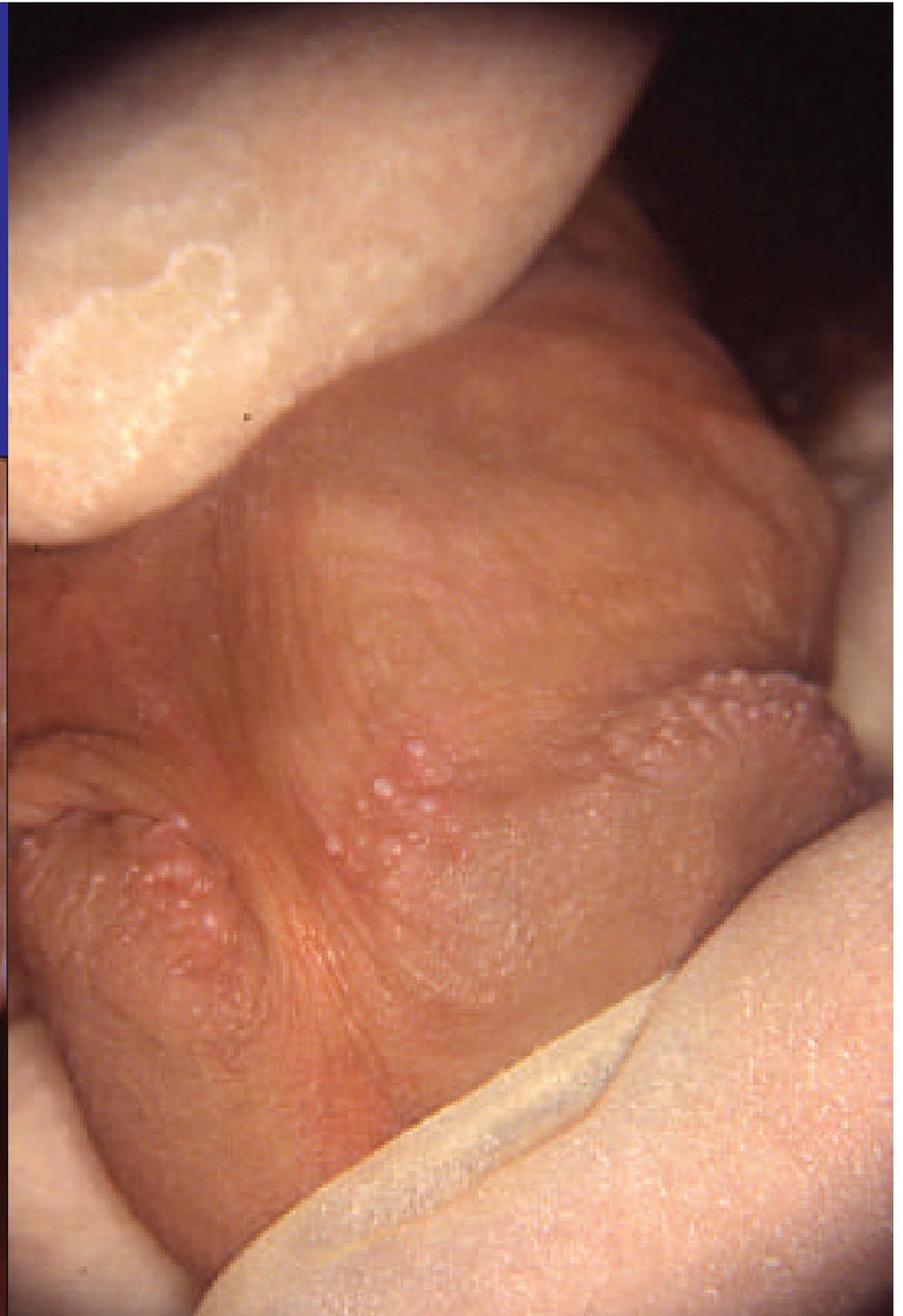
*“PIN”*

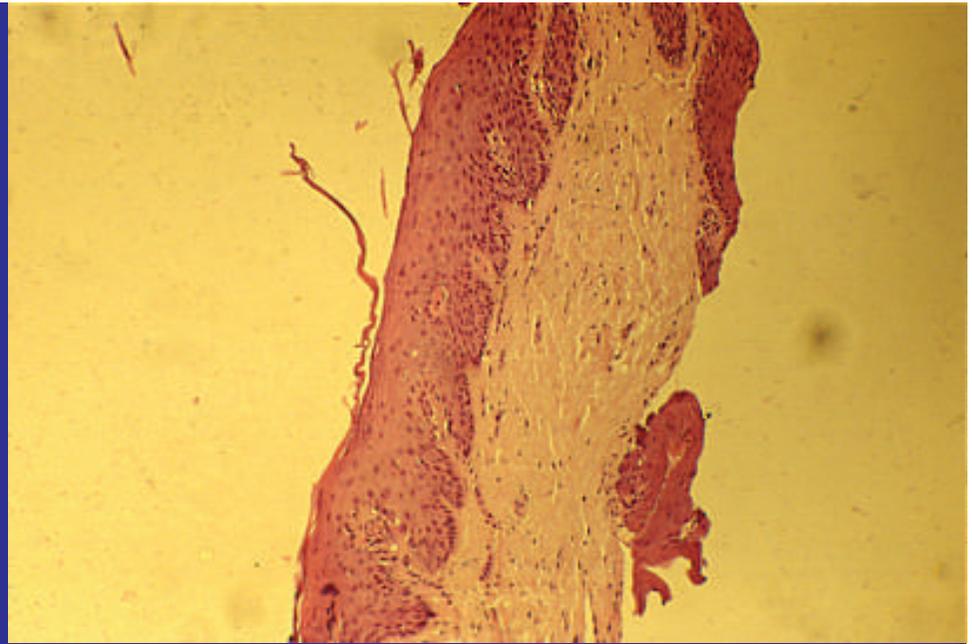


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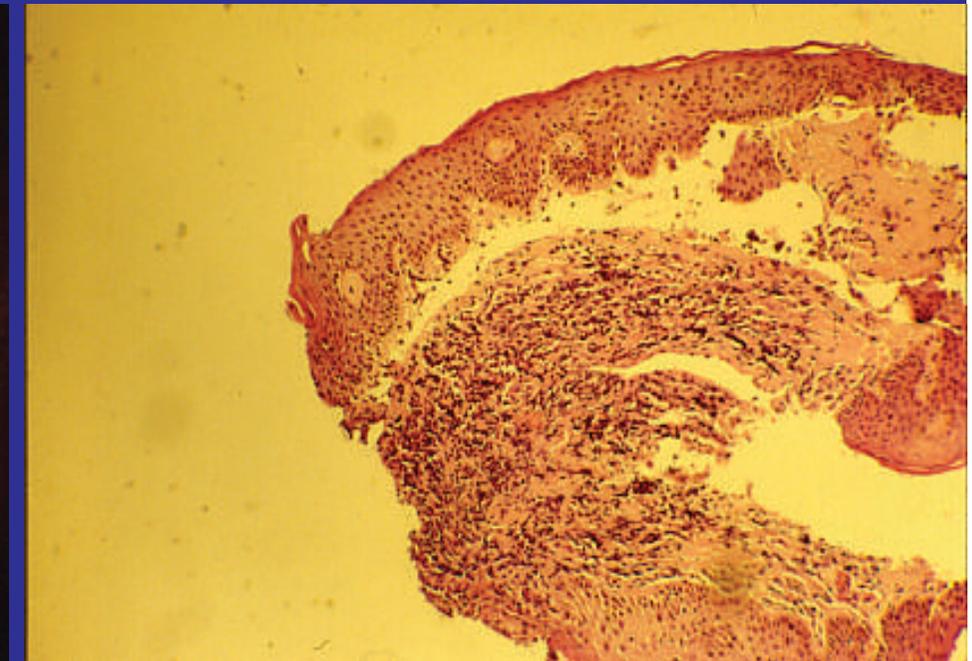
# **PENISCOPIA**

*“PAPILLE DEL GLANDE”*





## PENISCOPIA



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

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

### Abstract

Seventy regular male partners of women with cervical condyloma or intraepithelial neoplasia (CIN) (group one), and 50 male partners of women with negative vulvar condylomata acuminata (group two) were studied. Sixtythree of the 126 (54.3%) male partners examined presented lesions histologically diagnosed as hyperplasia, condyloma or intraepithelial neoplasia. Penile human papillomavirus (HPV) related lesions were found in 13 (49%) of 27 partners of women with CIN, in 25 (64%) of 39 partners of women with cervical flat condylomata and in 21 (42%) of 50 partners of women with recalcitrant vulvar condylomata 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 partners. 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.

(a) Gynecologic Outpatient Clinic, Strada Maggiore 27, 40125 Bologna (Italy), (b) Research Fellow in Gynecology and (c) Dept. of Pathology, University of Bologna, Via Maggiore 232, 40138 Bologna (Italy), (d) Institut A. Eschvier, 25 Bd. Saint-Jacques, 75014 Paris (France), (e) Institut de Pathologie et de Gynécologie Appliquée, 37 rue des Beaux-Arts, 75016 Paris (France).

Received for publication September 12, 1991. Accepted January 15, 1993.

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

## 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	331 (51.6%)
PIN	28	4.4	
NEGATIVE	78	12.1	
NO LESIONS	233	36.3	311 (48.4%)
TOTAL	642	100	

## 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 MASCILI 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
<b>TOTALE</b>	<b>331</b>	<b>100</b>	<b>244</b>	<b>73.7</b>	<b>87</b>	<b>26.3</b>

## 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):**

- **l'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 PAPILOMAVIRUS 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 E' 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

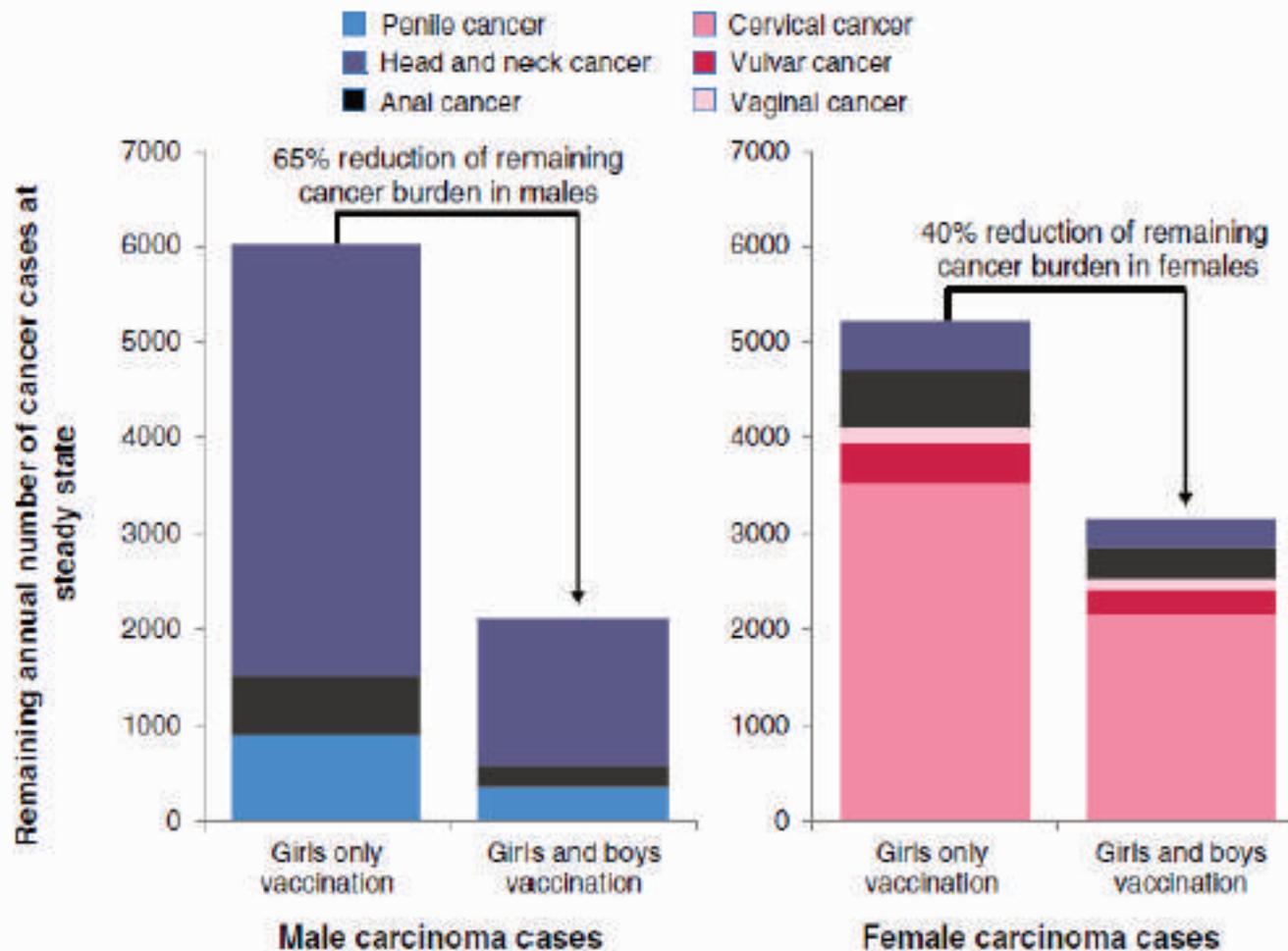


Figure 1 Annual number HPV 16/18 related carcinoma cases among males and females when considering a vaccination strategy of boys and girls aged 12 versus girls only vaccination aged 12 (70% vaccine coverage rates assumed for all cohorts) - base case analysis presented at steady-state, 100 years. The 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.

ORIGINAL ARTICLE

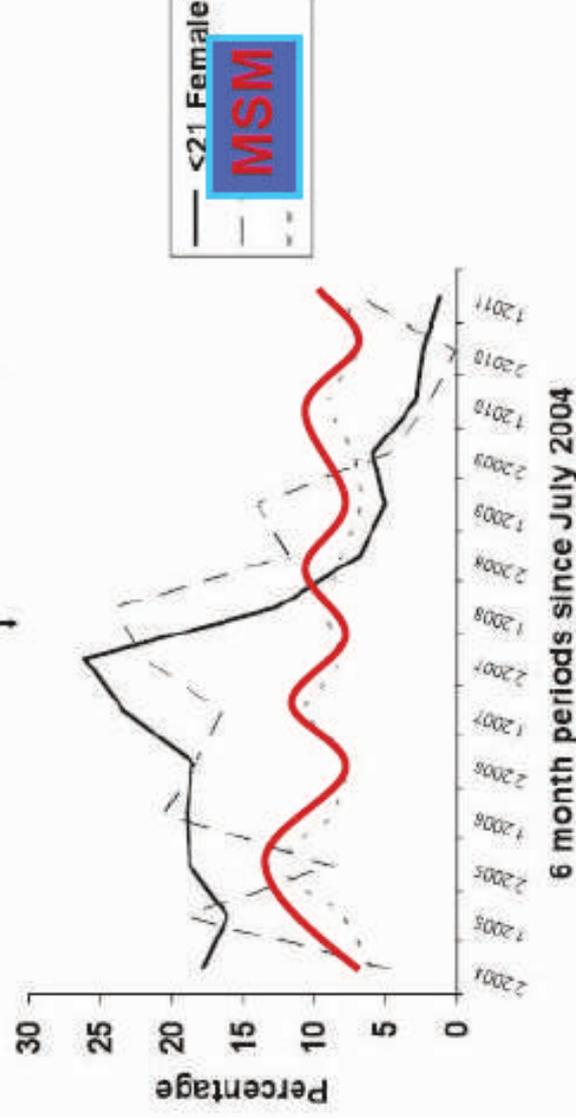
The near disappearance of genital warts in young women 4 years after commencing a national human papillomavirus (HPV) vaccination programme

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

**Presentations with warts in men and women <21 years, and MSM all ages, July 2004 to end June 2011**

2011  
Vaccination program commences



**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

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

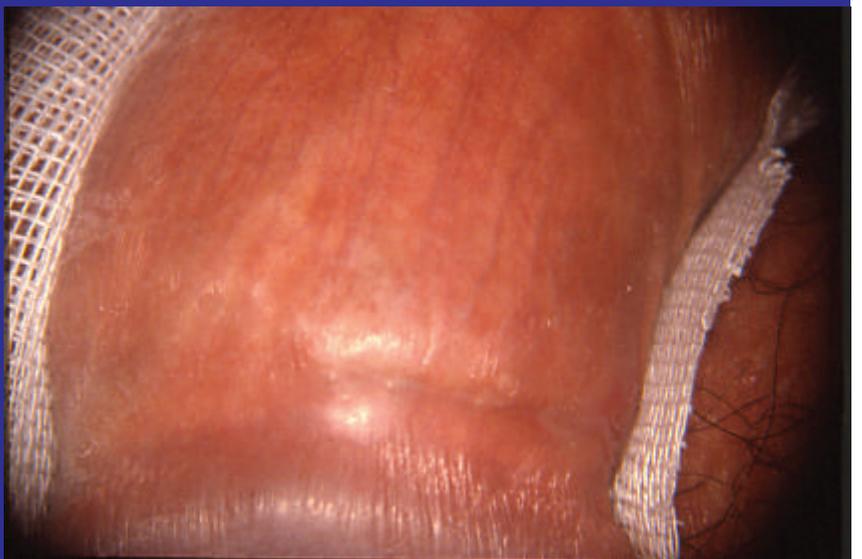
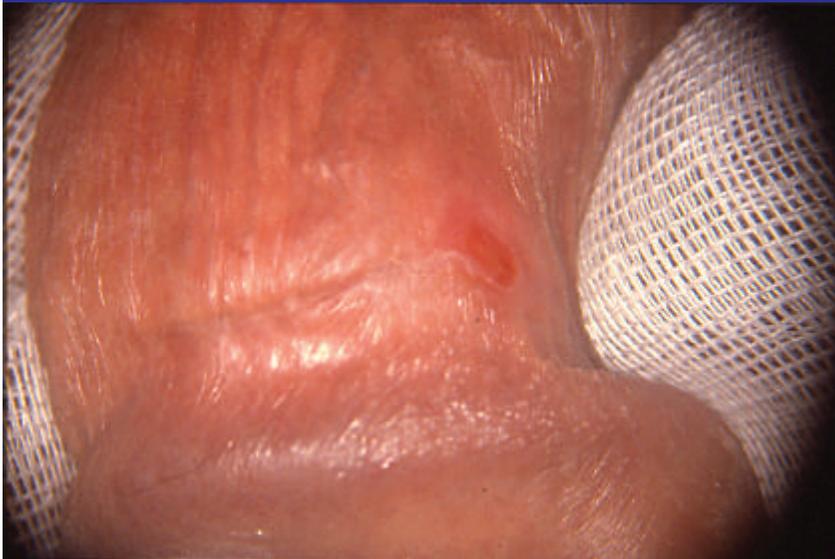


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## **RISULTATI DEL TRATTAMENTO CON LASER CO2**

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

## **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***

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**LESIONI CLINICHE**

**95**

**( $P > 0.05$ )**

**LESIONI SUBCLINICHE**

**93**

**KREBS HB, 1988**

**RESULTATI DEL TRATTAMENTO CON LASER CO2 DELLE LESIONI  
PRENEOPLASTICHE E NEOPLASTICHE DEL PENE**

GRADO DELLA LESIONE	N <sup>^</sup>	N <sup>^</sup> 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 CO2 +5 FU.

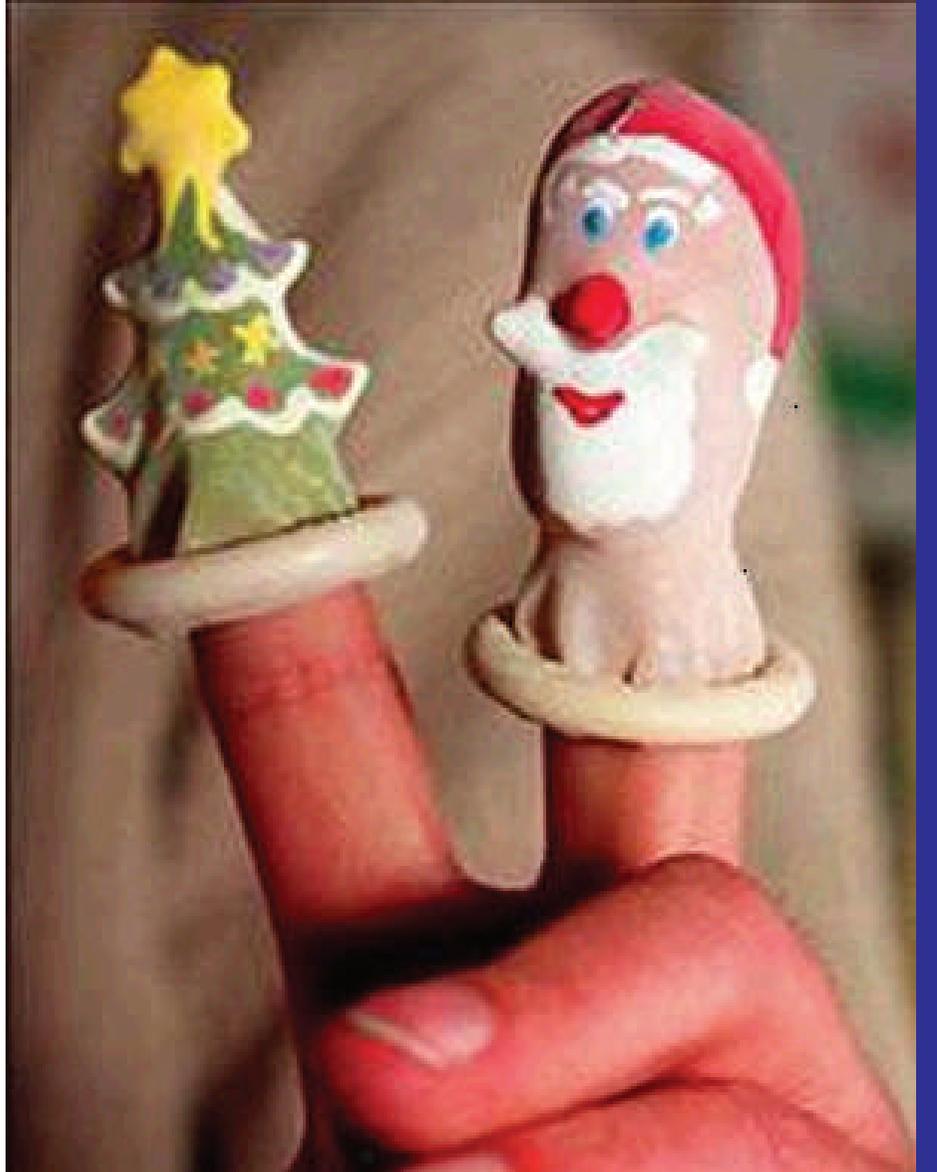
REZA, S.MALEK,1992

# 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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