

REVIEW

HPV Infection and Vulvar Cancer

FLORICA SANDRU^{1,2}, CLAUDIA MEHEDINȚU^{1,3}, AIDA PETCA^{1,4},
MIHAI CRISTIAN DUMITRASCU^{1,2}✉, ADELINA POPA², ELIS CURTMOLA²

¹ “Carol Davila” University of Medicine and Pharmacy, Bucharest, Romania

² Department of Dermatology, “Elias” University Emergency Hospital, Bucharest, Romania

³ Department of Obstetrics and Gynecology, Academic Health Center “Malaxa“, Bucharest, Romania

⁴ Department of Obstetrics and Gynecology, „Elias” University Emergency Hospital, Bucharest, Romania

⁵ Department of Obstetrics and Gynecology, University Emergency Hospital, Bucharest, Romania

Correspondence to: Mihai Cristian Dumitrascu, “Carol Davila” University of Medicine and Pharmacy, Department of Dermatology, “Elias” University Emergency Hospital, Bucharest, Romania, e-mail: drdumitrascu@yahoo.com

Abstract

Vulvar cancer is an uncommon gynecological malignancy primarily affecting postmenopausal women and is the fourth most common gynecologic cancer. There is no specific screening and the most effective strategy to reduce vulvar cancer incidence is the opportune treatment of predisposing and preneoplastic lesions associated with its development. Vulvar carcinoma can be HPV-positive or HPV-negative. Any suspicious vulvar lesion should be biopsied to exclude invasion.

Key words: HPV, infection, vulvar cancer.

Introduction

HPV infection plays a central role in the development of vulvar cancer, HPV 16 and 18 are the most frequently reported genotypes that might induce this kind of lesions. It has been demonstrated that HPV infection plays a central role in the development of other malignancies such as vulvar, vaginal or anal cancer in women and anal or penile cancer in men [1]. Squamous cell carcinoma (SCC) of

the vulva, the most common subtype, has traditionally been regarded as a disease of postmenopausal women, although the mean age of incidence has fallen in recent years owing to the increase in HPV infections worldwide [2, 3]. Squamous cell carcinomas represent more than 90% of all vulvar cancer and are associated with several histopathological subtypes such as keratinized, basaloid warty or verrucous lesions [4]. The high-risk HPV types 16,