Managing HPV/Abnormal Pap Results

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What does this mean?

You are not alone! HPV is a common human papillomavirus that is transmitted through direct skin-to-skin contact. It is so common in fact, that 3 out of 4 sexually active persons are infected at some point in their lives with HPV. Most infections do not cause any health effects at all and are eliminated by a person's immune system before they can create serious cell changes. Certain types of HPV infect the outer genital skin and can cause visible warts, which can be treated topically. Other types (usually high-risk HPV) more commonly infect the cervix. These are normally invisible changes that can only be detected by a pap or HPV test. Only HPV infections that do not go away after many years can lead to cervical cancer. Even then it is extremely rare, and is almost always prevented through regular testing for cervical cell changes.

What happens next?

The management of positive HPV results is based on your risk for developing high grade cervical neoplasia (CIN 3). It may include HPVgenotyping, or a new technology called dual staining (DS) cytology for biomarkers that predict likelihood of disease progression. Most likely you will be advised to undergo a procedure called colposcopy at some point, which is simply looking at the cervix and vagina with a lighted magnifying instrument. A small tissue sample is taken and sent to the lab to rule out a more serious lesion. The technology for obtaining biopsies has greatly improved through the development of soft biopsy fabric devices (Kylon) by Histologics. This technique is far more comfortable for patients and provides excellent diagnostic results.

Will this go away?

Most HPV infections are transient and will clear within one or two years. Because the immune system can get rid of most HPV cell changes without treatment, many providers decide to just follow up annually with repeat testing. Remember, it is the persistence of high-risk HPV types, not the initial infection that puts you at risk for developing cervical cancer.

What are the treatment choices?

The latest recommendation is to treat only moderate to severe pre-cancer changes (HGSIL). Occasionally LGSIL that has persisted for 2 years and is associated with other risk factors is treated as well. Cryotherapy is a simple office procedure done with an instrument that freezes and destroys abnormal tissue. It has a 90% success rate with one treatment and minimal risks or side effects. Close follow up is still important to detect the 10% of women who may

have recurrence or treatment failure. For more serious lesions, a loop excisional treatment (LEEP) may be the best approach. It is a safe office procedure that uses a very thin, electrically charged wire to cut out the abnormal tissue. It offers a 94% success rate with minimal side effects. Very rarely would these treatments impact your ability to have children.

What should I say to my partner?

Your HPV status is not a reliable indicator of your sexual behavior or that of your partner. It is almost impossible to know when and by whom you contracted the virus. Although it thrives in the male genital tract, it rarely causes clinical symptoms. Therefore, there is no value to examining a male partner for HPV. Most sexually active couples share the virus until the immune response kicks in to eliminate it. Partners who are intimate only with each other do not pass the same virus back and forth. However, being immune to one HPV type may not protect you from getting HPV if exposed to another type. While condoms do not offer complete protection from HPV, the use of condoms with all new partners will decrease the amount of HPV exposure and offer protection from other sexually transmitted infections such as HIV.

Is there anything I can do?

Health practices that will enhance the body's immune response include: not smoking, eating a well balanced diet, and limiting sexual partners. Smoking has clearly been shown to increase that chance that cell abnormalities may progress to more severe changes. By-products of cigarettes are concentrated in cervical mucus and decrease its ability to fight HPV. Nutritional deficiencies in vitamins A, C and folic acid have been linked to the development of precancerous lesions. These nutrients can be found in orange and yellow fruits and vegetables, and green leafy vegetables. Green tea extract and cruciferous vegetables (broccoli, cauliflower, etc) have shown promise in eliminating HPV and precancerous lesions.

To summarize, almost all women will have HPV at some point, but very few will develop cervical cancer. Cervical cancer is preventable through regular screenings. If you test positive for HPV, there will be a short period of time you will be bothered with more frequent visits to the gynecologist, but it is manageable and not life threatening. Your mental framework influences its impact on your life and your relationships. You play an important role by controlling some of the cofactors and having regular follow-up care.

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