Editorial:

HUMAN PAPILLOMAVIRUS: CURRENT ASPECTS.

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Human papillomavirus (HPV) are a necessary cause for development of cervical cancer\(^1,2\). To the present moment, more than 120 HPV genotypes have been described, at least 80 genotypes have been completely sequenced, and a greater number of possible new types have been identified based on amplification of subgenomic regions\(^3\). Papillomavirus are perfectly adapted to the mucosal and skin cells undergoing differentiation, using the cellular maturation cycle for replication purposes\(^4\).

Anogenital HPV can be divided in two groups depending on the risk of inducing cervical cancer: high-risk (hrHPV) and low-risk virus group (lrHPV) which involves genotypes that have been widely referred. Furthermore, these groups differ in the molecular composition of some viral oncoproteins. Epidemiological and clinical studies based on high sensitivity molecular diagnostic methods detect oncogenic HPV genotypes in the vast majority of the cases of cervical cancer\(^5\). There is thus a strong evidence on HPV infection as a necessary cause to develop cervical cancer\(^5-7\). In spite of this evidence, diagnostic of HPV is not an extended practice neither in Spain not in other Western European countries.

The prevalence of HPV infection in women ranges from 2% to 44%, with large variations depending on geographical and social or epidemiological
differences. Up to 70% of sexually active women will suffer a HPV infection throughout their life. Sub-clinic infection in young age groups could involve up to 40% of female population depending on their sexual behaviour.

The highest prevalence is found in young women and tends to decrease with age. A second peak is observed in perimenopausal women, which could be due to reactivation of previous silent infections or new infections during this period. HPV infections use to be transitory, showing a spontaneous resolution in most cases. Cronification is observed only in 10-20% of the cases, being these cases those with the highest risk for evolution to cervical cancer. Molecular diagnosis of HPV has emerged as a new tool for the eradication and epidemiological surveillance of cervical cancer.

Introduction of the new vaccines against some serotypes of HPV represents a revolution in the prevention of cervical cancer. It is expected that the implementation of the HPV vaccine in the vaccination programs of developed countries will translate into a decrease in the incidence of cervical cancer. In this scenario HPV diagnosis will become more and more important.

Detection of HPV allows evaluating in advance the risk to develop cancerous and precancerous lesions in the infected women. First step of molecular diagnostic screening of HPV infection is the detection of viral genome, in order to differentiate between infected and no infected individuals. Different studies tend to demonstrate that HPV diagnosis along with cytology could differed gynaecologic revisions and could help to evaluate vaccine efficiency.

In our criterion two essential priorities exist in the area of the infection for VPH. Of a part to describe with brightness the profile of the diagnostic tests used in the welfare area that must serve to the demand generated by the clinical ones who attend to pathology related to the infection for VPH. Of other one establishing by means of sifted of population samples the prevalence of the infection and his protagonism in the precocious detection of cervical pathology. They must be evaluated both under the prism of the efficiency with a suitable weighting of the value that they suppose for the sanitary systems in the whiteness of the 21st century.

REFERENCES


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