



Creation of a Comprehensive System of Measures for PVI Treatment

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Received 28th Aug 2022,
Accepted 29th Sep 2022,
Online 31st Oct 2022

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Abstract: this article summarizes a study to assess the effectiveness of therapy, the following approaches are used: studying the prevalence and etiological structure of PVI, combinations of HPV with other viruses, chlamydia, and other microorganisms to determine their role in carcinogenesis, as well as developing additional measures for complex therapy and prevention ; comparison of the results of the HPV examination before the start of treatment and one month after the end of the course of treatment; assessment of the timing of resolution of clinical manifestations of PVI in patients treated with different drugs and treatment regimens. The objective of our work included the development of principles for organizing screening studies aimed at active early detection of oncogenic HPV, the creation of a comprehensive system of measures for the treatment of PVI (papillomavirus infection) to prevent its spread in the population, as a measure to prevent virus-dependent malignant neoplasms.

Key words: Human papillomaviruses, treatment.

Introduction: Human papillomaviruses [2] [3] (HPV [2]), or human papillomaviruses [4] (HPV [4], eng. Human papillomavirus, HPV) is a group of viruses from the papillomavirus family, including 27 species from 5 genera (Alpha papillomavirus, Beta papillomavirus, Gamma papillomavirus, Mupapillomavirus and Nupapillomavirus) [5] and more than 170 types (strains)[6].

About 80% of the sexually active population becomes infected with HPV during their lifetime. 660 million people in the world are already infected with HPV (12% of the world's population). 750 thousand cases of HPV-associated cancers and 32 million cases of anogenital warts are registered annually in the world. Every year, more than 300 thousand people die from cancer caused by HPV [7][8][9]. HPV is the most common sexually transmitted disease in the United States, Russia and many other countries[4][10].

In itself, HPV infection does not mean evidence of sexual contact, since the standard life cycle of the virus is designed for infection through micro cracks in the skin. Infection through the mucous membranes is only more effective and therefore more common. Infection with the virus is possible

through shared objects or even a handshake [11][12]. Infection through objects and the skin of other people contributes to the extreme resistance of HPV to antiseptics [13].

The infectivity of the HPV virus is a matter of debate. Some sources estimate the probability of HPV infection with a single contact without a condom at about 60-70%. At the same time, other researchers argue that only HPV carriers with the formation of papillomas, that is, 10% of those infected with the virus, have such a chance. It is important to understand that the notion that HPV can only be transmitted through mucous membranes is a misconception. Infection through mucous membranes is simply more effective for the virus, but is not even its standard route. The standard life cycle of HPV is designed to penetrate through microcracks in the skin in order to infect the cells of the dermis. The microcracks themselves on the skin are formed naturally from its dryness, minor damage, etc. In other words, HPV, although with a low probability, is capable of infecting through skin contact and even through touching objects on which there are HPV virions. Therefore, the idea that a condom is able to completely protect against HPV is incorrect, a condom dramatically reduces the likelihood of infection, but about the same likelihood of infection during oral sex. When using condoms and refusing oral sex and kissing, still in 10% of couples in which one of the partners was infected with HPV, the virus is transmitted in about 6 months of regular contact. As a rule, this occurs through microcracks in the skin on the hands when touching the genitals of an infected person.

Purpose: development of principles for organizing screening studies aimed at active early detection of oncogenic HPV, creation of a comprehensive system of measures for the treatment of PVI (papillomavirus infection) to prevent its spread in the population, as a measure to prevent virus-dependent malignant neoplasms.

Materials and methods: to evaluate the effectiveness of therapy, the following approaches were used: study of the prevalence and etiological structure of PVI, combinations of HPV with other viruses, chlamydia, and other microorganisms - to determine their role in carcinogenesis, as well as to develop additional measures for complex therapy and prevention; comparison of the results of the HPV examination before the start of treatment and one month after the end of the course of treatment; assessment of the timing of resolution of clinical manifestations of PVI in patients treated with different drugs and treatment regimens.

Results: it was found that the prevalence of oncogenic HPV among the population of St. Petersburg is extremely high, as evidenced by the fact that they are found in more than 1/3 of patients with a dermatovenereal profile: the frequency of detection of oncogenic HPV is 16, 18, 31, 33, 35, 45 and 56 types amounted to 58.7%. When examined for HPV carriage (27 types) in women of reproductive age who do not have cancer, papilloma-virus mixed infection (association of HPV of high and low oncogenic risk) is established in 37.1% of cases. The combination of oncogenic HPV with gonorrhea, syphilis, trichomoniasis, herpes viruses types 1 and 2, cytomegalovirus, Epstein-Barr virus, chlamydia, urea plasmas, mycoplasmas is not uncommon. In most territories of the North-Western Federal District (NWFD), the incidence of cervical cancer (CC) in recent years has shown an upward trend characteristic of our country as a whole, which is a clear illustration of the ineffectiveness of prevention and treatment of this disease in this region. It was found that HPV type 16 among patients with cervical cancer in St. Petersburg is detected in 68.3% of cases, HPV type 18 - in 11.7% of cases, a combination of two viruses of high oncogenic risk (HPV types 16 and 18) - in 16.7 % of cases among patients of this category.

In the laser center of St. Petersburg State Medical Academy named after. I.I. Mechnikov conducted a comparative evaluation of the effectiveness of monotherapy and combined treatment of PVI in 152 patients (age 25-37 years). Group I (52 people) consisted of patients in whose treatment only the method of laser therapy was used. Group II (46 people) consisted of patients who received combined treatment: laser therapy + systemic immunocorrection (Immunomax 200 IU). Immunomax was

administered parenterally once on days 1, 2, 4, 6, 8, and 10 after surgery. Group III (54 people) consisted of patients who received, in addition to laser destruction of tumor foci and immunomax (according to the above scheme), local treatment - "epigen-intim" - spray (5 times a day for 10 days). The most indicative were the results of comparing the effectiveness of various options for PVI therapy according to the criterion "frequency of relapses after treatment": after 1 month in group I, a relapse of the disease was noted in 34.6%; in group II, 21.7%; in group III in 11.1% of patients.

Conclusions: the organization of screening for the presence of HPV and the introduction of state registration of PVI are an incentive and the initial stage for targeted anti-epidemic measures, the development of a unified system of epidemiological surveillance and prevention of this infection and associated neoplasias. It is clear that combined treatment with HELT, systemic and local therapy significantly reduces the risk of clinically detectable PVI recurrence. As a note, it can be noted that it is desirable to treat pregnant women in the early stages of pregnancy, using only HELT in combination with epigene-intim external therapy.

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