

HPV (HUMAN PAPILLOMAVIRUS) TYPIFICATION IN PATIENTS WITH ASCUS (ATYPICAL SQUAMOUS CELLS OF UNDETERMINED SIGNIFICANCE).

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OBJECTIVE: The aim is to estimate the long term risk of cervical intraepithelial neoplasia grade 2 or worse (CIN2+) among women with ASCUS by HPV status and genotype(s). **METHODS:** A retrospective descriptive study with a total of 28 women with ASCUS was performed. HPV genotype status was reviewed for each patient, genotypes 16 and 18 were excluded. **RESULTS:** Colposcopy guided biopsy was performed in 15 patients with ASCUS; the biopsy was normal in 5 cases (17.9%), 8 cases were positive for CIN1+ (28.6%) and 2 for CIN2+ (7.1%).

A new cytology at 12 months of follow up was performed. Normal results were observed in 57.1%; ASCUS 7.1%; LSIL 28.6% and HSIL 3.6%; No data 3.6%. Cytology at 24 months follow up was normal in 46.4%; ASCUS 7.1%; LSIL 25%; HSIL 0%; No data 21.4%. Relating the HPV typification with long-term risk of cervical intraepithelial neoplasia, 10,7% of patients with high risk HPV genotypes presented a normal cytology, 53.57% LSIL-CIN1+ and 35.7% HSIL-CIN2+/3+. 23,8% of patients with low risk HPV genotypes presented a normal cytology, 57.1% LSIL-CIN1+ and 19.04% HSIL-CIN2+/3+. **CONCLUSIONS:** 35.7% of patients with high risk HPV genotype(s) and 19.04% with low risk genotype(s) developed CIN2+/3+ respectively. HPV status takes a greatest importance in determining the risk of CIN2+, so we suggest more intensive follow up in patients with high risk HPV genotype(s).