

Cervical PAP Smear Examination in Women Living with HIV-A study of 60 cases

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Abstract

Cervical cancer in women living with Human Immunodeficiency Virus (HIV) is a major health problem accounting for 26.1-43.8% of all cancers in Indian Women. Women infected with HIV have a higher risk of developing cervical intraepithelial neoplasms. Dysplasia has been reported in 15 to 64.6% of HIV infected women & these rates are 10-12 times higher than those observed among HIV negative women 13%.

Materials and Methods: The aim of this study is to estimate the frequency of abnormal Papanicolau (Pap) smears and mainly to detect precancerous & cancerous lesions as well as inflammatory lesions in HIV-infected women.

Results: Total 68 samples were collected. Pap smear abnormalities included LSIL(10.2%), HSIL(4.4%), ASCUS(8.8%), ASC-H(2.9%), Carcinoma(1.4%), Specific Infections 33.8% (Bacterial Vaginosis-19.1%, Trichomonas Vaginalis-5.8%, Candidiasis-5.8%, Herpes Simplex-2.9% Cytolytic smear-1.4%), Non-specific Inflammatory smear (36.7%).

Conclusion: In view of high percentage of inflammatory Pap smears, infections and cervical intraepithelial lesions among HIV positives women. Among the various intraepithelial lesions LSIL was the commonest, stressing the need for routine pap smear testing annually in women living with HIV.

Keywords: HIV, Pap smear, patient living with HIV, Cervical intraepithelial neoplasia

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Pap smear was performed. Smears were reported by 2 pathologists separately.

Results

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Introduction

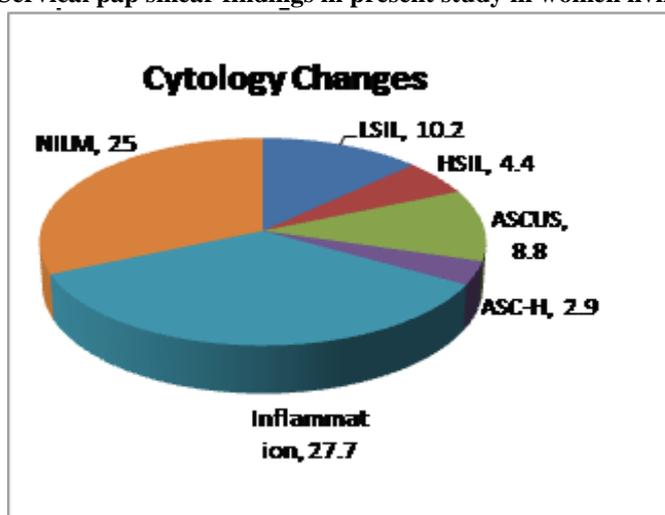
Cervical cancer in women living with Human Immunodeficiency Virus (HIV) is a major health problem accounting for 26.1-43.8% of all cancers in Indian Women¹. In immune competent subjects, HPV infections normally clear in 6-24 months in 70% of females. However, women infected with HIV have a higher prevalence of HPV infection and are more likely to develop persistent HPV infection with multiple HPV types & thus are at greater risk of developing cervical intraepithelial neoplasms. Dysplasia has been reported in 15 to 64.6%² of HIV infected women & these rates are 10-12 times higher than those observed among HIV negative women 13%.^{2,3,4}.

Materials & Methods

The aim of this study is to estimate the frequency of abnormal Papanicolau (Pap) smears and mainly to detect precancerous & cancerous lesions as well as inflammatory lesions in HIV-infected women. All HIV infected women (20-50 years of age), attending routine health checkup at Govt. Hospital, Koppal between May-July. 2015 were included, consent was taken and

Table 1: Cervical pap smear findings in present study in women living with HIV

Sl No	Cervical Lesions	Number
1	LSIL	07(10.2)
2	HSIL	03(4.4)
3	ASCUS	06(8.8)
4	ASC-H	02(2.9)
5	Bacterial Vaginosis	13(19.1)
6	Trichomonas Vaginalis	04(5.8)
7	Candidiasis	04(5.8)
8	Herpes Simplex	02(2.9)
9	Cytolytic smear	01(1.4)
9	Carcinoma	01(1.4)
10	Non specific infections	25(36.7)
	Total	68

Graph 1: Cervical pap smear findings in present study in women living with HIV

Discussion

Human papillomavirus (HPV) infection, is a sexually transmitted disease, and has been etiologically linked to both pre-invasive lesions and invasive cervical carcinoma.⁵ Previous studies have shown that HIV-infected women present higher prevalence of CIN and cervical cancer when compared to uninfected women.⁶

In the present study incidence of epithelial cell abnormalities was 27.7 % that was high compared to other studies like 8.34% in B M Jha et al⁷, 5.4% in Sandrie et al⁸, 4.8% in N.R. Agrawal et al⁹, 17.8% in M Carlucci et al¹⁶, 16.45 % in Amphan et al¹⁰, 20.29 % in

Leibenson et al¹¹, 50.2% in Jennifer et al¹², 8% in Pooja et al¹³. But the incidence was much lower compared to 100% in F Kabir et al², 66.5 % in Jennifer et al¹⁴, 41.5% in P Leece et al⁴, 39% in Ali-Risasi et al¹⁵ & 89.5% in Bateman et al⁶.

In the present study Specific and non-specific inflammation was 33.6% and 25% respectively. Specific inflammation was on par with the other studies but Non-specific inflammation was less compared with other studies. Incidences of various epithelial abnormalities in the present study are shown in detail & are compared with other studies in Table 2.

Table 2: Cervical pap smear findings in various studies in women living with HIV

	Prese nt study	F Kab ir et al ²	P Leec e et al ⁴	Bate man et al ⁶	B M Jha et al ⁷	S and rie et al ⁸	N.R. Agra wal et al ⁹	Am pha n et al ¹⁰	Leib enso n et at ¹¹	Jenn ifer et al ¹²	Pooj a et al ¹³	Jenn ifer et al ¹⁴	Ali- Risa si et al ¹⁵	M Carl ucci et al ¹⁶
LSIL	10.2	11	21.4	24.4	2.7	5.4	1.6	8.5	19.1	40	4	26.4	1.5	8
HSIL	4.4	81.1	4.8	38.0	1.47	-	0	3.5	1.19	10.2	2	18	22.9	6.2
ASCUS	8.8	1.58	14.3	16.2	3.19	-	1.6	2.8	0	15.3	2	15.5	6.9	1.8
ASC-H	2.9	4.55	0	3.3	0.73	-	0	0.6	0	1.0	0	0	0.8	0
AGUS	0	0.18	0	0	0.25	-	1.6	0	0	0	0	0	0	0
Specific Inflammati on	33.6	-	33.3	-	32.4	-	50	-	-		25	-	-	8.6
Cytolytic smear	1.4	-	-	-	-	-	-	-	-	-	-	-	-	-
Carcinoma	1.4	1.0	0	7.6	0	0	0	1.05	0	0	0	0	6.9	1.8
Non- specific inflammati on	25	-	66.7	10.6	49.6	-	45.8	84.6	79.8	34.5	28	30	61.1	66.6

Conclusion

The level of knowledge and awareness needs to increase among the vast majority of illiterate females in our society. Because of their inherent biological vulnerability, cytological screening is effective in preventing cervical cancer is that majority of cancer cases are preceded by a long standing latent period. Pap smear is the standard screening tool to detect the presence of abnormal cells that could become cancerous. Our study shows a high percentage of inflammatory Pap smears, infections and cervical intraepithelial lesions among HIV positives women. Among the various intraepithelial lesions LSIL was the commonest, stressing the need for routine pap smear testing annually in women living with HIV.

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