

Anal Carcinoma in an HIV-Infected Woman



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A 42-year-old woman presented with an asymptomatic lesion of nearly 6-months duration on the right surface of the anal canal mucosa. She had an 18-year history of HIV infection on triple antiretroviral therapy. Her CD4 count was 420 cells/mm³ and viral load was undetectable. As a remarkable antecedent, 6 years ago, she underwent a conization because of a high-grade intraepithelial cervical neoplasia (CIN) and a partial vulvectomy because of an intraepithelial vulval neoplasia (VIN), both related to an HPV 16 infection.

Physical examination showed a 3- × 2-cm tumor proximal to the right side of the anal verge. Microscopic evaluation of a lesional biopsy led to the diagnosis of squamous cell carcinoma of the anal canal. HPV 16 was detected again by PCR on the tissue sample.

The incidence of anal cancer is increasing among several important subgroups of the population, in particular among people with HIV. In a recent study, the incidence rate of anal cancer in an HIV-infected cohort reached 128/100,000 person-years during 2006–2008[1]. The incidence of anal cancer is greatest in men who have sex with men (MSM) with reported rates of 70–224/100,000 population[2].

Among women with HIV, the incidence of invasive anal cancer is 7–28 times higher than in the general population, most of them being squamous cell carcinomas[3]. Women with CIN or VIN are more

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likely to have anal high-risk HPV infection and anal cancer[4]. As shown in this case, anogenital HPV disease is probably multicentric, and cervical HPV infection may serve as a reservoir for anal HPV infection and vice versa[4]. In fact, the prevalence of HPV infection–related disease in HIV-infected women is higher in the anus than in the cervix[5]. Thus, careful follow-up and search for anal disease is mandatory in HIV-infected women, and, above all, in those with an antecedent of genital HPV infection.

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