Diagnosis of genital human papillomavirus lesions in the male

In an excellent study by Hippeläinen et al all the histopathological criteria for HPV infection were evaluated. As the authors point out HPV DNA may be detected in tissue lacking histopathological HPV associated signs and so can also the opposite situation occur.

Out of the HPV DNA negative biopsies (in situ hybridisation (ISH) technique) 26.7% did show koilocytosis, a sign said to be linked to a replicative HPV infection. The conclusion that koilocytosis is the strongest predictor for HPV positivity in flat genital lesions, giving a ratio of 3:7, is worthy of note but it would be interesting to hear the authors further discuss the finding of koilocytosis in the HPV DNA negative patients and the completely normal histology in the adjacent biopsied area. Were no pathological signs found at all? HPV are known to be latent in clinically normal tissue.

As for the characteristic vacuolisation, also mentioned to be associated to HPV infection, maybe it should be discussed since it could be misinterpreted as koilocytosis by the pathologists not familiar with the signs of HPV infection. In the study referred to vacuolisation was more frequent in HPV negative cases than in HPV positive ones. This inverse correlation is only noticeable in table 4 but is for certain of interest. The authors conclude that HPV typing is essential for diagnosis in doubtful cases (lacking koilocytosis). We want to point out the fact that there is a diagnostic difficulty also in the case where koilocytosis is present and the rather insensitive ISH is negative.

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Further information may be obtained from: Professor A. Cabral Ascensão, Clinicas Universitarias de Dermatologia e Venereologia, Hospital Pulido Valente, Alm. Linhas de Torres, 1700 Lisboa, Portugal.


For further information contact: Communication Consultants, 336 Smith Street #06-302, New Bridge Centre, Singapore 0105. Telephone (65) 227 9811. Fax (65) 227 0257.