LEUCINE-RICH IMMUNOGLOBULIN-LIKE REPEATS (LRIG) 1, 2 AND 3 IN CERVICAL NEOPLASIA

Leucine-rich immunoglobulin-like repeats (LRIG) 1, 2 and 3 in cervical neoplasia

Background Cervical neoplasms; invasive cancer and intraepithelial neoplasia (CIN), are sexually transmitted infections, HPV infection is the main etiological agent. Defining factors that are correlated to increased risk, diagnosis, prognosis and other clinical features are important.

Methods 129 invasive cervical cancers in stages IB to IV, 47 cases of high grade CIN, 59 cases of low-grade CIN and 64 biopsies from normal epithelium were consecutively recruited. The cervical biopsies were evaluated for LRIG expression, and a total of 15 other relevant biological tissue markers (tumour markers) in invasive cancer and CIN. A structured questionnaire, and serum estradiol and progesterone were included.

Results In early stages of invasive cancer LRIG 1 expression correlated to a favourable prognosis (90% vs. 64% survival), while the reverse was true for LRIG 2 expression (60% vs. 87%) survival. Low expression of LRIG 1 and high for LRIG 2 indicated a very poor prognosis. Smoking and high serum progesterone correlated to absence of LRIG 1 expression.

In CIN both LRIG 1 and LRIG 2 expression increased with increasing severity of the lesion.

There was a correlation between LRIG 3 expression and HPV infection as well as three tumour suppressors (Rb, p53 and p16) and use of progestogenic contraceptives, whereas LRIG 2 correlated negatively to Rb. Both LRIG 1 and LRIG 2 correlated to expression of tumour suppressor FHIT.

Conclusion There seems to be a biological role for LRIG 1, LRIG 2 and LRIG 3 in HPV-associated cervical neoplasia. In invasive lesions LRIG 1 is associated with suppression, LRIG 2 with progression of the tumour, while the role of LRIG 3 remains obscure. In CIN LRIG expression correlates to a number of events associated with outcome.

WHAT MATTERS MORE? TREATING MOLLUSCUM CONTAGIOSUM OR SCREENING FOR OTHER SEXUAL INFECTIONS - AN AUDIT OF CLINICAL PRACTICE

Background Molluscum contagiosum (MC) is a common benign viral skin infection seen in children and adults. The mean duration of lesions is 8 months and resolution expected within 18 months. We planned to audit our clinic management of anogenital MC against the UK BASHH guidelines.

Methods All patients with a coded diagnosis of MC between January 2011 - September 2012 were identified; clinical data were collected from electronic patient records and analysed using an Excel database.

Results 96 patients were newly diagnosed with MC (19 female, 77 male); median age 25 (range 17-48) years. 15% always used condoms and 22% never; the rest mainly sometimes. 76% (72) had 1–2 partners in the preceding 3 months. 3 patients were already known to be HIV positive. 96% (92) were offered STI screening and 88 screened. 92% were treated with cryotherapy, 2% podophyllotoxin +/- cryotherapy and 4% conservatively. 45% of cryotherapy patients re-attended, the rest did not. The median number of clinic visits required overall was 1 (range 1–10) but 3 for cryotherapy re-treatments. 13 patients had concurrent STIs (prevalence 15%); Chlamydia (7), genital warts (5) and HSV (1). 6 patients with Chlamydia were aged < 25 years.

Conclusion The high prevalence of STIs emphasises the need to screen all patients with anogenital MC. We fell slightly short of the BASHH target of 100% screened for STIs. MC was mainly actively managed with clinic based treatments which have implications in terms of staff resources and patient’s need to re-attend for a potentially self limiting condition. A clinical trial has demonstrated comparable efficacy with Imiquimod and cryotherapy; the former slower to work but fewer side effects. Conservative management could lead to autoinoculation and sexual transmission. Selected informed patients could be offered conservative management and home-based therapies can be offered prior to cryotherapy.

NEUROSYphilIS CASES IN THE HUNGARIAN NATIONAL STD CENTRE IN THE LAST 5 YEARS

Background Syphilis is a venereal disease caused by the spirochete Treponema pallidum. Neurosyphilis is defined as an infection of the central nervous system (CNS) caused by the spirochaete. The condition is rare in Europe, but in regions such as Eastern Europe, it continues to be seen as a serious health issue. This study aimed to describe the neurosyphilis cases seen in a central European country over a 5-year period.

Methods The study included all cases of neurosyphilis seen at the National Center for Sexually Transmitted Infections, Budapest, Hungary, between January 1, 2015 and December 31, 2019. The data were collected from the hospital’s electronic database.

Results A total of 14 cases of neurosyphilis were identified during the study period. The majority of cases were male (13 cases) and the mean age of the patients was 45 years. The most common symptoms reported were headache (7 cases), motor weakness (4 cases) and sensory disturbance (3 cases). The majority of patients (9 cases) were seropositive for HIV.

Conclusion Neurosyphilis remains a challenging condition to diagnose and treat. The high prevalence of HIV co-infection highlights the importance of screening for both conditions. Further research is needed to improve the current treatment regimens and to develop prophylactic measures to reduce the risk of neurosyphilis in high-risk populations.