Clinical Care of Gynecological Problems in HIV

Howard P Manyonga

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Outline

- List of problems is long!
- Abnormal uterine bleeding (AUB)
- Menopause
- HIV and HPV: Cervix and other sites
- Conclusion

The list is long

- Vaginal discharge
- Cervical and ano-genital cancers
- Abnormal uterine bleeding
- PID and Pelvic masses
- Urinary symptoms
- Genital warts and ulcerative disease
- Genital itching and/or irritation
- Breast lump
- Sexual dysfunction
- Menopause

Gynecological problems are common in HIV

- 47% of HIV infected women will have at least one gynecologic event over a year (Am J Obstet Gynecol 1999;180:824)

1. AUB and amenorrhea

- HIV infected threefold more likely to have amenorrhea without ovarian failure (FSH >25mIU/mL) (Obstet Gynecol 2006;108(6):1423)

- Excessive loss associated with Ritonavir and Atazanavir (Int J STD AIDS 2007;18(9):651)

- Problems commoner with lower CD4+ counts (J Obstet Gynaelcol Res 2010;36(5):1053)

2. HIV and Menopause

- There is earlier onset associated with higher rates of fracture, CVD and all-cause mortality (J Acquir Immune Defic Syndr 2000;23:99-100)

- Increased frequency of psychological and vasomotor in women with higher CD4+ irrespective of ART status

  (J Acquir Immune Defic Syndr 2000;23:99-100)

- Mechanism is unknown but may be related to CD4+ count (<200) (Clin Infect Dis 2005;41:1517-1524)

Co-morbidities associated with HIV

- CVD risk is higher and at a younger age: ongoing HIV replication, immunological factors and inflammation (also associated with bone loss)

- HIV infected have higher triglycerides levels, and lower HDL (J Acquir Immune Defic Syndr 2005;39:44-54)

- Treatment with ART increases these risk factors:

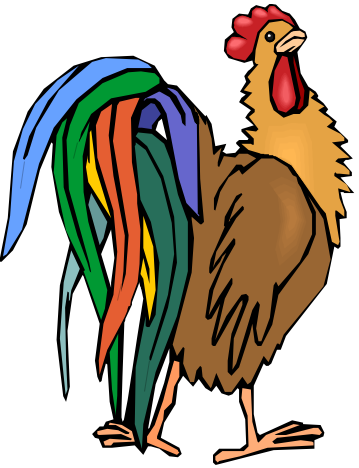
  Dyslipidaemia, insulin resistance and diabetes

Co-morbidities associated with HIV

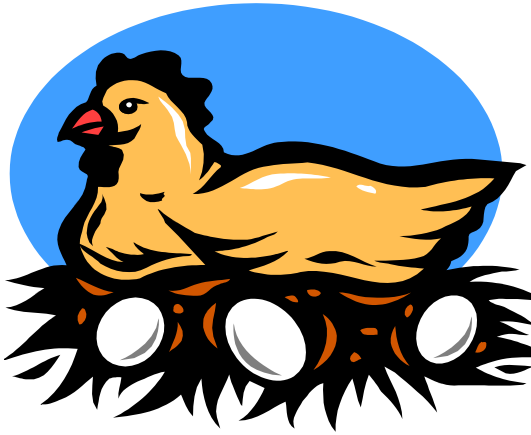
- The RR of AMI is increased with every year of exposure (N Engl J Med 2003;349:1993-2003)
- Some ARVS are associated with more bone loss than others (TDF, d4T, ABC, PIs) (AIDS 2009;23:817-824)
- A low CD4+, count , HCV co-infection, DM and substance abuse are additional risk factors for fractures (Clin Infect Dis 2011;53:1120-1126; Clin Infect Dis 2011;52:1061-1068)

Management symptomatic menopause

- Exclude non HIV-related
- Where HT contraindicated
  - Venlafaxine, Paroxetine, Clonidine, Gabapentin
- Where HT is indicated: Exclude Hormone sensitive tumor, CHD, TED)
  - Trial off every 1-2 years to assess on-going need
- Mind drug interactions!

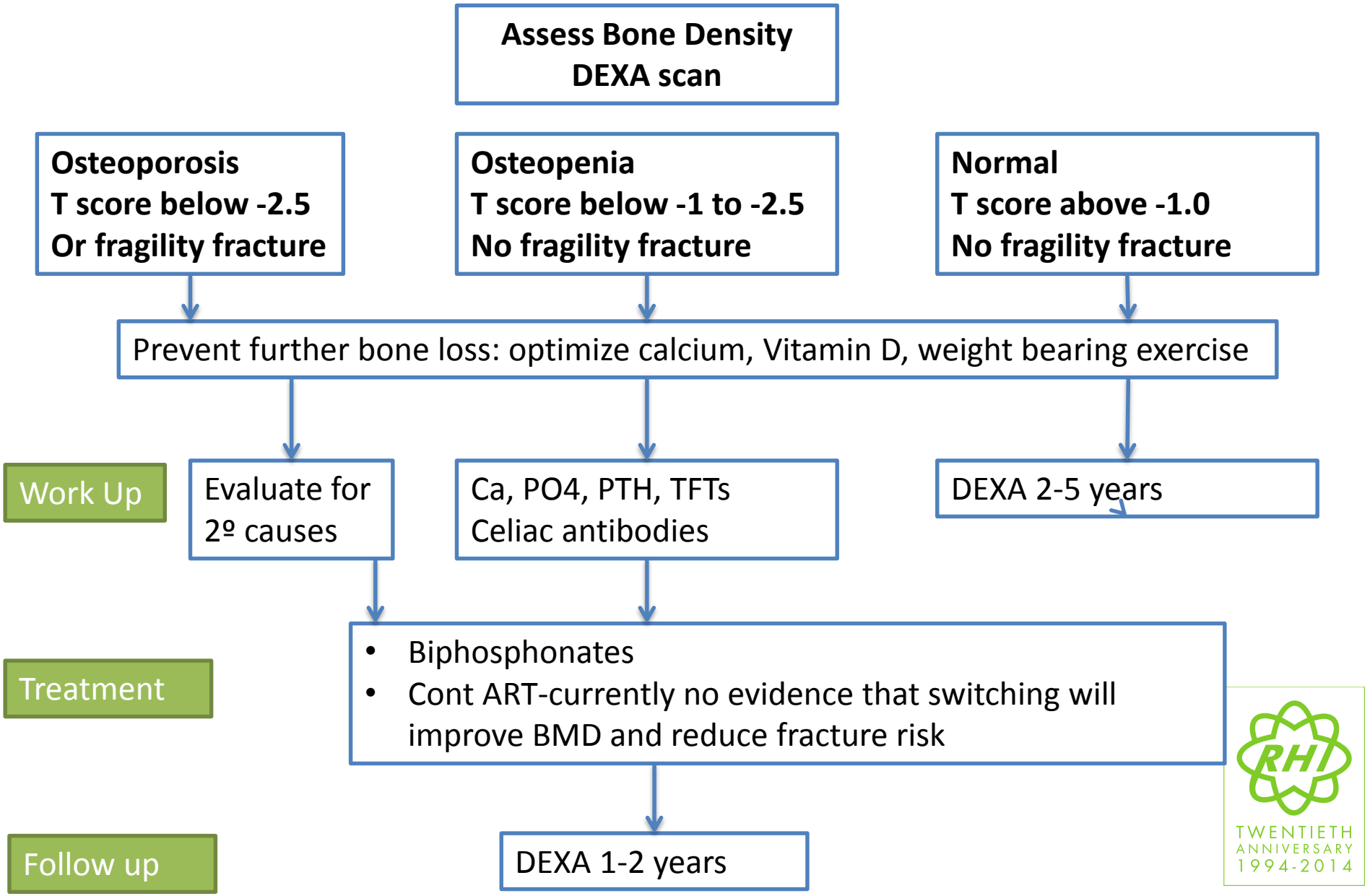


What about bone scans???



- “As the cock said to the hens when he showed them an ostrich egg, I am not being disparaging and I am not criticizing, I am merely bringing to your attention what is being done elsewhere!”

Management of bone disease



3. HIV and HPV

A toxic combination

Abnormal Pap smear

- In HIV infected, 30-60% Pap smears have cytologic abnormalities

- 15-40% show dysplasia i.e 10-11 times the rate in HIV negative women(J Natl Cancer Inst Monogr 1998;23:43)

Abnormal Pap results

- 5-17% of women with ASC have underlying CIN 2-3 and 0.1% have ICC (J Natl Cancer Inst 2001;93:293)
- 24-92% of women with ASC-H have CIN 2-3 (JAMA 2002;287(16):2120)

Integrated care

- Women receiving gynecologic and ART at the same location are more likely to have had Pap smear in the previous year (J Acquir Immune Defic Syndr 2001;27:463)

HPV in HIV infected

- Higher prevalence and incidence of HPV (Int J STD AIDS 2003;14:417; J Inf Dis 2001; 184:682)
- Higher HPV VL (Am J Obstet Gynceol 2002;186:21)
- Longer persistence of HPV infection, >50% in Africa (Am J Epidmiol 2000;151:1148; AIDS 2006;20:2337)
- Higher likelihood of infection with multiple HPV subtypes (Am J Obstet Gynecol 2002;186:21; Br J Cancer 2007;96(9):1480)
- Greater prevalence of oncogenic subtypes (Acta Cytol 2009;53:10)

Summary: HIV+HPV →→ more aggressive ICC

Increased HPV VL and declining CD4+ are associated with with more extensive ICC at presentation (Gynecol Oncol 1990;38:377)

and

presents at a younger age (a decade earlier)

Take home message: Screen regularly and manage dysplasia

Incidence of invasive cancer is NOT higher among HIV infected who are screened regularly and receive recommended treatment than among HIV negative (Obstet Gyncol 2004;104:1077; Cancer 2009;115:524)

HPV-related dysplasia outside the cervix

- HIV infected have a 10 fold increase in incidence and prevalence of: VIN,VAIN,PAIN

- PAIN
  - Anal HPV reported in 90% HIV infected women
  - commoner with lower CD4+, high HIV VL
  - Sensitivity of anal smear similar to that of Pap smear

(Obstet Gynecol 2006;107:1023; AIDS 1996;10:1641; Gyncol Oncol 1995;61:384)

Vaginal, vulvar and anal screening

- Consider vaginal cytology and colposcopy of the entire lower genital tract with:
  - Visible evidence cervical, vaginal or vulval HPV infection
  - Current CIN or history of CIN
  - Cervical, vaginal, or vulvar cancer
- Anal screening
  - Verbal screening: bleeding/pain
  - Perform annual digital examination
  - Consider anal cytology with a history of CIN/genital warts

Vaccination

- Given existing evidence for safety and immunogenicity and the potential to prevent HPV-associated disease and cancer in HIV infected women, either the bivalent or quadrivalent HPV vaccine is recommended for HIV infected females aged 13-26 years (Obstet Gynecol 2010;55(2):197

In Conclusion

- Gynecological problems are common
- The vagina does not bite!
- Look down there regularly
- Refer what you cannot manage

Some Doctors have figured it out: Patients want a One Stop Shop

TWENTIETH ANNIVERSARY 1994-2014