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EFFICACY AND SAFETY OF TOPICAL IMIQUIMOD USE IN HPV-INDUCED VULVAR LESIONS IN TRANSPLANT RECIPIENTS: A CASE SERIES

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Background: Chronic immunosuppression is recognized as one of the main risk factors for human papillomavirus (HPV) infection, persistence and consequently, development of HPV-induced genital lesions. The treatment of some vulvar lesions is challenging because they are extensive, multifocal and recurrent. Topical immunomodulators as imiquimod have shown efficacy in the management of multiple malignant, precancerous and viral conditions. The ability to locally induce an immune response, presumably against tumor and viral antigens, makes topical immunomodulators a promising therapeutic option in organ transplant recipients. There is limited information on safety of use in these patients. Also, most studies are on skin diseases not in HPV-induced vulvar lesions. Complete response rates in high grade vulvar intraepithelial lesions ranged from 5% to 88% in immunocompetents. There is no data among immunosuppressed patients. This is a descriptive study of the efficacy and safety of imiquimod in renal transplant patients with HPV-induced vulvar lesions in a tertiary Hospital in Rio de Janeiro, Brazil.

Method: Patients with HPV-induced vulvar lesions were retrospectively enrolled. A total of three patients applied one sachet of topical imiquimod 5% cream three times per week. Dosing continued for an average period of 56 weeks regardless of lesion clearance. Patients were assessed for safety variables that included adverse events, local skin reactions, laboratory results and indication of graft rejection.

Results: No graft rejections or trends for a deterioration of graft function were detected. No complete response was observed. Also, no progression of any lesion was observed.

Conclusion: Imiquimod appears to be a safe additional option for the treatment of HPV-induced vulvar lesions in patients with solid organ transplants. Other alternative treatments may be necessary for complete resolution of the lesions. No similar response rates were observed for use in skin diseases in immunosuppressed patients. Larger studies are required to confirm these results.