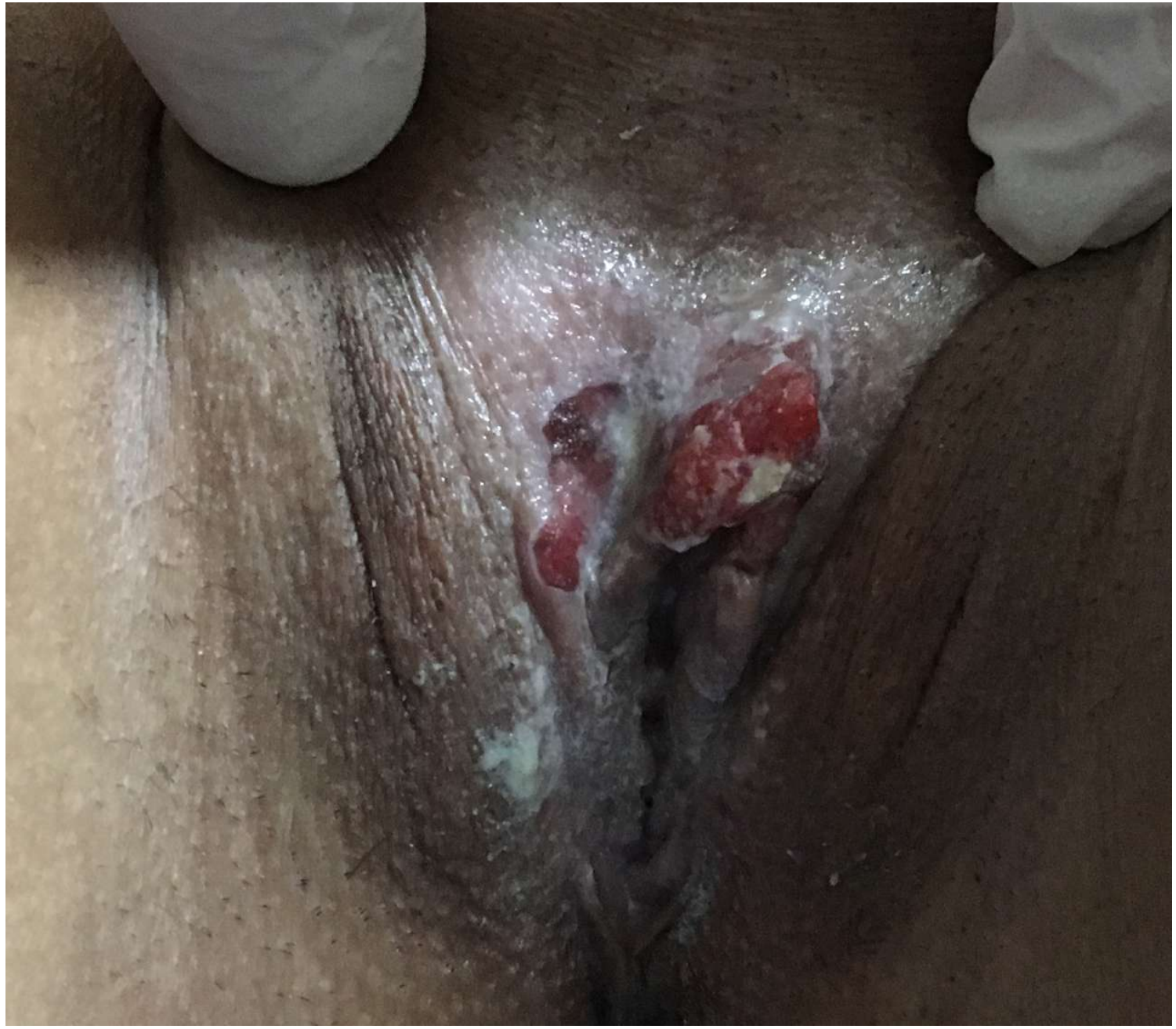


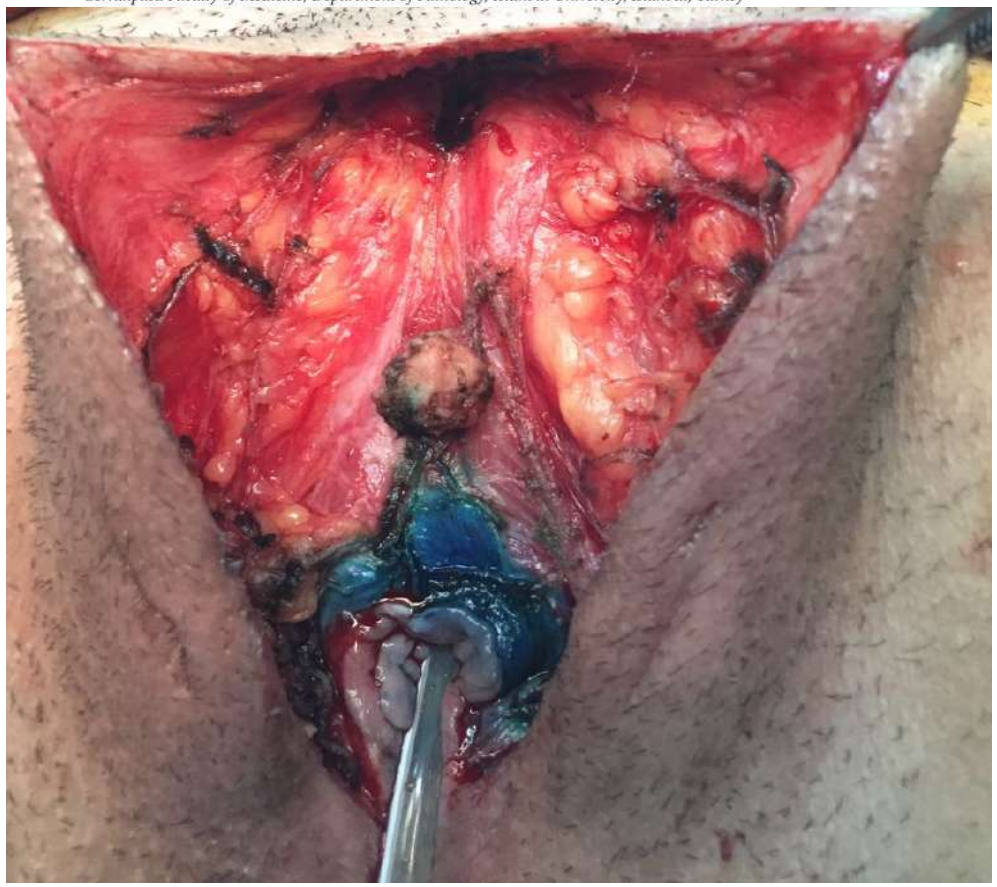
Hindawi
Case Reports in Obstetrics and Gynecology
Volume 2018, Article ID 1816782, 3 pages
https://doi.org/10.1155/2018/1816782

Case Report

A Very Rare Case: HPV-Negative Vulvar Cancer in an Adolescent

Ilker Kahramanoglu,[1] **Hasan Turan**,[1] **Yahya Ozgun Oner**,[1] **Tugan Bese**,[1] **Sennur Ilvan**,[2] **Macit Arvas**,[1] **and Fuat Demirkiran**[1]

[1]*Cerrahpasa Faculty of Medicine, Department of Obstetrics and Gynecology, Division of Gynecologic Oncology, Istanbul University, Istanbul, Turkey*
[2]*Cerrahpasa Faculty of Medicine, Department of Pathology, Istanbul University, Istanbul, Turkey*



TÜRK JİNEKOLOJİ VE OBSTETRİK DERNEĞİ
İSTANBUL ANADOLU ŞUBESİ

Vulva ve Vajen Intraepitelyal Neoplazilerin Yönetiminde Güncel Durum

Doç. Dr. İlker Kahramanoğlu
Jinekolojik Onkoloji Cerrahisi

*Tüm fotoğraflar, **CTF** veya **Diyarbakır Gazi Yaşargil EAH**'de tetkik-tedavi edilen hastalardan onam alınarak kulanılmıştır*

Çıkar İlişkisi: Yok

VULVAR İNTRAEPİTELYAL NEOPLAZİ

Sınıflama

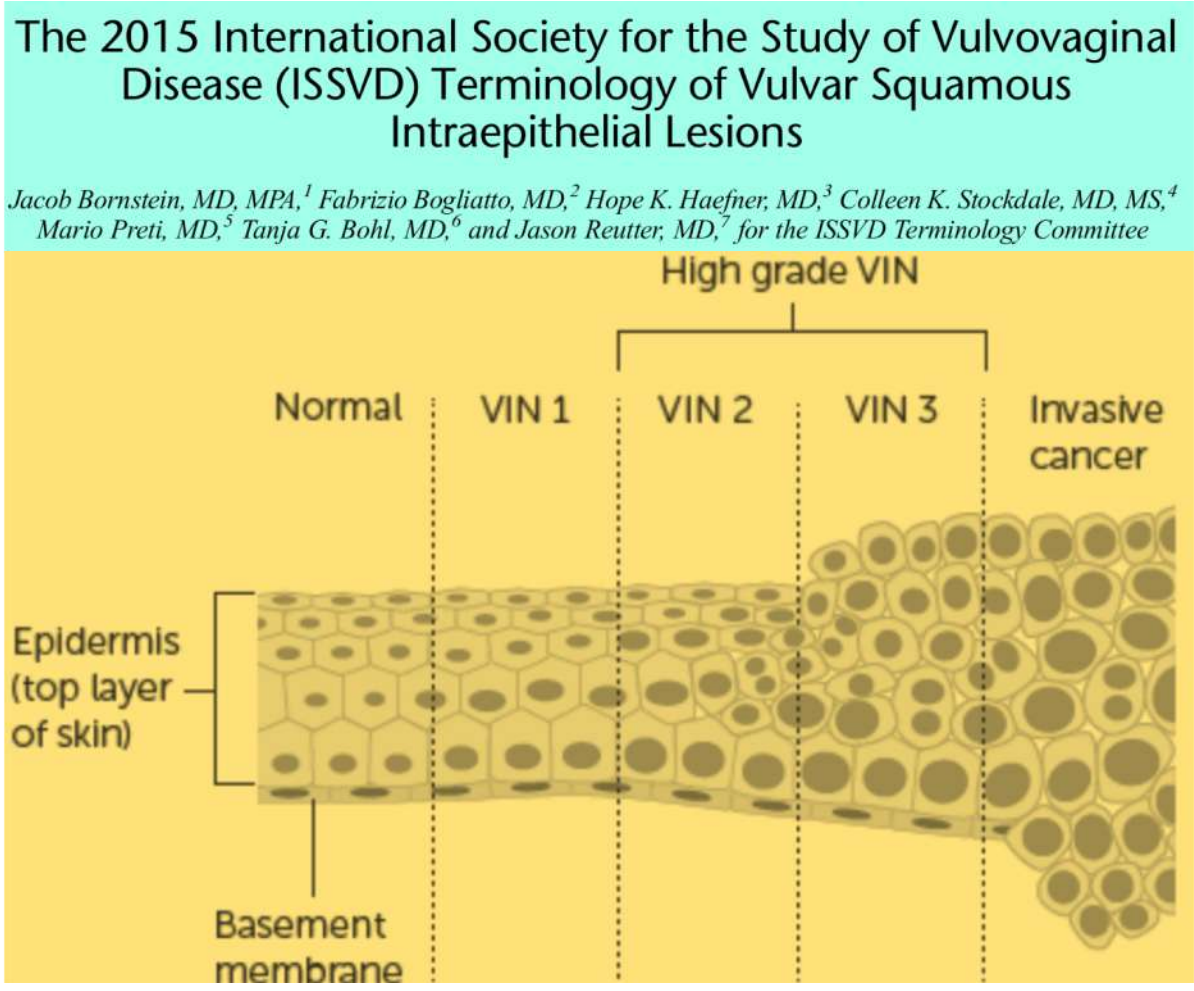
Vulvar LSIL

Flat kondilom, HPV etkisi

Vulvar HSIL

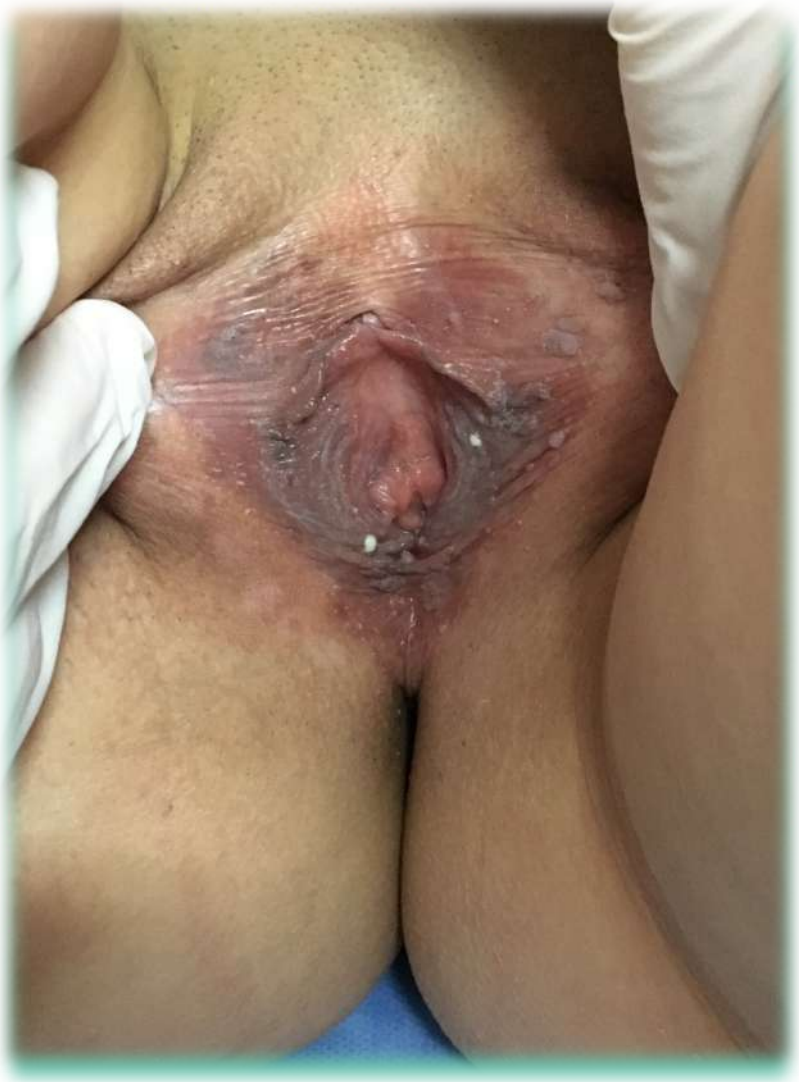
VIN usual type

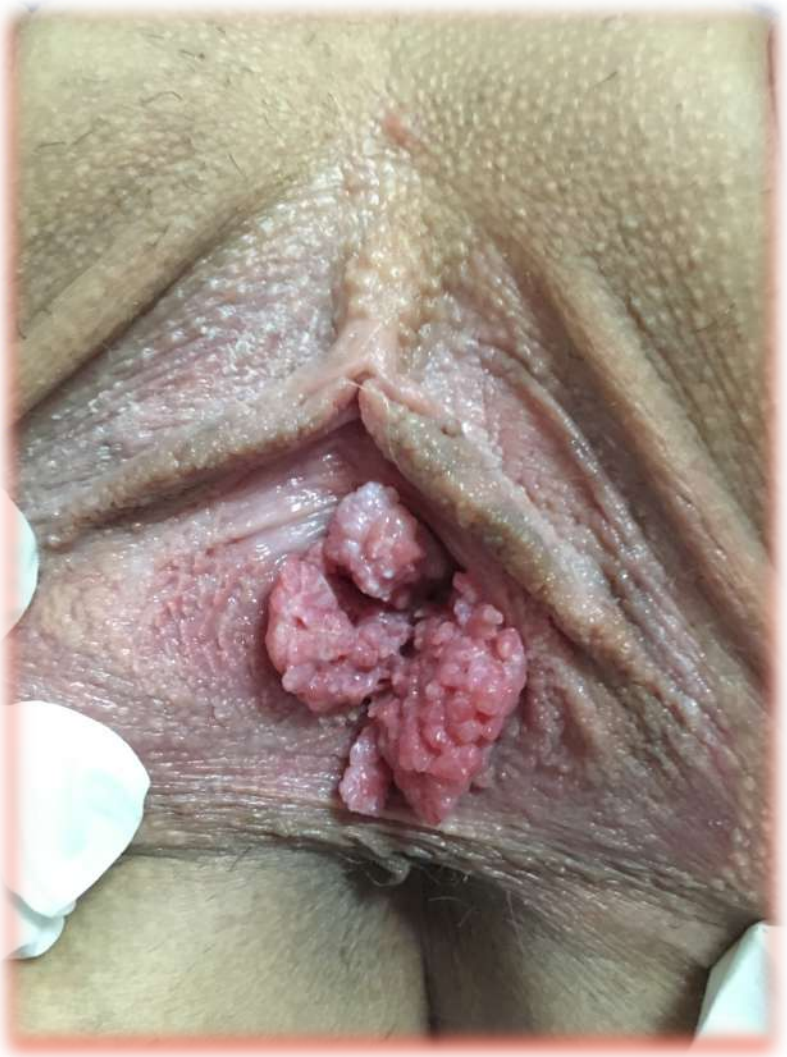
Diferansiye VIN



Vulvar LSIL

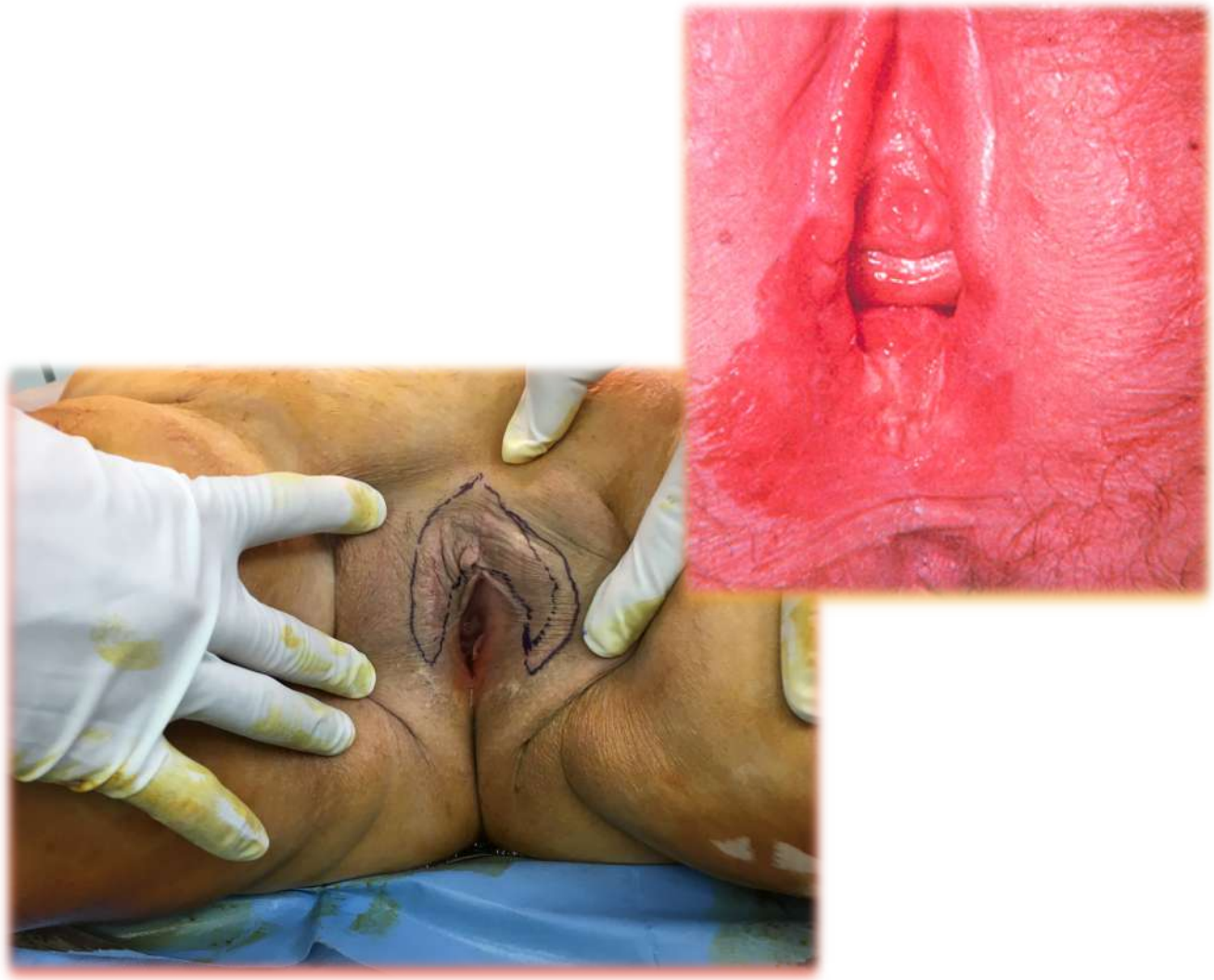
Flat kondilom, HPV etkisi

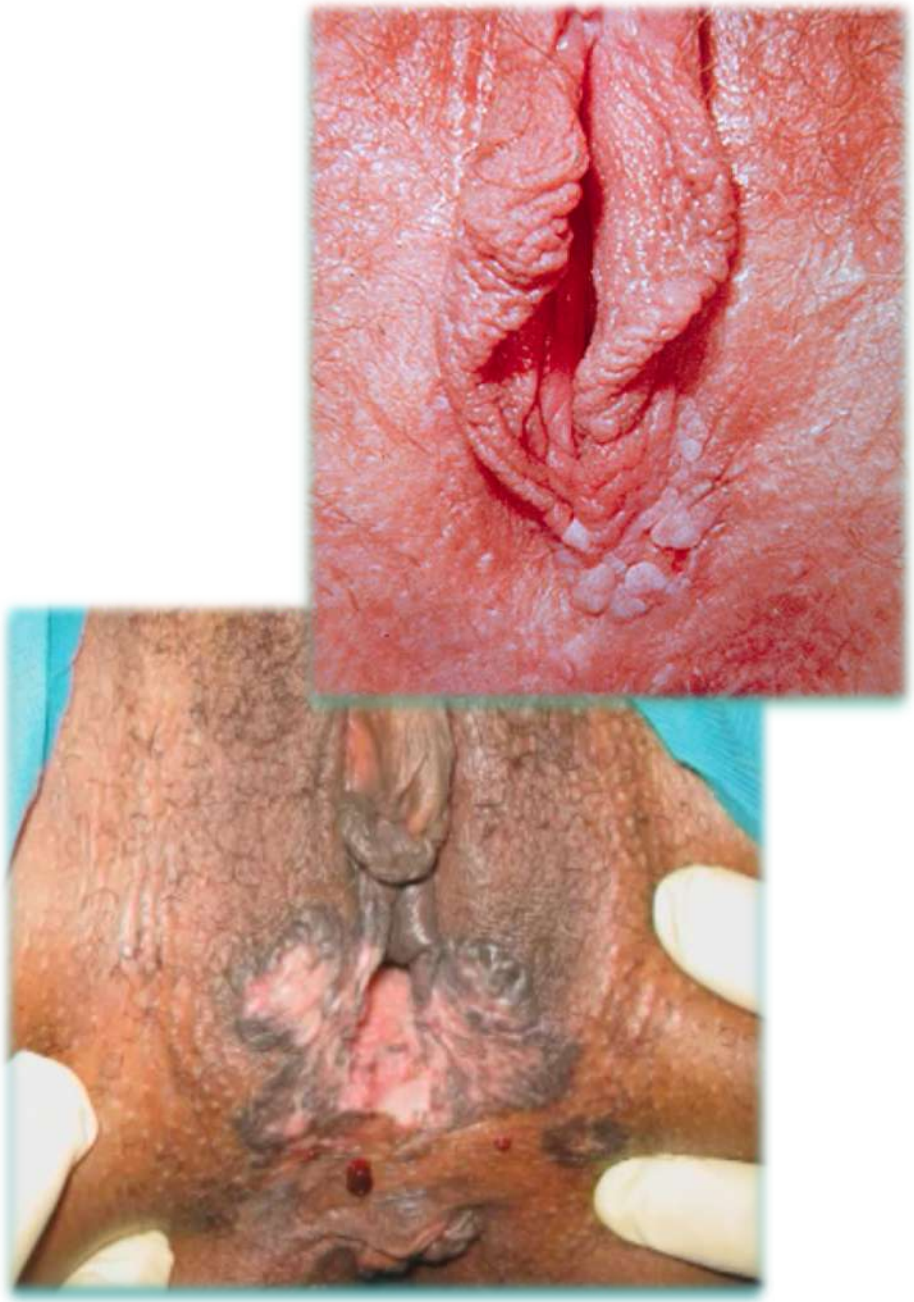




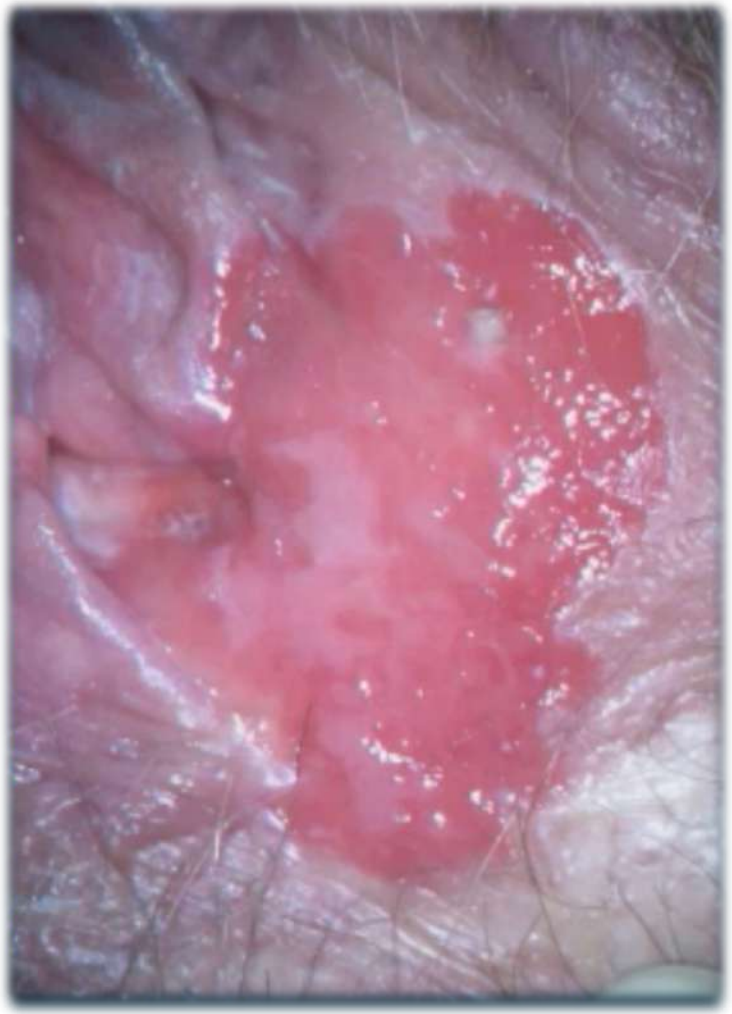
Vulvar HSIL

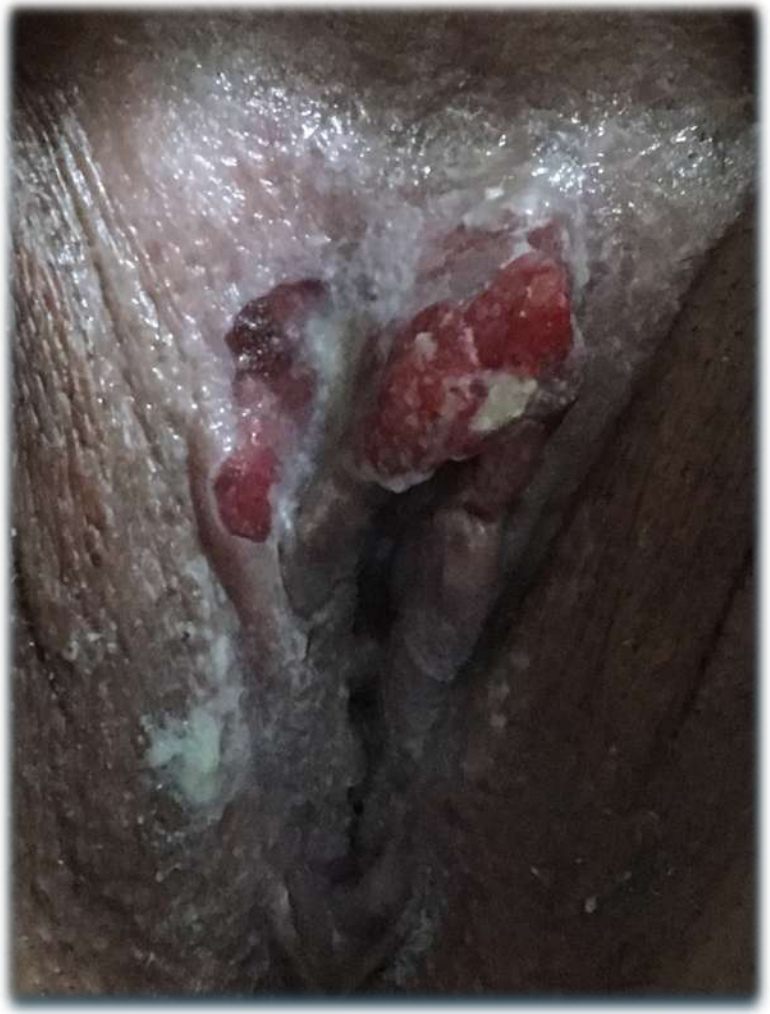
VIN usual type

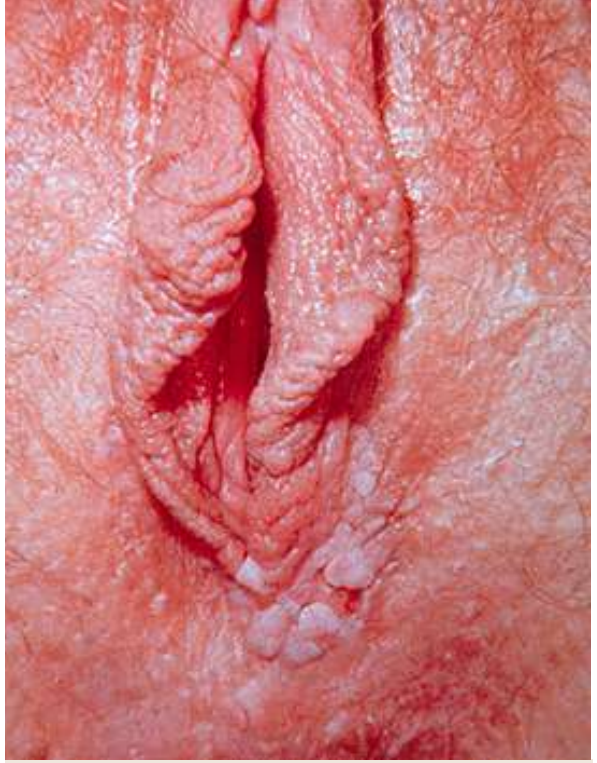




Diferansiye VIN







Multisentrik VIN

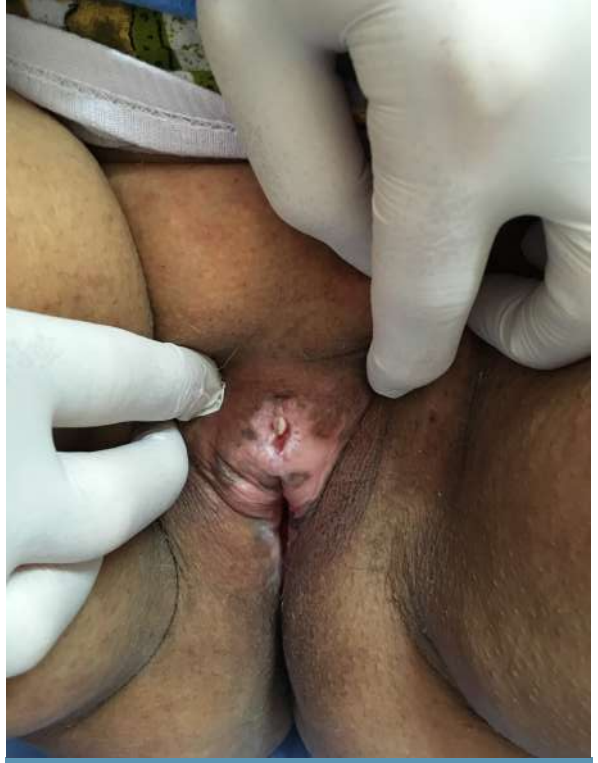
HPV 16, 18, 31
Premalign

Srodon, Am J Surg Pathol, 2006

Kondiloma akuminata

HPV 6, 11

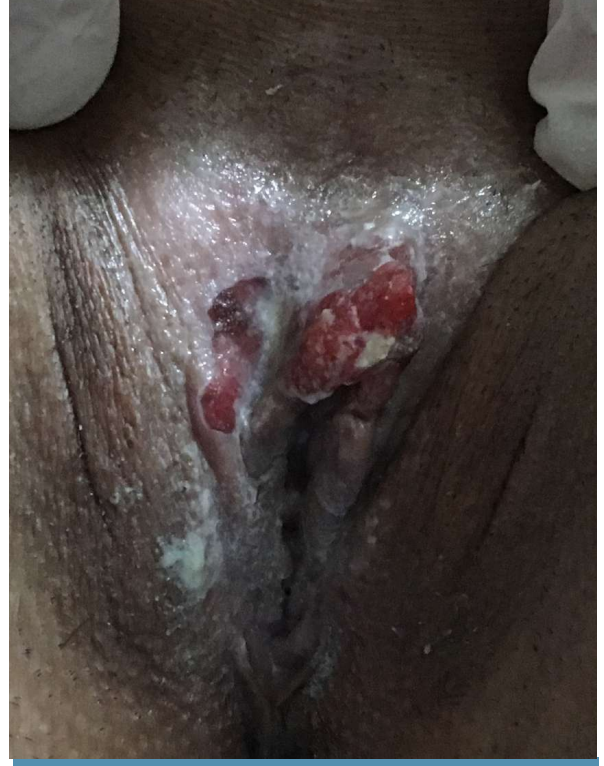
Srodon, Am J Surg Pathol, 2006



Liken sklerozis

Ca riski %5

Vinokurova, Br J Dermatol, 2010



Diferansiye VIN

Scc'de %80 (+)

Nieuwenhof, Mod Pathol, 2011

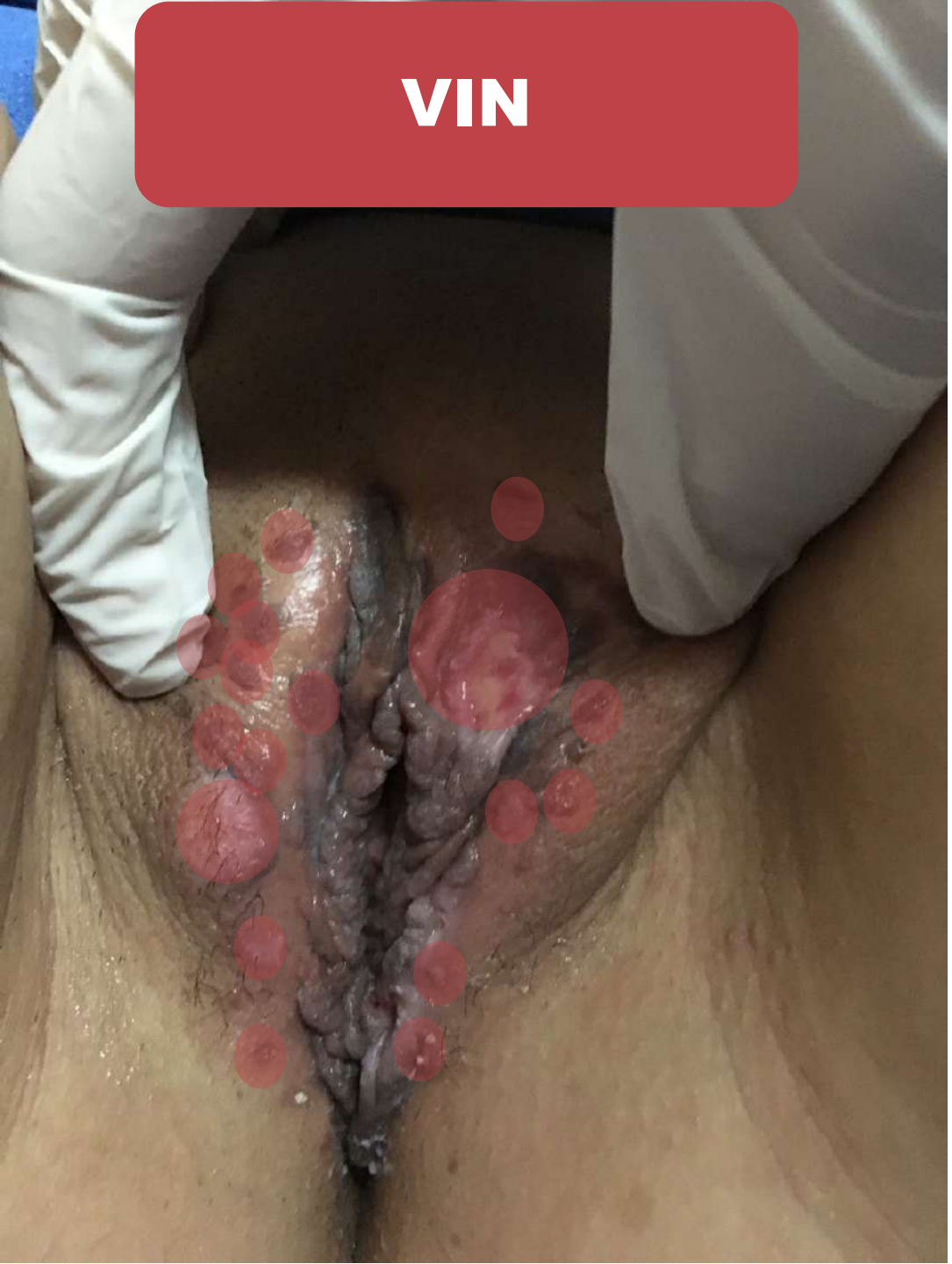
EPİDEMİYOLOJİ

Vulvar HSIL

2.8/100.000	46	%60	%90
İnsidans	Ortalama yaş	CIN	HPV

Bornstein, J Low Genit Tract Dis, 2016

Van Sters, Gynecol Oncol, 2005



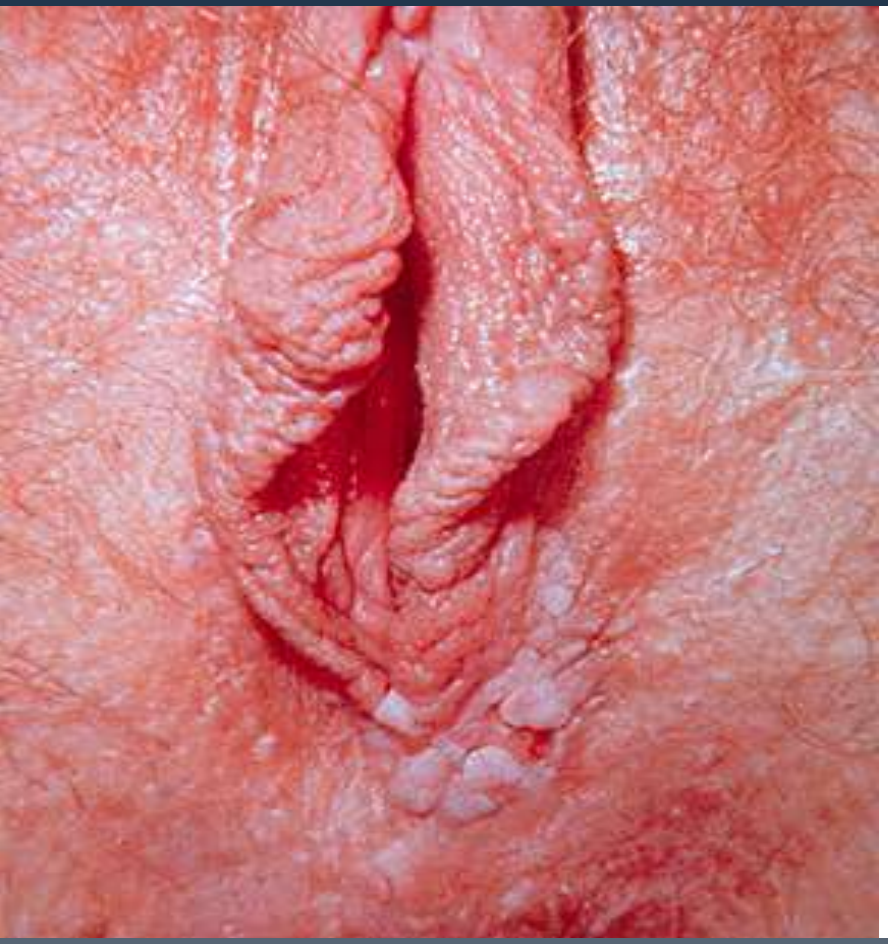
Multifokal

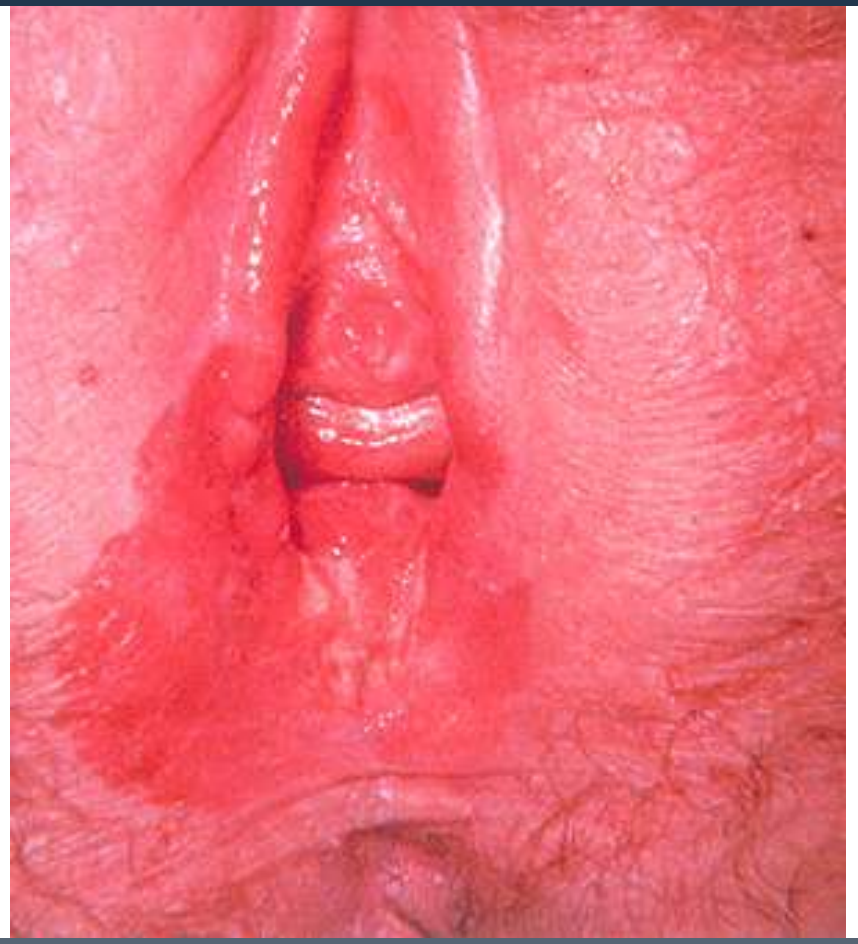
49 %

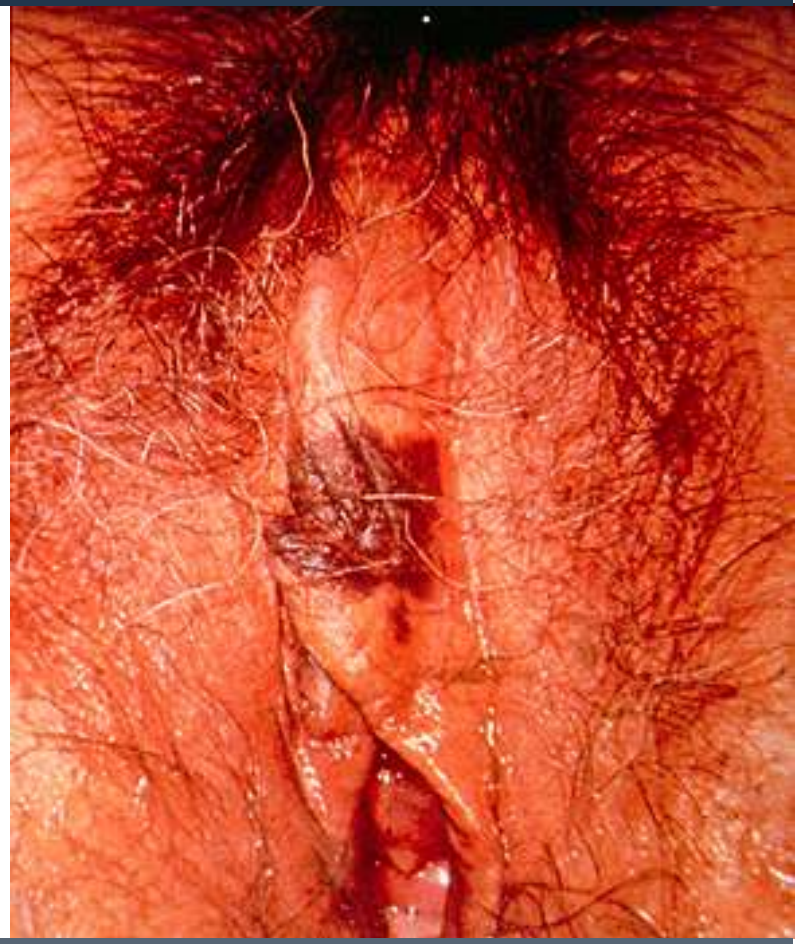
Kaşıntı, yanma

60 %

Vulvar İntraepitelyal Neoplazi

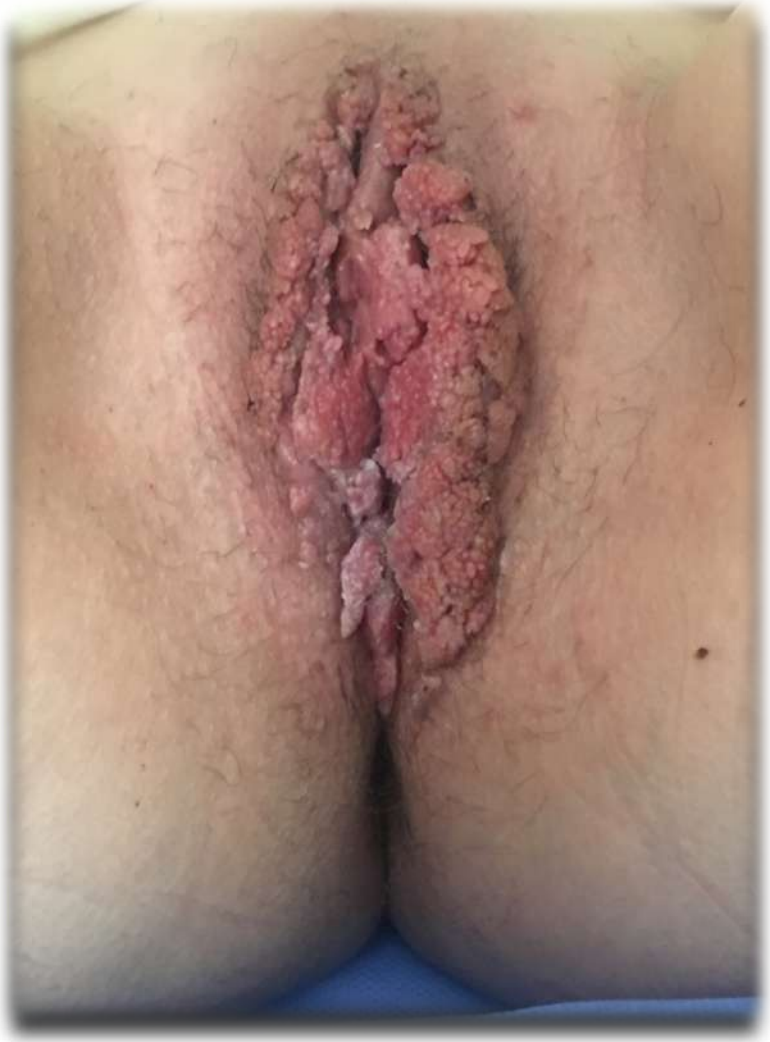


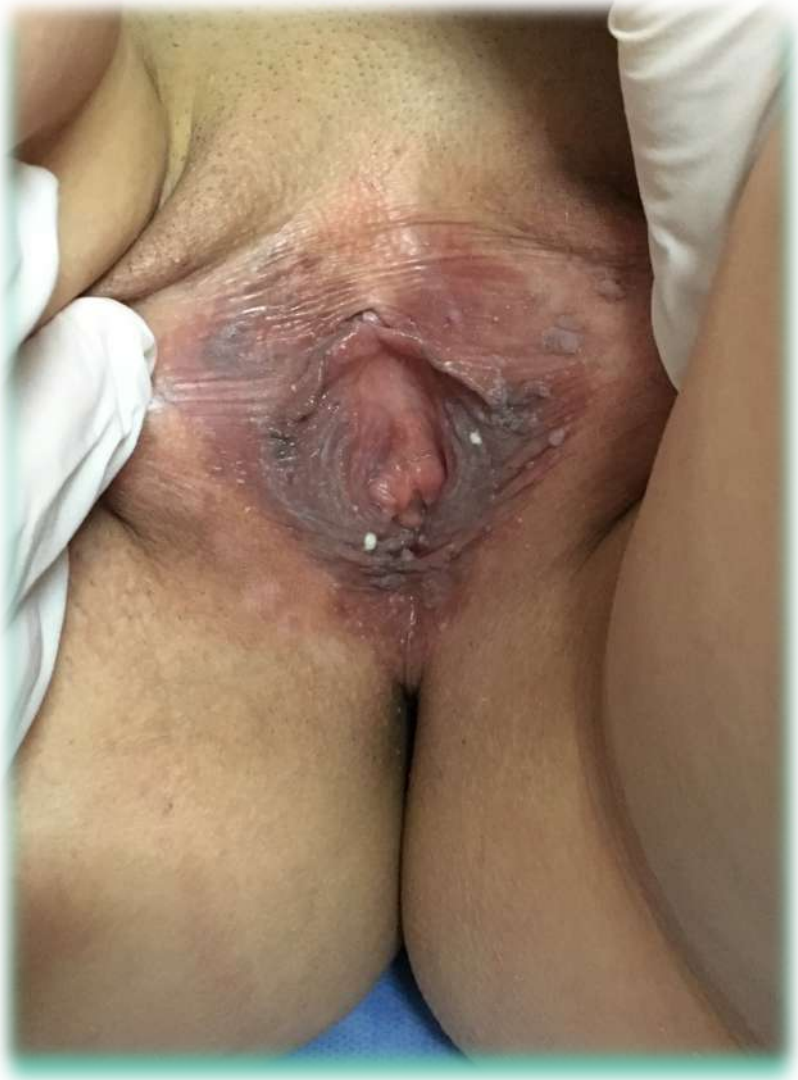




Patogn[illegible]oni[illegible]örünüm

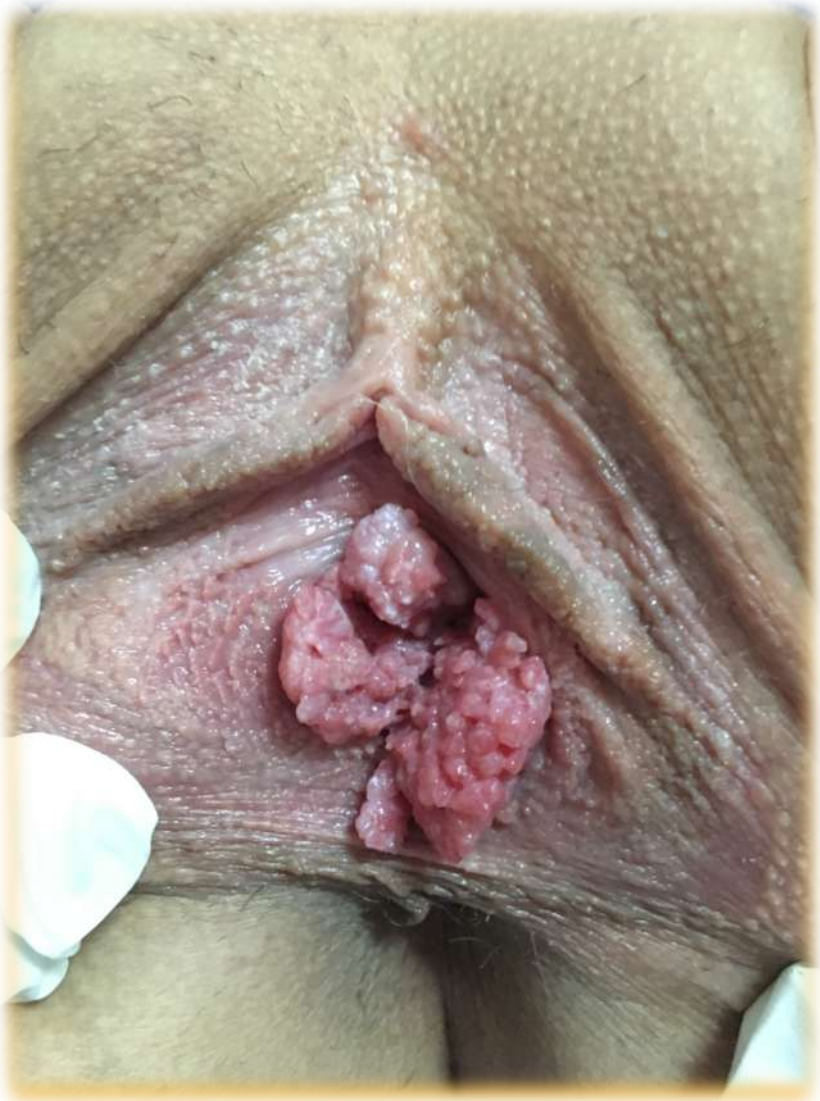
Vulvar LSIL

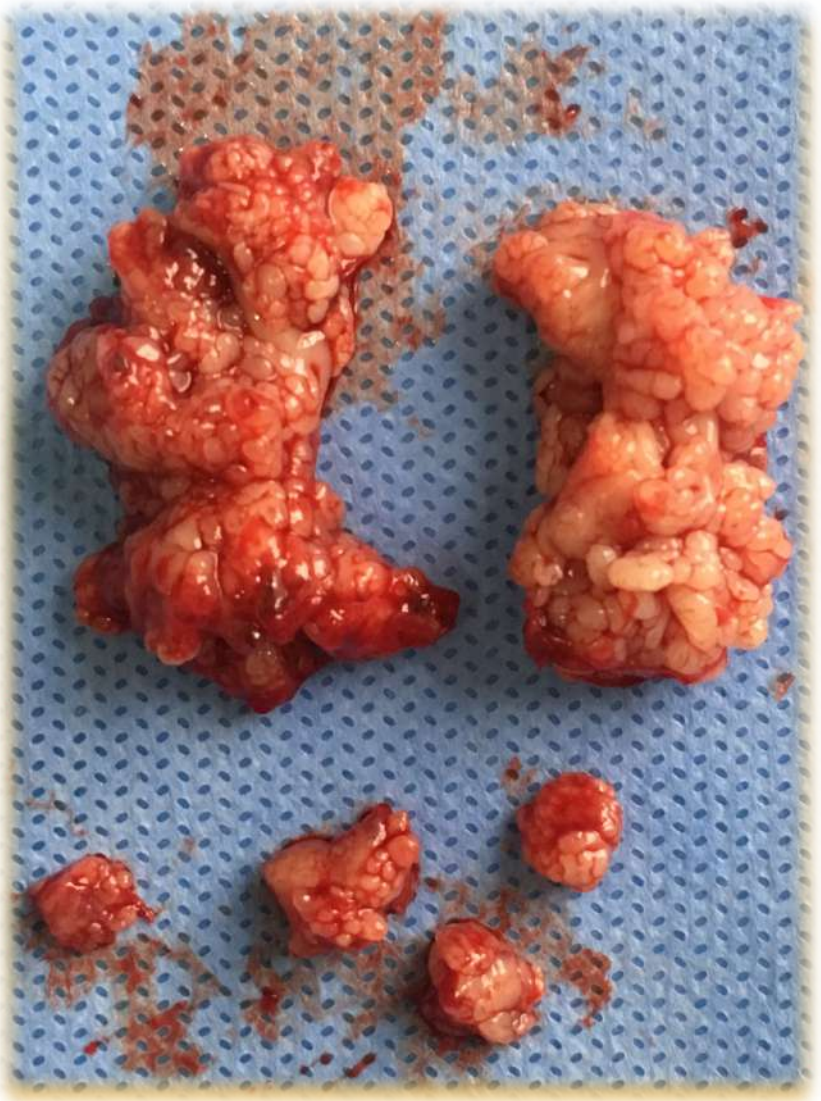




Vulvar LSIL

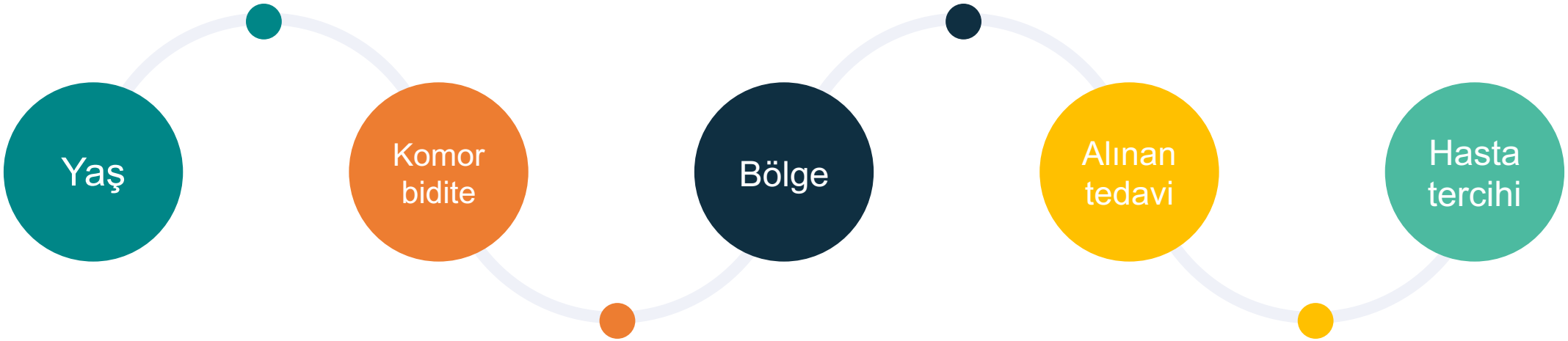
Tedavi



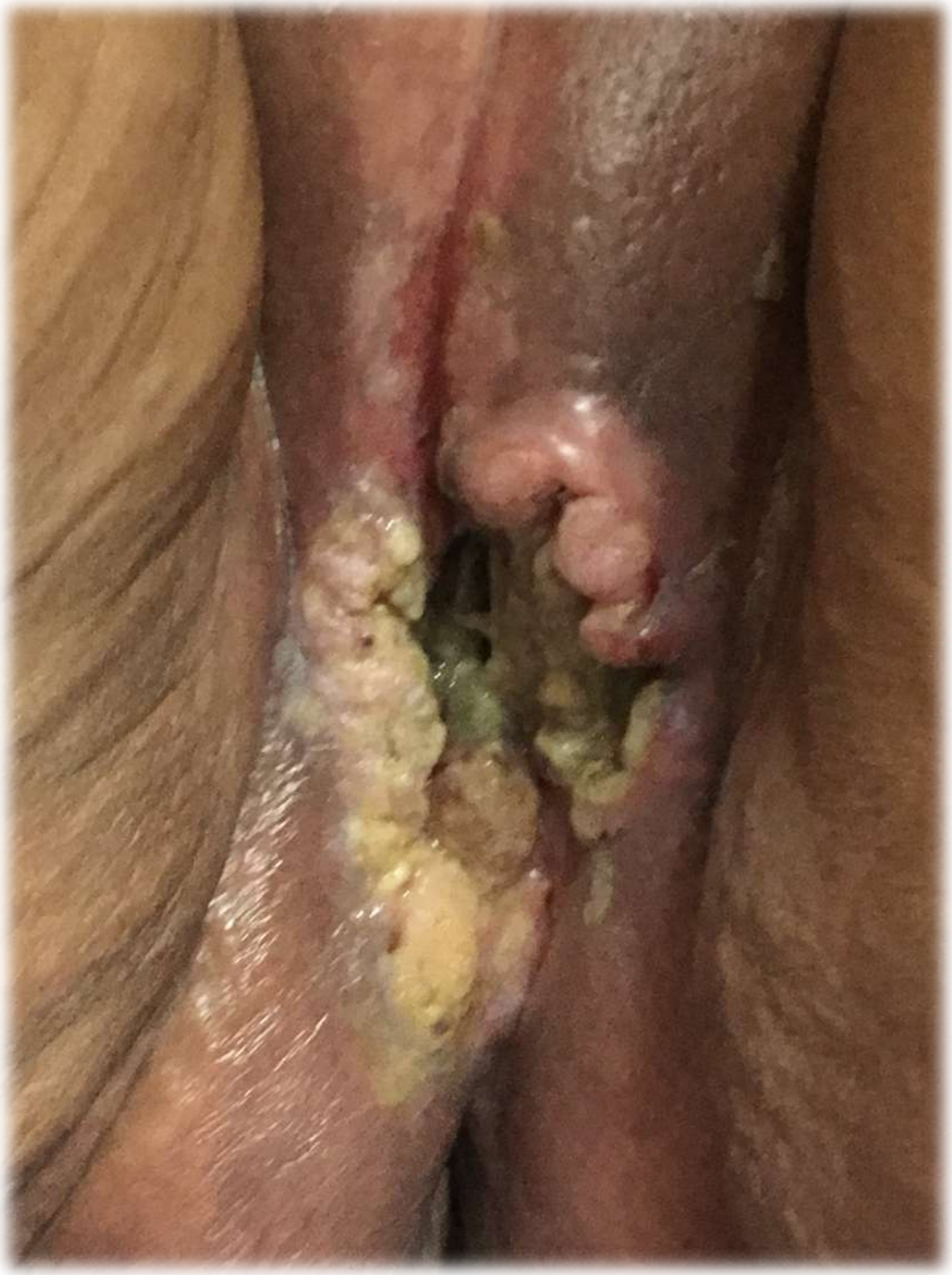


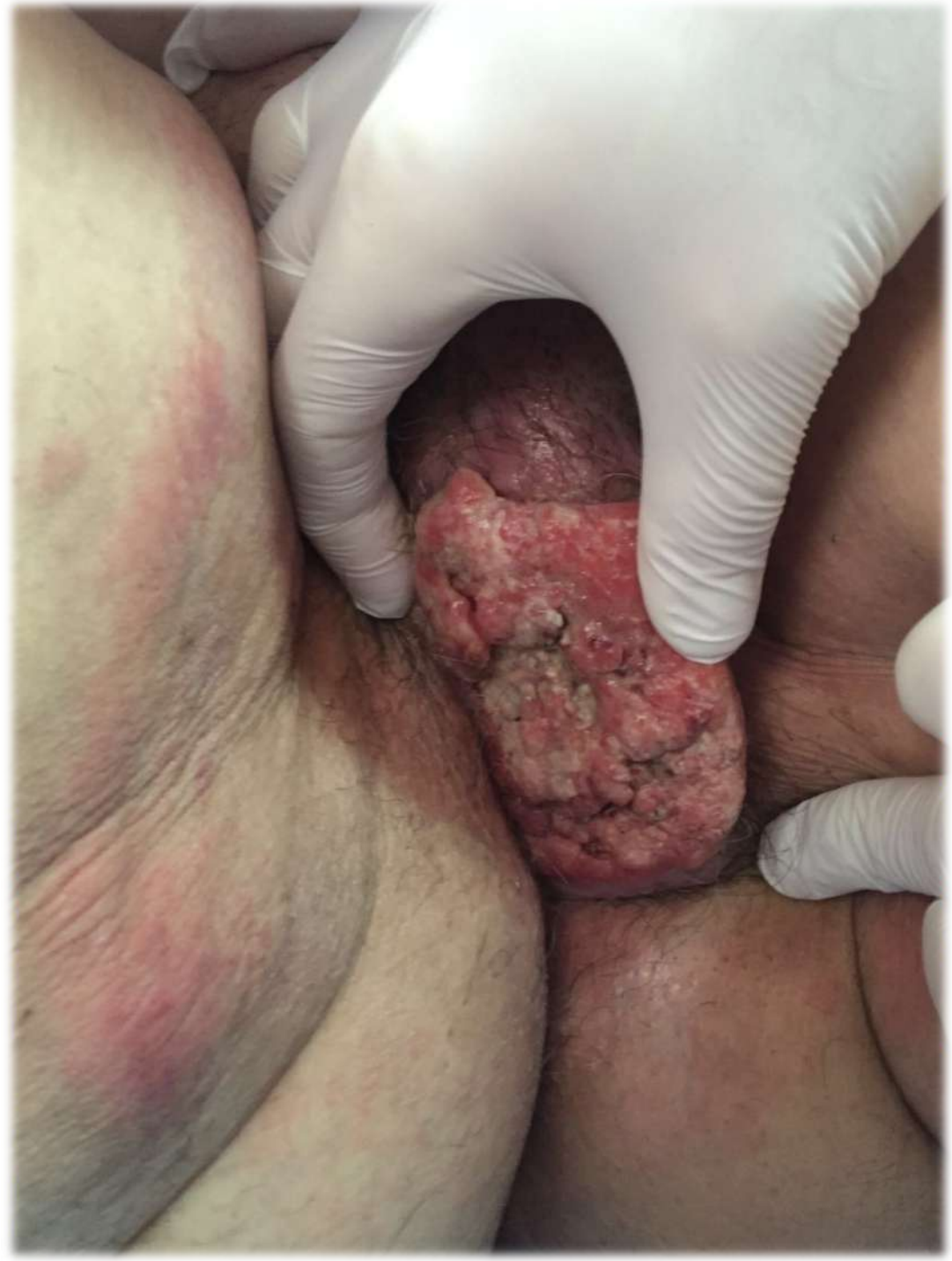
VULVAR İNTRAEPİTELYAL NEOPLAZİ

Tedavi Seçimi



Yönlendir



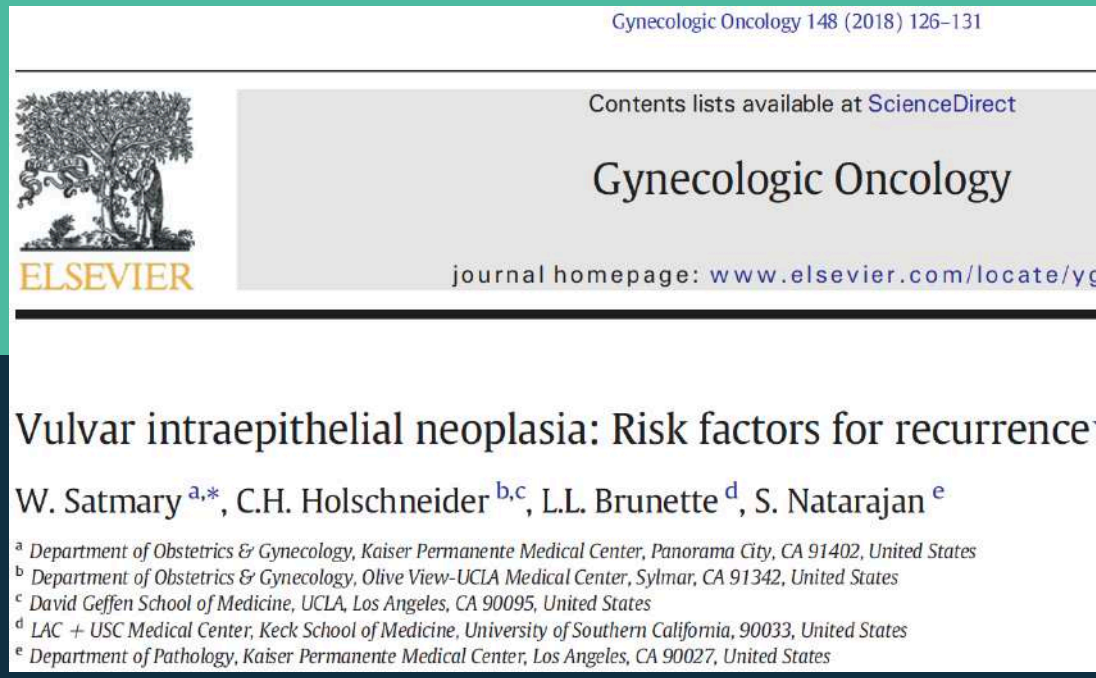


Vulvar HSIL

n=784

Eksizyon: %55

Lazer: %19

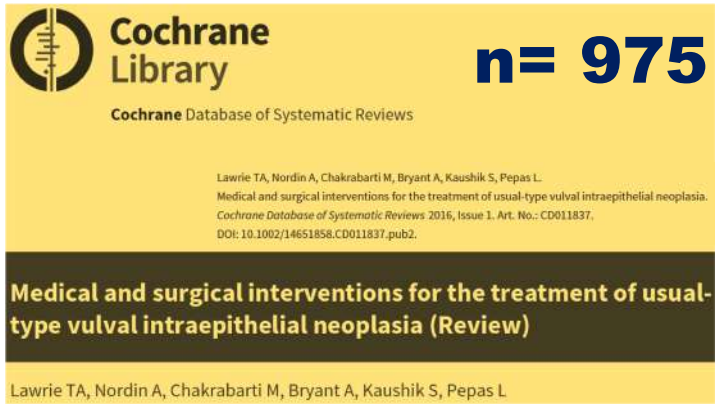


Rekürens

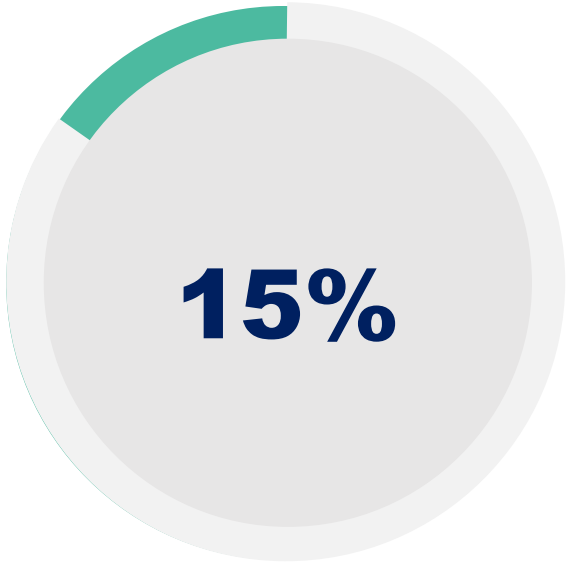
%26 / *16 ay*

Ca'ya progresyon

%2.3 / *37 ay*



n= 975

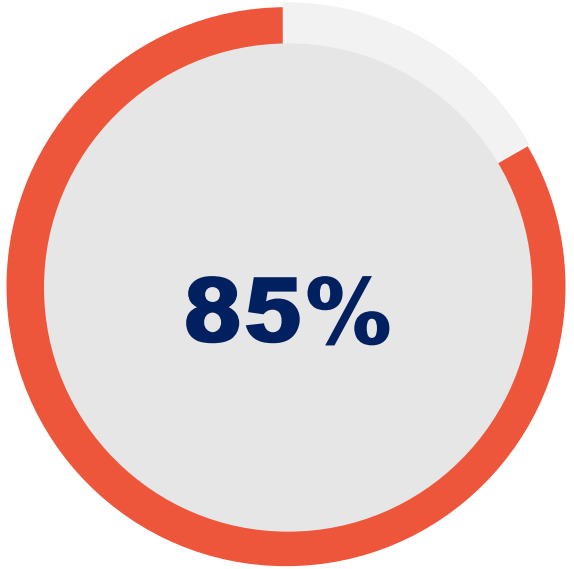


Vulvar HSIL

Kansere progresyon

72 ay takip

n= 137



Diferansiye VIN

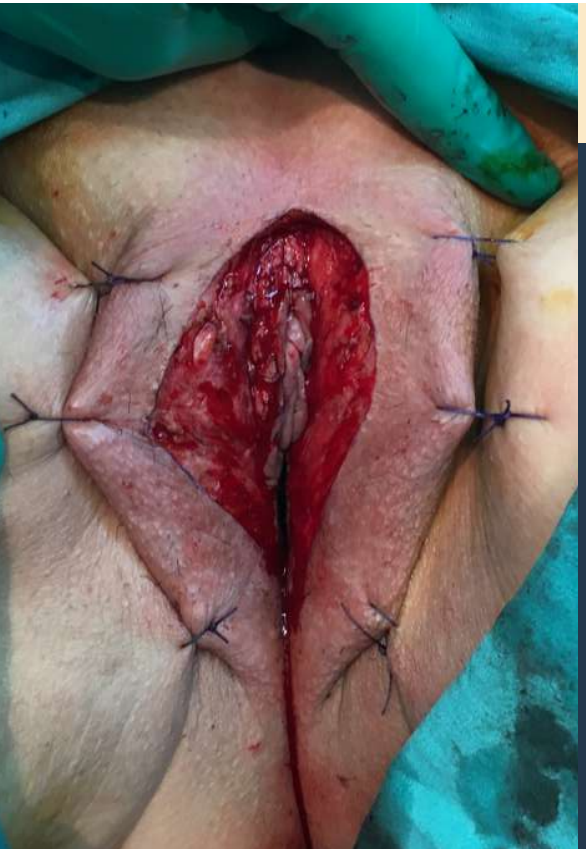
Kansere progresyon

Nieuwenhof, Eur J Cancer, 2009

Eva, Int J Gynecol Cancer, 2009

Vulvar HSIL

Tedavi



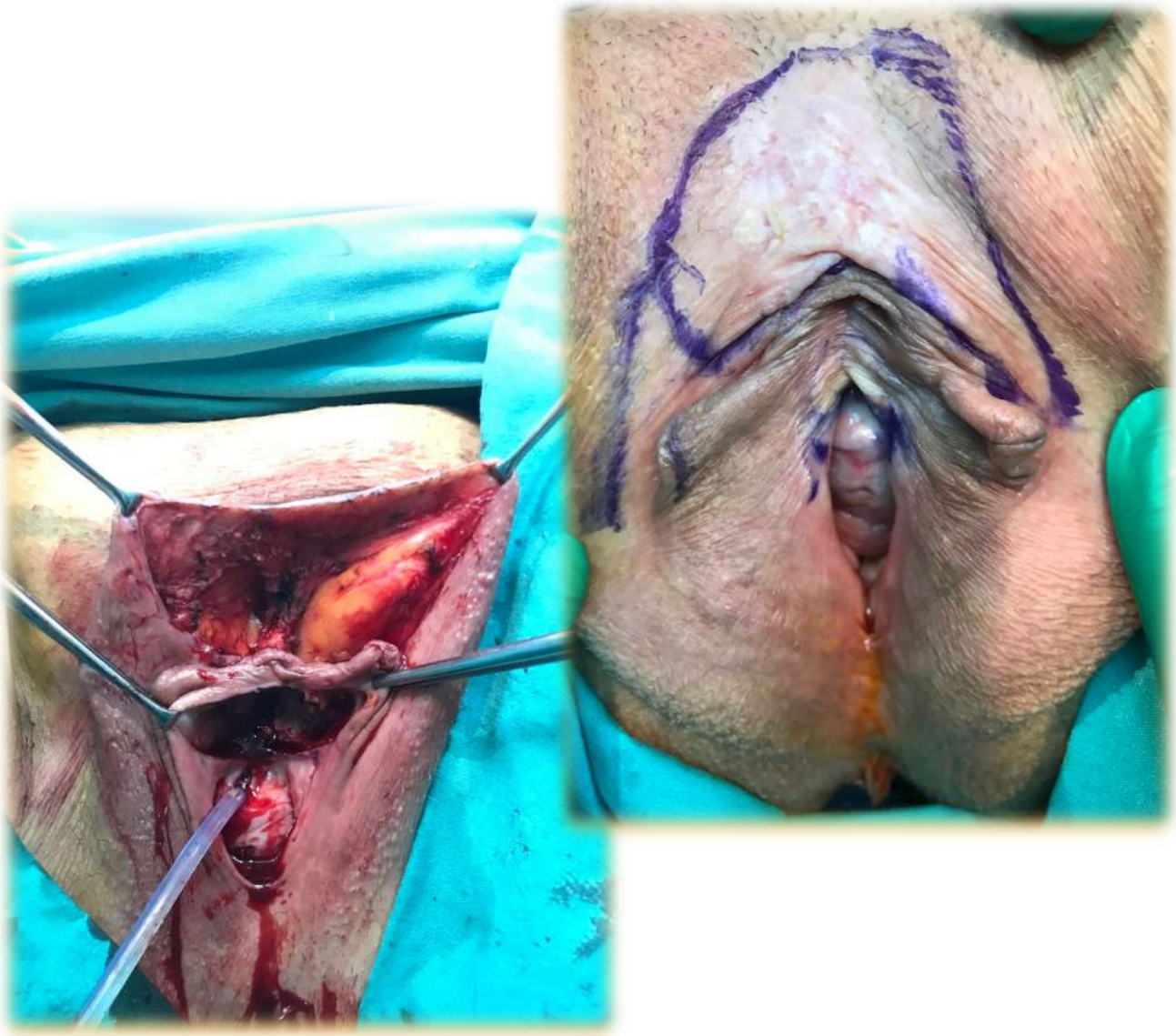
Cerrahi

- **Cerrahi eksizyon**
- **Ablasyon**
  - *Lazer*
  - *CUSA*

Medikal

- **Imiquimod**
- **Fluorouracil**
- **Cidofovir**
- **Fototerapi**
- **İndol-3-karbinol**

Vulvar HSIL



Geniş Lokal Eksizyon

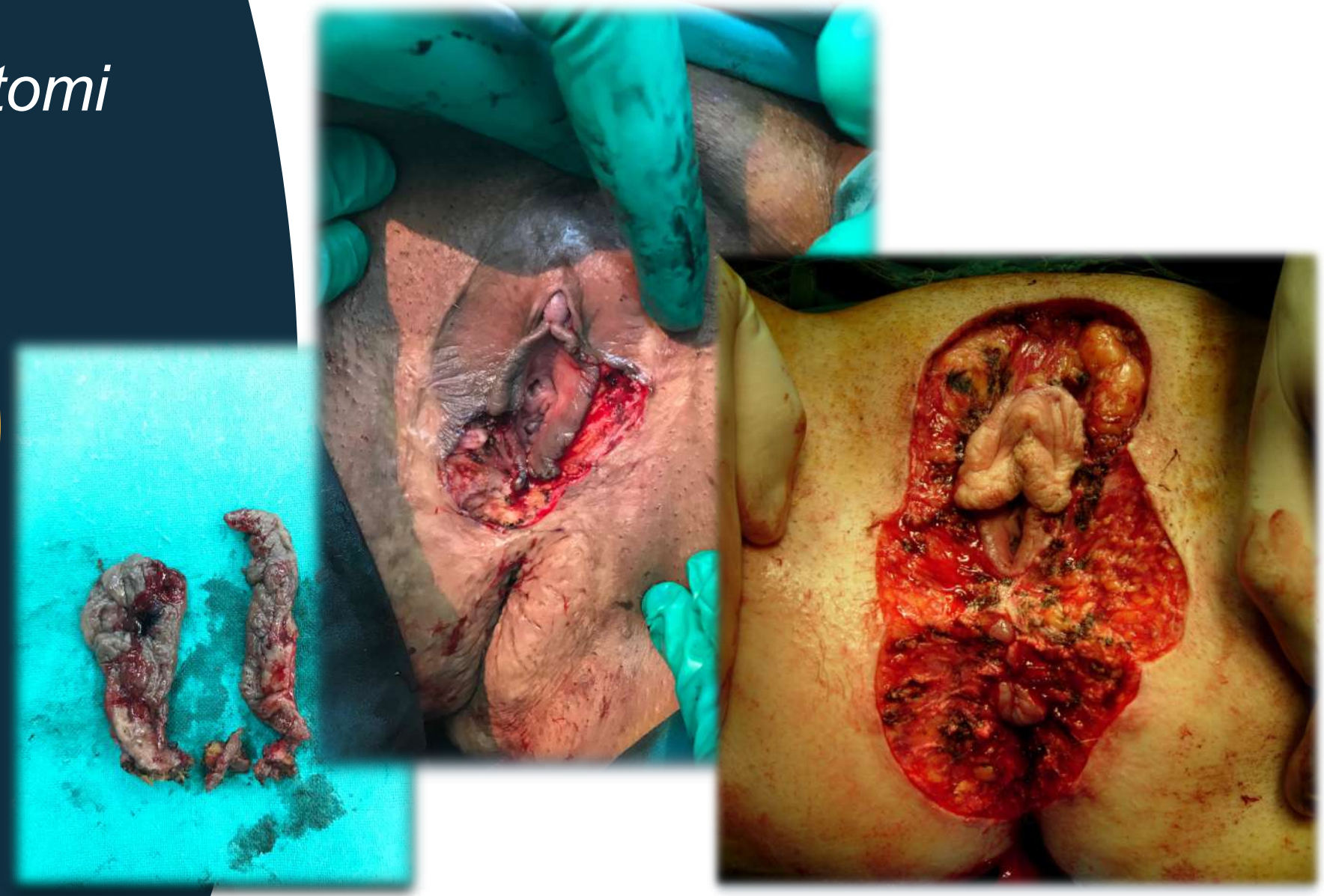
%19
rekürens

van Seters, Gynecol Oncol, 2005

Vulvar HSIL

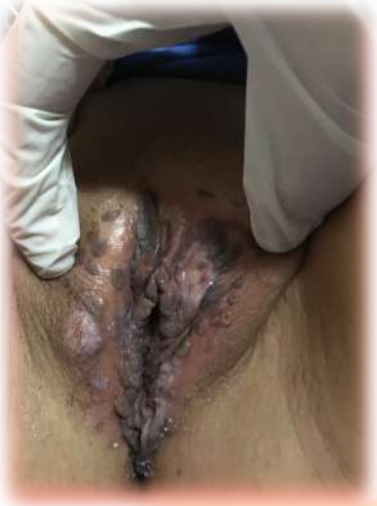
Skinning Vulvektomi

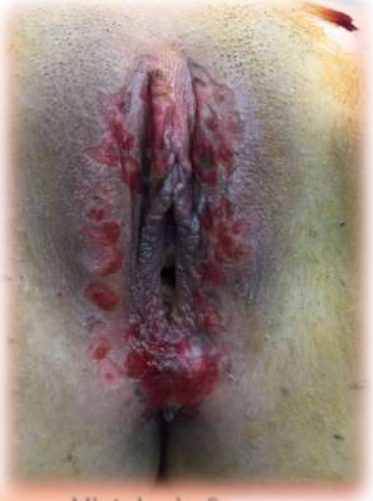
%18
rekürens

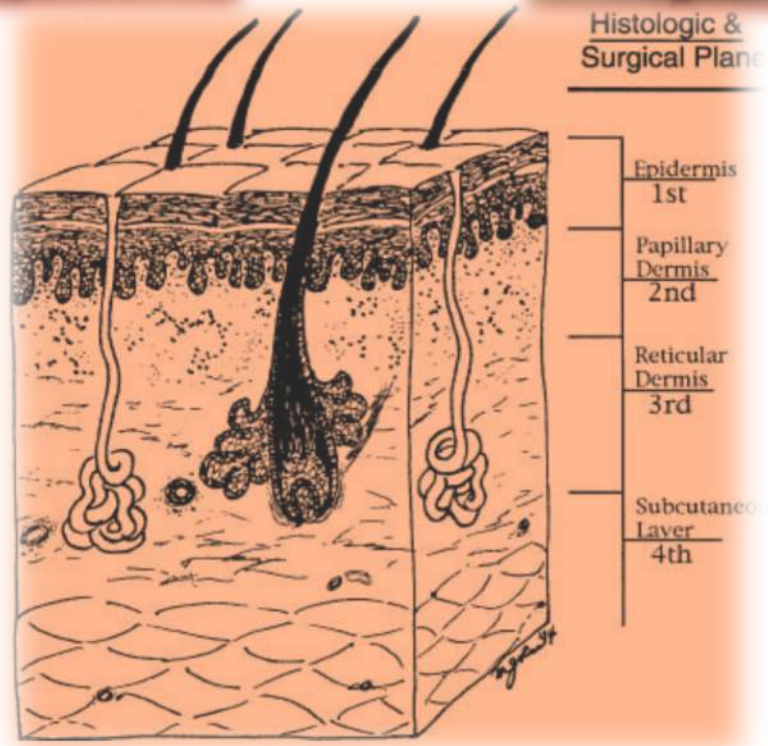


van Seters, Gynecol Oncol, 2005

Vulvar HSIL







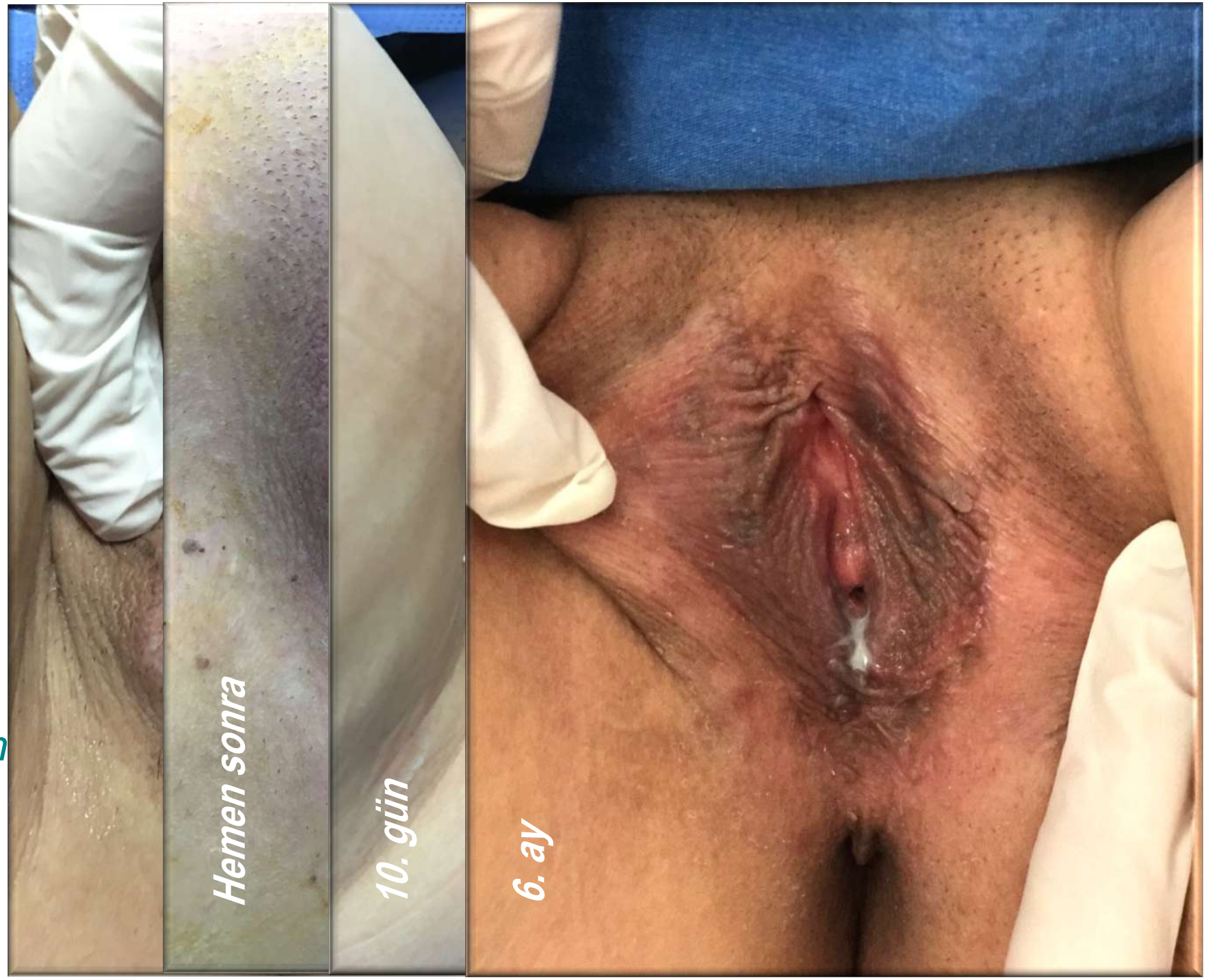
Ablatif Tedavi

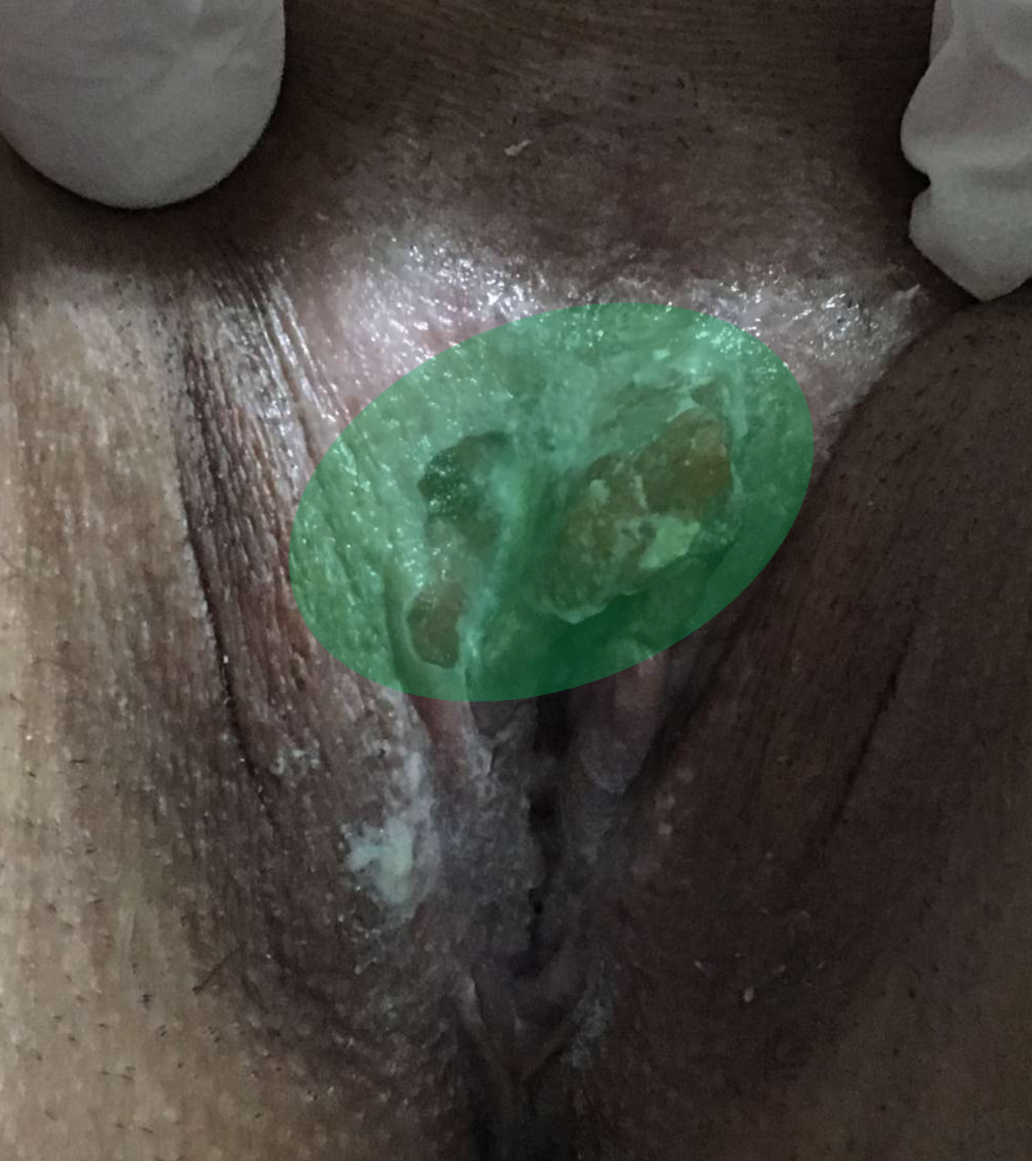
%23-42
rekürens

Wallbillich, Gynecol Oncol, 2012
van Seters, Gynecol Oncol, 2005

20 yaş
Bx: Vulvar HSIL (VIN 3)
Argon koter

Bildirilmiş spon





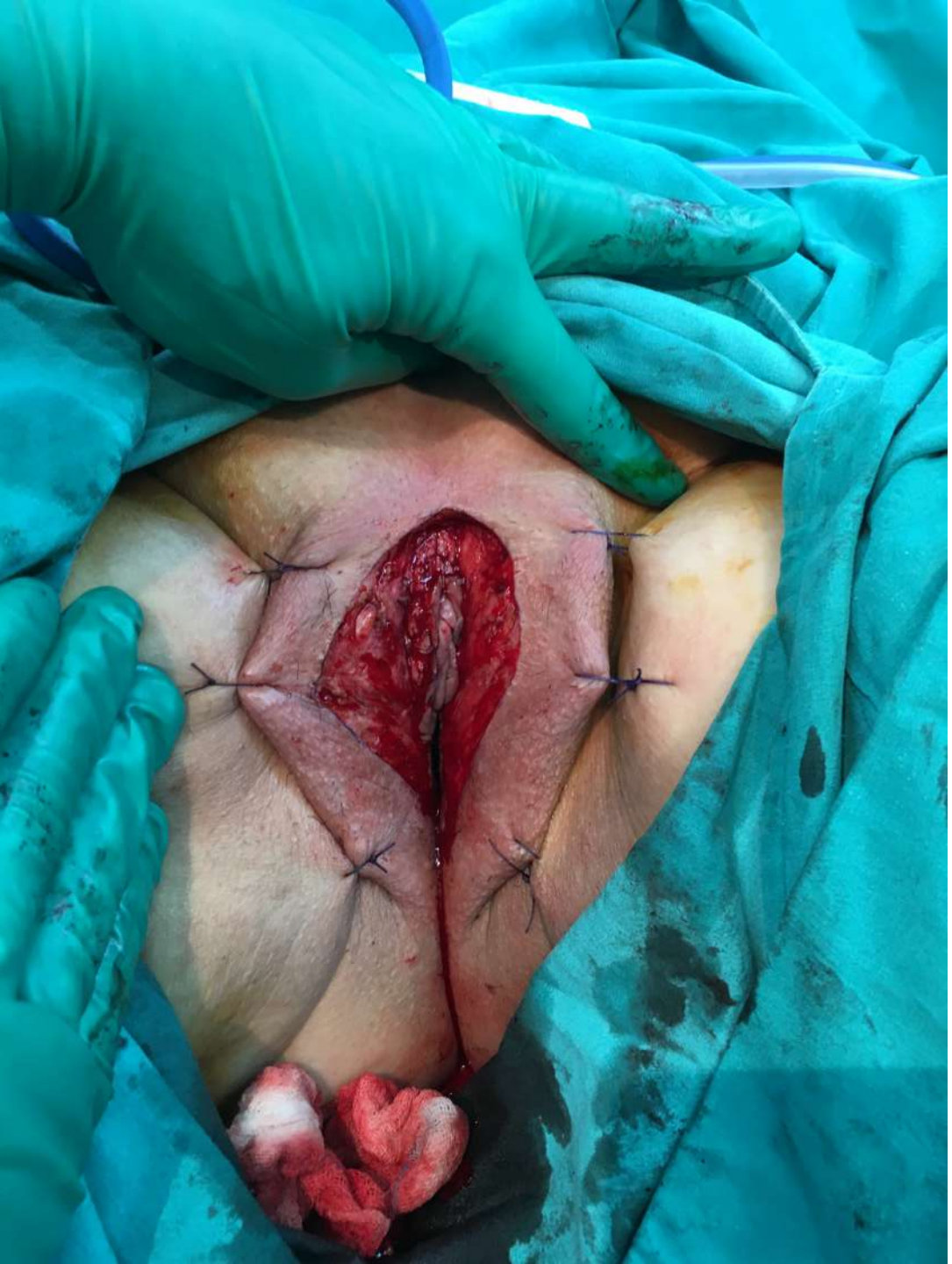
O An Ca Olma İhtimali

%11

Kendi deneyimimiz

%22

Lawrie, Cochrane, 2016
Modesitt, Obstet Gynecol, 1998



İnvazyon riski yüksek olanlarda cerrahiyi seç

Eleve, ülsere, irregüler sınırlı

İmmünsup-resyon

Persiste VIN

Vulvar HSIL Eksizyonunda Cerrahi Sınır

The Role of Pathological Margin Distance and Prognostic Factors After Primary Surgery in Squamous Cell Carcinoma of the Vulva

2018

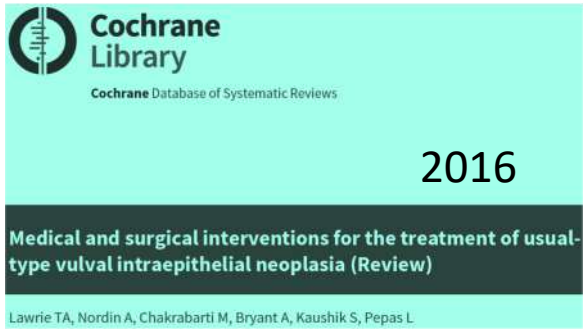
Macit Arvas, MD, Ilker Kahramanoglu, MD,* Tugan Bese, MD,* Hasan Turan, MD,* Isik Sozen, MD,* Sennur Ilvan, MD,† and Fuat Demirkiran, MD**

	Rekürens	Rekürens zamanı
(+) Sınır	%41	15 ay
(-) Sınır	%8	43 ay

Satmary, Gynecol Oncol, 2017

Vulvar HSIL

Imiquimod



3 RKÇ
n= 104

16 hafta — %58 regresyon — Uzun dönem ?

Topikal Tedavi

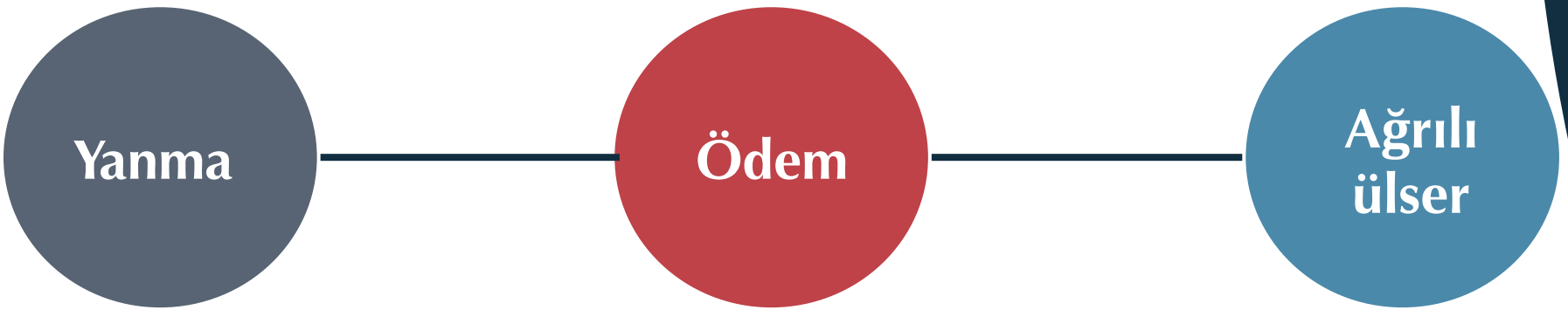
1.Imiquimod

2. Fluorouracil

3. Deneysel

Vulvar HSIL

Fluorouracil



Topikal Tedavi

1. Imiquimod
2. **Fluorouracil**
3. Deneysel

Vulvar HSIL

- **Cidofovir**
- **Sinekateşin**
- **Fotodinamik terapi**
- **Retinil asetat**

Topikal Tedavi

1. Imiquimod
2. Fluorouracil
3. **Deneysel**

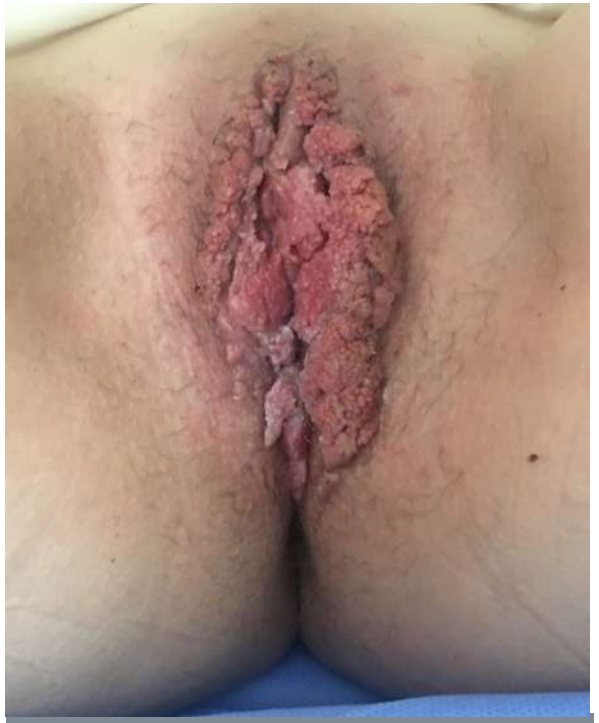
İntraepitelyal Neoplazi

İnsidanslar

CIN

3.500
/100.000

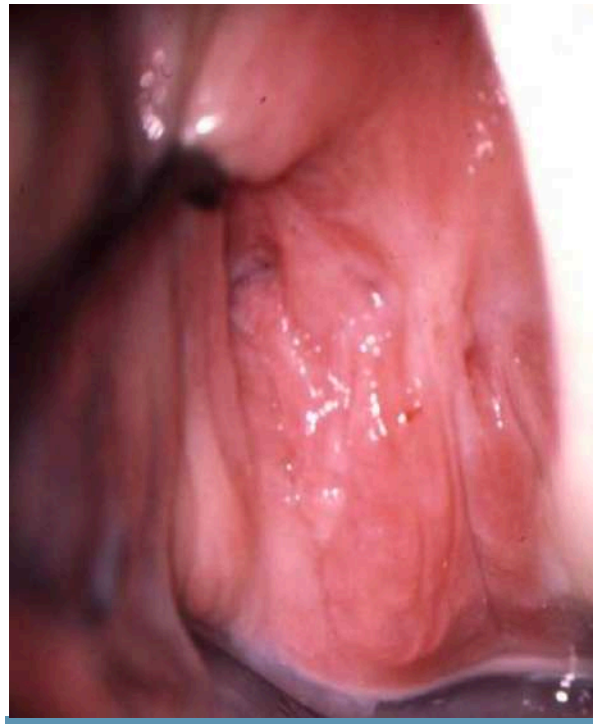
Benard, JAMA, 2017



VIN

2.8
/100.000

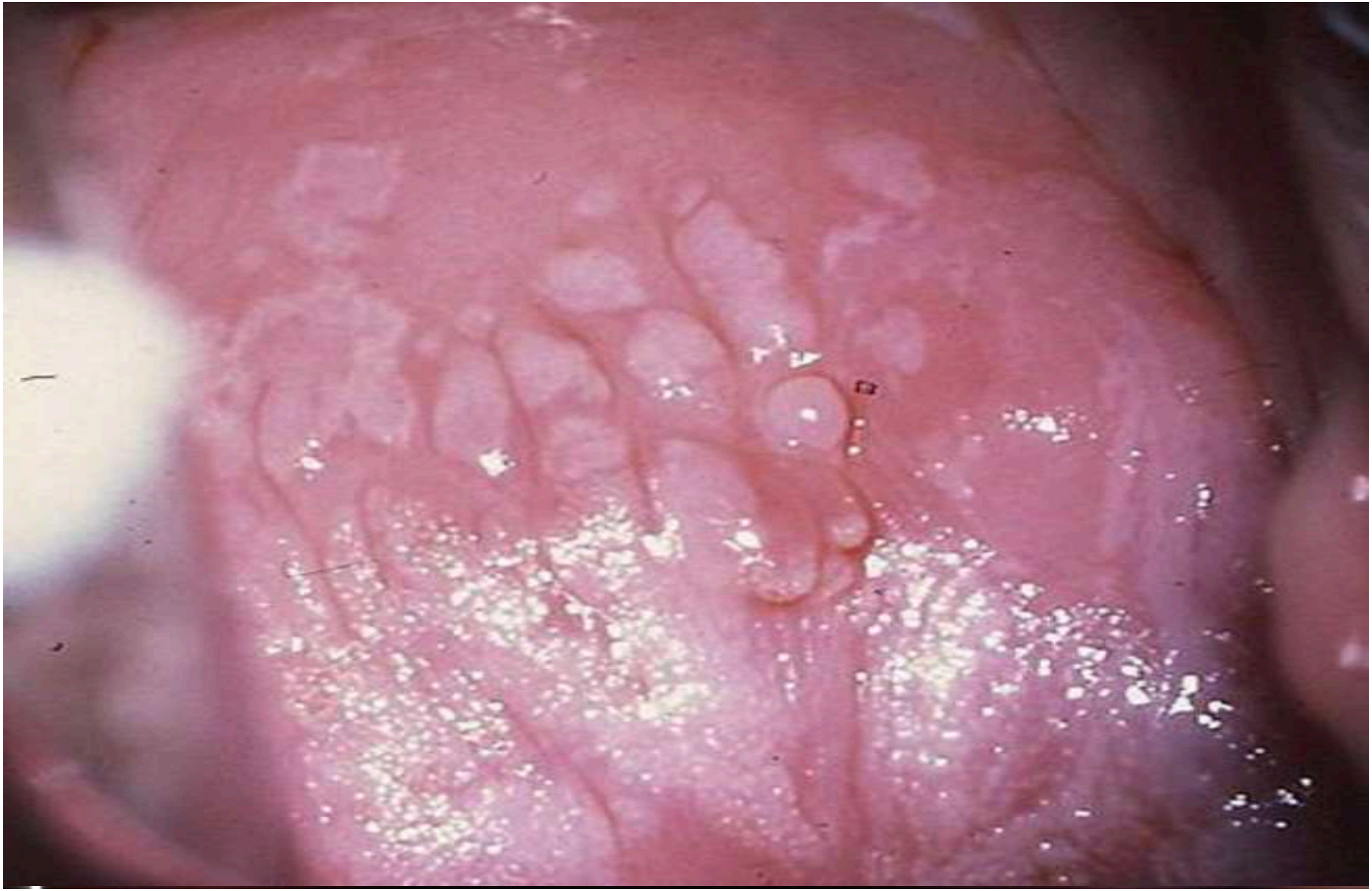
Judson, Obstet Gynecol, 2006



VaIN

0.2
/100.000

Gunderson, Am J Obstet Gynecol, 2013



EPİDEMİYOLOJİ

VAIN

0.2/100.000	43-60	%50-90	Benzer risk faktörleri
İnsidans	Ortalama yaş	CIN/VIN	

Darragh, Arch Pathol Lab Med, 2012

The Lower Anogenital Squamous Terminology Standardization Project for HPV-Associated Lesions:

Background and Consensus Recommendations from the College of American Pathologists and the American Society for Colposcopy and Cervical Pathology

Teresa M. Darragh, MD;[1] Terence J. Colgan, MD;[2] J. Thomas Cox, MD;[3] Debra S. Heller, MD;[3] Michael R. Henry, MD;[4] Ronald D. Luff, MD;[5,6] Timothy McCalmont, MD;[1] Ritu Nayar, MD;[7] Joel M. Palefsky, MD;[1] Mark H. Stoler, MD;[8] Edward J. Wilkinson, MD;[9] Richard J. Zaino, MD;[10] David C. Wilbur, MD,[11] for members of the LAST Project Work Groups

VaIN 1

VaIN 2
VaIN 3

Vajinal
LSIL

Vajinal
HSIL

VaIN

	HPV (+)	HPV 16 (+)
VaIN 2/3	%93	%66
VaIN 1	%99	%13

Ca'ya progresyon

Persistans/Rekürens
- **Tedavi yok: %7**
- **Tedavi ile: %5**

Bertoli, IJC, 2018
Zeligs, Obstet Gynecol, 2013
Smith, Obstet Gynecol, 2009

ValN'i Tedavi Edelim mi?

0

Vajinal LSIL
Kansere progresyon

n= 127

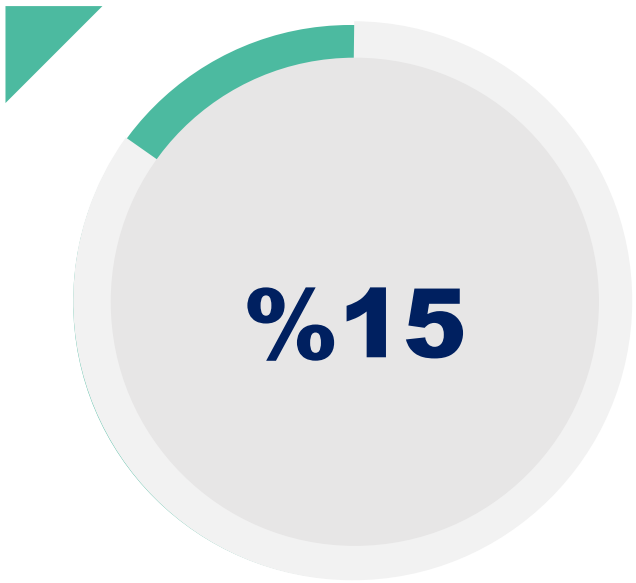
34 ay takip

%0-10

Vajinal HSIL
Kansere progresyon

Sopracordevole, Eur Rev Med Pharmacol Sci, 2016
Zeligs, Obstet Gynecol, 2013
Gunderson, Am J Obstet Gynecol, 2013

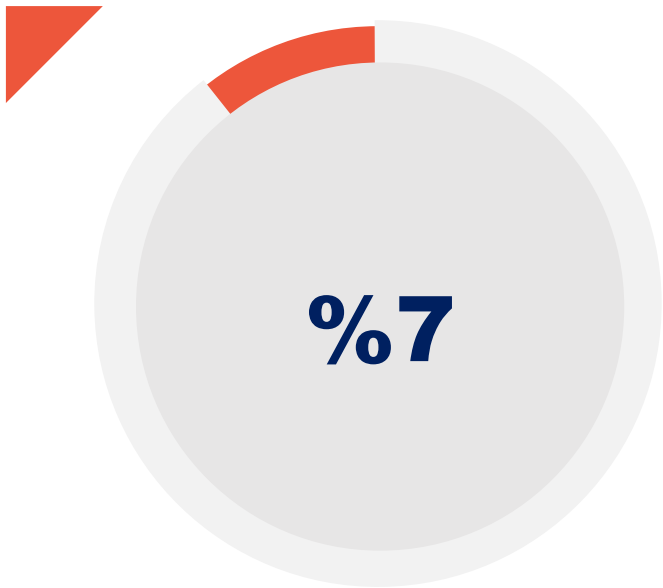
VaIN'i Tedavi Edelim mi?



Vajinal LSIL

Persistans, rekürens

34 ay takip



Vajinal HSIL

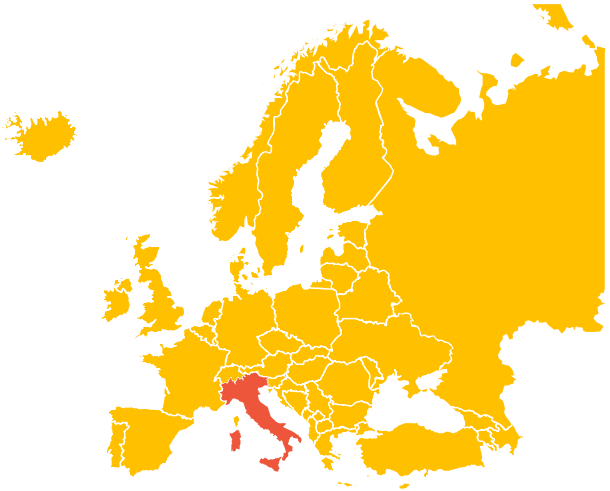
Persistans, rekürens

Zeligs, Obstet Gynecol, 2013

Vaginal Intraepithelial Neoplasia: Histopathological Upgrading of Lesions and Evidence of Occult Vaginal Cancer

Francesco Sopracordevole, MD,[1] Giovanni De Piero, MD,[1] Nicolò Clemente, MD,[2] Monica Buttignol, RN,[1] Francesca Mancioli, MD,[2] Jacopo Di Giuseppe, MD,[2] Vincenzo Canzonieri, MD,[3] Giorgio Giorda, MD,[1] and Andrea Ciavattini, PhD, MD[2]

(*J Lower Gen Tract Dis* 2016;20: 70–74)



n= 39
Vajinal HSIL

%10 İnvazyon

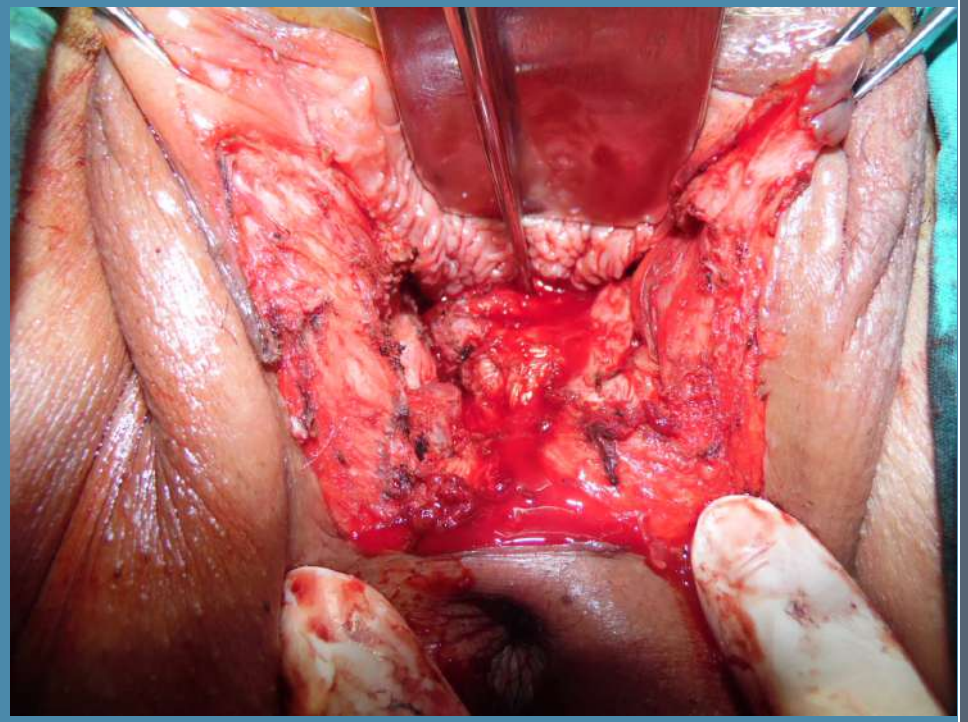
VaIN 3

Hister-ektomize

VAJİNAL HSİL

TEDAVİ SEÇENEKLERİ

1.

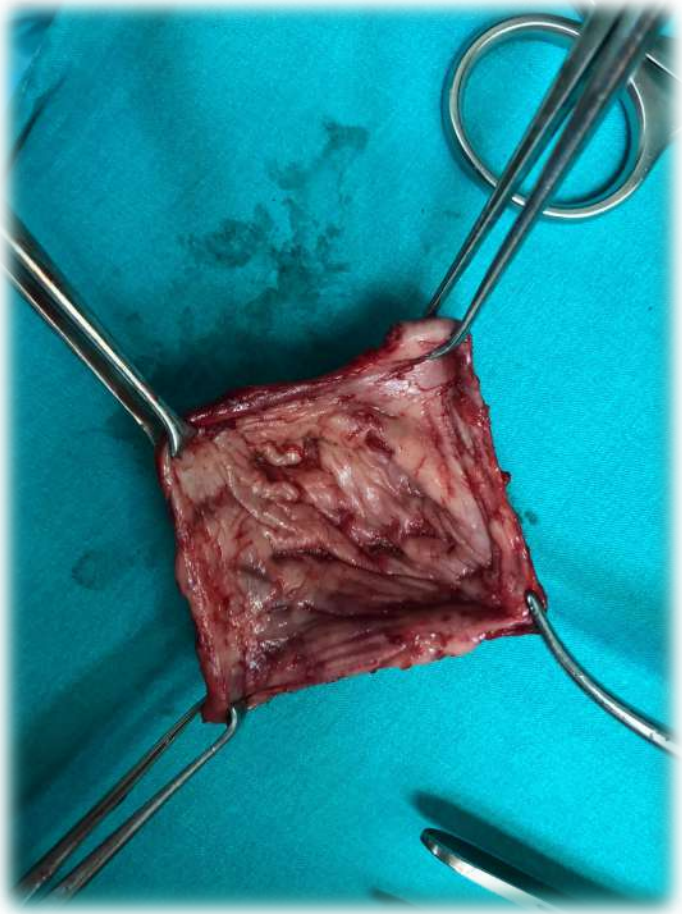


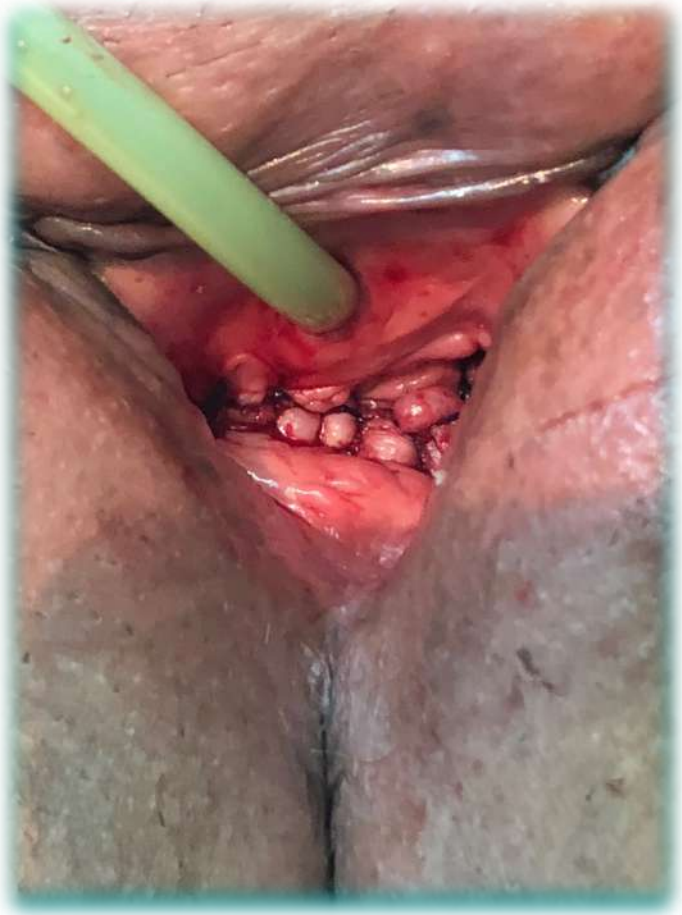
2. ABLASYON

3. TOPİKAL

4. RADYASYON

Vajinal HSIL





Lokal Eksizyon

%30-50 rekürens

Parsiyel Vajinektomi

%4 rekürens

Fiascone, Obstet Gynecol, 2017
Sopracordevole, J Low Genit Tract Dis, 2016

Vajinal HSIL

Ablasyon

%20-65
rekürens

Surgical Treatments for Vulvar and Vaginal Dysplasia

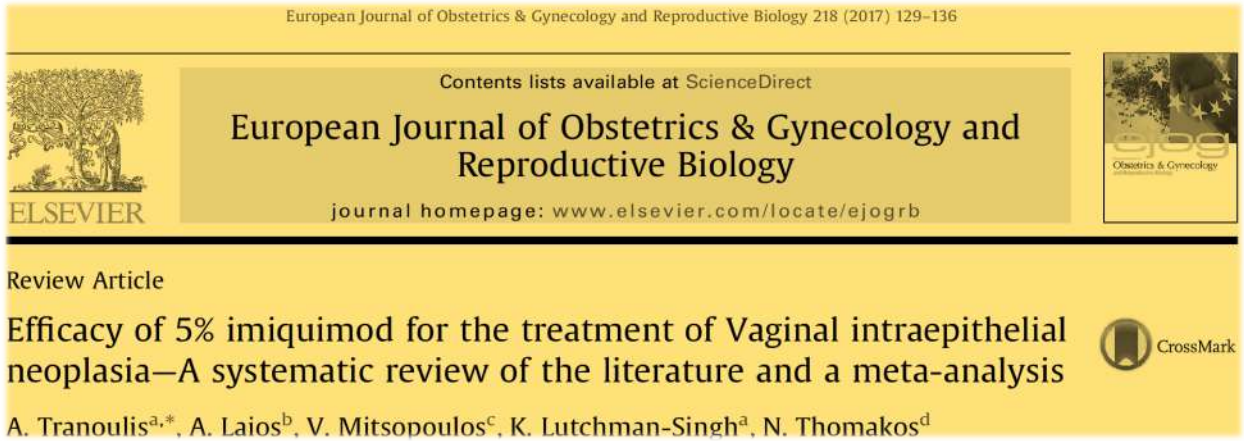
A Randomized Controlled Trial

Vivian E. von Gruenigen, MD, Heidi E. Gibbons, MS, Karen Gibbins, BS, Eric L. Jenison, MD, and Michael P. Hopkins, MD

Vajinal HSIL	CO2 n=11	Ultrasonik n=13
Rekürens	%26	%24

Fiascone, Obstet Gynecol, 2017
Sopracordevole, J Low Genit Tract Dis, 2016

Vajinal HSIL



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journal homepage: www.elsevier.com/locate/ejogrb

Review Article

Efficacy of 5% imiquimod for the treatment of Vaginal intraepithelial neoplasia—A systematic review of the literature and a meta-analysis

A. Tranoulis[a,*], A. Laios[b], V. Mitsopoulos[c], K. Lutchman-Singh[a], N. Thomakos[d]

- n=94
- Tam yanıt: 77%
- Rekürens: %7
- Takip süresi !!!

Topikal tedavi

Imiquimod

Vajinal HSIL

Topical 5-Fluorouracil for Women With High-Grade Vaginal Intraepithelial Neoplasia

(Obstet Gynecol 2017;130:1237–43)

Stephen Fiascone, MD, Allison F. Vitonis, ScM, and Sarah Feldman, MD, MPH

- n=47
- Tam yanıt: %74
- Rekürens: %25
- 18 ay takip

Topikal tedavi

Fluorouracil

Vajinal HSIL

Radyoterapi

Cancer Res Treat. 2014;46(1):74-80 http://dx.doi.or

Original Article

High-Dose-Rate Brachytherapy for the Treatment of Vaginal Intraepithelial Neoplasia

- n=34
- Tam yanıt: %88
- Rekürens: %8
- Yan etki profili !!!

VIN-VaIN Önlenebilir mi?

Primer korunma

- HPV aşıları
- Sigaranın önlenmesi

Sekonder korunma

- Ta[illegible]ama
  - [illegible]
  - [illegible]sti
  - [illegible]itoloji + HPV testi
- Preinvaziv lezyon tedavisi

Eve Götürülecek Mesajlar

1/ Liberalize biyopsi

2/ VIN-VaIN-CIN kardeşliği

3/ Yüksek rekürens, progresyon, okült Ca

4/ Tedavi kişiselleştirilmeli

Teşekkürler

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ilkerkahramanoglu@gmail.com
00905334746497