

Treatment of Human Papillomavirus with Peg-interferon Alfa-2b and Ribavirin

M.H.P.Pavan, P.E.N.F.Velho, A.G.Vigani, F.L.Gonçalves Jr. and F.H.Aoki
Medical Sciences School, University of Campinas; Campinas, SP, Brazil

We reported one case of human immunodeficiency virus and hepatitis C virus co-infected patient who presented a significant improvement of human papillomavirus (HPV) lesions during the treatment of chronic hepatitis using peg-interferon alfa-2b and ribavirin.

Key-Words: Hepatitis C, human immunodeficiency virus, human papillomavirus, pegylated-interferon, ribavirin.

A human immunodeficiency virus (HIV) and hepatitis C virus (HCV) co-infected patient using zidovudine, lamivudine and efavirenz presented, since 1999, multiple human papillomavirus (HPV) lesions (which diagnosis was made clinically and by histologic examination) in the genital tract, anal, lumbar, and cervical regions, on the left hand, nose, as well as extensive lesions on the right foot (Figure 1) with bad evolution after numerous therapies (cryotherapy with liquid nitrogen, trichloroacetic acid, nitric acid, 5-fluorouracil, shaving, podophyllin resin, phytotherapies, ozone and topic BCG).

During the treatment for chronic HCV infection with peg-interferon alfa-2b and ribavirin (started in April 2006) the patient showed a complete and fast disappearance of face and hand lesions, in addition to a significant and progressive improvement on the right foot lesions (Figure 2) in spite of the decrease of CD4-cell count that occurred during the interferon use.

There are reports in the medical literature of different responses with the use of interferon-alfa (1) as well as some little data about the use of ribavirin (2) for the treatment of HPV lesions.

There is a report on the use of peg-interferon alfa-2b associated with acitretin (3) in a woman presenting epidermodisplasia verruciformis with multiple mucosal carcinomas. After one year of treatment, there was a significant improvement of verrucous lesions and no recurrence of mucosal cancer.

The improvement of HPV lesions using peg-Interferon alfa-2b and ribavirin during the treatment of chronic HCV infection shows that this association can be of great value for cases that present more resistance to the conventional therapy.

Figure 1. Right foot lesions before treatment.



Received on 10 April 2007; revised 22 April 2007.

Address for correspondence: Dr. Francisco Hideo Aoki. Disciplina de Moléstias Infecciosas, Departamento de Clínica Médica, Faculdade de Ciências Médicas, Universidade Estadual de Campinas, Campinas, SP, Brasil. Cidade Universitária Zeferino Vaz, s/n, Zip code: 13083-970, Campinas, SP, Brazil. Phone/Fax: 55-19-35217727 e 55-19-35219072. E-mail: fhaoki@fcm.unicamp.br.

The Brazilian Journal of Infectious Diseases 2007;11(3):383-384.

© 2007 by The Brazilian Journal of Infectious Diseases and Contexto Publishing. All rights reserved.

Figure 2. Right foot without lesions seven months after treatment with peg-interferon alfa-2b and ribavirin.



References

1. Gerein V., Rastorguev E., Gerein J., et al. Use of interferon-alpha in recurrent respiratory papillomatosis: 20-year follow-up. *Ann Otol Rhin Laryngol* **2005**;114(6):463-71.
2. Purceli M.C.S.C., Jotz G.P., Miranda S.L., et al. The use of ribavirin in the treatment of recurrent respiratory papillomatosis (PRR). *Acta AWHO* **1996**;15(1):33-6.
3. Gubinelli E., Posteraro P., Cocuroccia B., et al. Epidermodysplasia verruciformis with multiple mucosal carcinomas treated with pegylated interferon alfa and acitretin. *J Dermatolog Treat* **2003**;14(3):184-8.