

Bölüm 38

HUMAN PAPİLLOMA VİRÜS (HPV) SERVİKS KANSER İLİŞKİSİ VE HPV AŞILARI

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HPV *Papillomaviridae* ailesi içerisinde sınıflandırılan zarfsız, ikozahedral kapsidli, sirküler çift sarmallı bir DNA virusudur. Papillomaviruslar, epitelyal dokulara tropizm gösteren (epitelotropik) viruslardır. Derinin yassı epitel hücrelerini (siğiller) ve mukoz membranları (genital, oral ve konjunktival papillomalar) enfekte edip replike olarak, çeşitli lezyonlara sebep olurlar. Papillomaviruslar genomundaki farklılıklara göre “genotipler” olarak tiplendirilmektedir (1,2). Günümüzde doku tropizmi, onkojenik potansiyel ve filogenetik farklılıklar gösteren 200’e yakın sayıda HPV genotipi tanımlanmıştır (3). Farklı genotipler, virusun öncelikli enfekte ettiği epitel hücrelerinin tipine bağlı olarak, farklı doku tropizmi gösterir. Genital epiteli enfekte eden ve çeşitli klinik belirtilere sebep olan 40’dan fazla HPV genotipi vardır. Onkojenik potansiyel açısından HPV genotipleri düşük riskli tipler, muhtemel yüksek riskli tipler ve yüksek riskli tipler olarak gruplandırılmaktadırlar (Tablo 1). Yüksek riskli genotipler servikal, vajinal, vulvar, anal, penil, oral, baş ve boyun kanserlerinin gelişiminde rol oynarken, düşük riskli grup çoğunlukla anogenital bölge siğillerinden sorumludur (4,5,6). HPV tip 6 ve 11 anogenital siğillerin % 90’dan fazlasından sorumludur. Oral kavite, anüs, penis ve vulvanın Bowenoid displazisi ise sıklıkla HPV 16 ile ilişkilidir. Onkojenik HPV tipleri ile oluşan enfeksiyonlar bütün HPV enfeksiyonlarının %50-75’ini oluşturur. Yüksek riskli HPV tipleri olan tip 16 ve 18 tüm dünyada en sık saptanan tiplerdir. Tüm dünyada serviks kanseri olgularının %55’inden HPV 16, %16’sından ise HPV 18 sorumludur. Daha sonra HPV 45 (% 6.7), HPV 31 (% 2.9), HPV 33 (% 2.6), 52 (% 2.3), 56 (% 2.2) tipleri görülür (7). Yüksek riskli HPV tipleri servikal kanserlerin ve onun öncüsü olarak kabul edilen skuamöz intraepitelyal lezyonların (CIN) %99.7’sinde saptanmaktadır (8,9). HPV dünyadaki tüm kanserlerin %5’inden

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