

Chapter 15

Social Stigmatization Among Human Papilloma Virus (HPV) Male and Female Patients

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ABSTRACT

There are about 100 types of human papilloma virus which can affect humans. They can be transmitted by sexual contact, no sexual contact, or vertically through transmission from the mother to the infant during delivery and postnatally. Although HPV Inflicts both men and women, the latter seem to be more susceptible to social stigmatization in their community. According to Goffman (1963), “stigma” is a powerful discrediting and tainting social label that changes the way individuals view themselves and are viewed by others. However, although medicine and medical care has made great progress in the field, there is still a lot to be done on the social level, especially regarding socially vulnerable groups (i.e. immigrants, etc.).

HPV INFECTION IN FEMALES

More than half of sexually active people will be infected by one or more HPV viruses during their lifetimes (Workowski & Berman, 2006). Many of them will acquire one during adolescence. The majority of HPV infections are subclinical with subsequent clearance by the immune system. HPV is cleared via a cell-mediated immune response. Infection with high-risk HPV is the most significant risk factor for cervical cancer. Estimates of duration of HPV infection are 8 months Median duration of infection for oncogenic types is estimated to be 13 months and less for nononcogenic HPV types (8 months).

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Usually the genital warts have no symptoms. Some times when the warts are large internally, can cause painful intercourse, urinary retention, or rectal pain. They may be seen on the vulva, vagina, cervix, penis and scrotum. Both women and men can have involvement of the perineum as well as the anal and oral cavities.

One vaccine is against the two types 16 and 18 (Cervarix), while the other vaccine is against the four types (quadrivalent): 16, 18, 6 and 11 (Gardasil). The last one is highly effective not only to prevent cervical vulvar, anal, dysplasia or cancer against cancer 16, and 18 but also is effective to prevent genital warts related to HPV types 6, 11 (Brown, Schroeder, Bryan, Stoler & Fife, 1999).

Human papillomavirus (HPV) are double-stranded DNA viruses that include more than 100 types, which are categorized as cutaneous or mucosal. The HPV DNA is contained in a capsid shell composed of two structural proteins; the major (L1) (Kirnbauer, Booy, Cheng, Lowy & Schiller, 1992) and minor (L2). HPVs cause the proliferation of suprabasal cells in order to facilitate their own replication. Approximately 40 HPV types infect the anogenital region. Although most genital HPV infections are asymptomatic and transient, some infections persist.

It infects the cervical epithelium and is responsible for about 500 to 700 new cases of cervical cancers in Greece. The virus does not spread by the touching of inanimate objects since there is need to be skin to skin contact. The risk to get the HPV infection augments as increase the number of the sexual partners.

They can be transmitted by any type of sexual contact as it is the common sexual intercourse, the oral and the anal sex. The types responsible for the cervical cancers include the HPV 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68, 73, and 82.

From these, the most aggressive are the types 16 and 18. They cause about 70% of all cervical cancers, and that was the reason to be included in both vaccines against cervical cancer. The HPV types 45 and 31 are responsible for about 10% of cervical cancers and finally the types 6 and 11 are found in at least 95% of genital condylomata specimens (Shah & Major, 2006; Greer, Wheeler & Ladner, 1995). The type 16 is responsible for the most oropharyngeal cancers and is estimated to cause 63% of these cancers.

As far as it concerns the oncogenic types, cause initially moderate or severe dysplasia, which are precancerous lesions, and finally 10% to 15% of them will develop cancer if remain for more than 7-10 years on the cervix.

The prevalence of the cervical HPV infection is high till the age of 25 years (Ho, Bierman, Beardsley, Chang & Burk, 1998) and is reduced dramatically after the age of 30 years. In a study of more than 3800 women aged 18 to 40 years, the overall prevalence of cervical HPV infection was 39.2%. Detection of high- and low-risk HPV genotypes declined with increasing age.

Most HPV infections are usually transient. One example is that of anal HPV infections. Despite the fact that are quite common, they tend to resolve rapidly. One study showed that 50% of sexually active women had at least 1 incident of anal HPV infection. From those the 58% had documented viral clearance during a 15-month follow-up period (Shvetsov, Hernandez & McDuffie, 2009).

HPV INFECTION IN MALES

There are more than 100 types of HPV, of which more than 40 are transmitted sexually, affecting men and women (Peyton, Gravitt & Hunt, 2001). We estimate that in Western countries most sexually active people (probably 85%) will be infected from HPV at some point in their lives. In men the cancers due

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