



# Generalized HPV-associated SCCIS in the setting of HIV/AIDS



UVA Health

Nicole Russell, B.S.<sup>1</sup>, Scott Berg, M.D.<sup>2</sup>, R Hal Flowers, M.D., FAAD<sup>2</sup>

<sup>1</sup> University of South Carolina School of Medicine Greenville, <sup>2</sup> Department of Dermatology, University of Virginia

## Learning Objectives

- High-risk HPV is not typically associated with non-mucosal, non-anogenital squamous cell carcinoma in situ (SCCIS). A generalized eruption is reported in the setting of a new HIV/AIDS diagnosis
- Treatment of HIV with appropriate antiretroviral therapy (ART) can decrease HPV associated disease burden.

## Case Presentation

A 46-year-old man was admitted with a new diagnosis of HIV, with a CD4+ count of 4/ $\mu$ L. Dermatology was consulted for generalized pruritic scaly papules, present for the past year.

- On exam, there were numerous scaly, hyperkeratotic, hyperpigmented papules – many in linear groups – predominately on all extremities and scattered on the anterior trunk (figure 1).
- Biopsy of four separate papules all demonstrated SCCIS within a verruca. P16 immunostain demonstrated strong and diffuse block-like staining (figure 2).
- In situ hybridization was performed on one lesion and was positive for high-risk HPV genotypes.



Figure 1. Numerous scaly, hyperkeratotic, hyperpigmented papules scattered on anterior trunk and extremities.

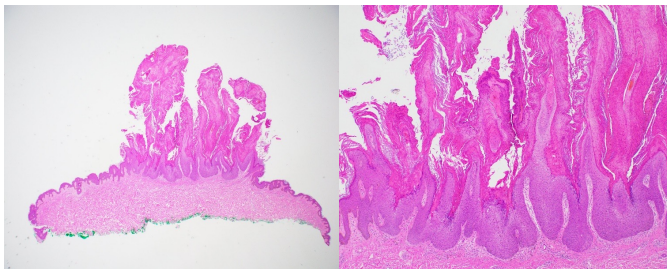


Figure 2. Low-power image of papule biopsy squamous cell carcinoma in situ (SCCIS) within a verruca.

## Outcomes & Discussion

- This patient had a new diagnosis of HIV/AIDS with widespread papules, which revealed SCCIS arising within verruca and detection of high-risk HPV within a lesion.
- ART was initiated by the infectious disease service. Two biopsy-proven SCCIS underwent curettage, and 10 similar lesions were treated with cryotherapy in clinic. Most lesions were not treated with any procedure.
- On the most recent follow-up, there was complete resolution of all skin lesions with a CD4+ count of 171/ $\mu$ L.
- This case is noteworthy as aside from digital SCC, there is limited evidence linking non-mucosal, non-anogenital cutaneous SCC to high-risk HPV types.
- Across all HPV types and sites of infection, patients with HIV have a higher burden of HPV-associated cancers and a higher incidence of common and plantar warts.
- Treatment of HIV is associated with decreased prevalence of high-risk HPV infection, and a subset of studies have shown reduced HPV-associated cancer risk.
- Vaccination for HPV in HIV-positive patients is safe and produces an immunologic response, although data on effectiveness is limited.

## References

1. Chang AY, Doiron P, Maurer T. Cutaneous malignancies in HIV. *Curr Opin HIV AIDS*. 2017;12(1):57-62.
2. Gormley RH, Kovarik CL. Dermatologic manifestations of HPV in HIV-infected individuals. *Curr HIV/AIDS Rep*. 2009;6(3):130-138.
3. Kelly H, Chikandiwa A, Alemany Vilches L, Palefsky JM, de Sanjose S, Mayaud P. Association of antiretroviral therapy with anal high-risk human papillomavirus, anal intraepithelial neoplasia, and anal cancer in people living with HIV: a systematic review and meta-analysis. *Lancet HIV*. 2020;7(4):e262-e278.
4. de Martel C, Plummer M, Vignat J, Franceschi S. Worldwide burden of cancer attributable to HPV by site, country and HPV type. *Int J Cancer*. 2017;141(4):664-670.
5. Tampa M, Mitran CI, Mitran MI, et al. The Role of Beta HPV Types and HPV-Associated Inflammatory Processes in Cutaneous Squamous Cell Carcinoma. *J Immunol Res*. 2020;2020:5701639.