



GENITOURINARY SYSTEM

SUBJECT : _____

LEC NO. : *Lecture 7*

DONE BY : *Bayan Ismail*

وَقُلْ رَبِّ زِدْنِي عِلْمًا

Human Papilloma Virus HPV.

- Papillomaviruses are circular double-stranded Icosahedral DNA viruses (> 100 types).

→ That Presents more than one type of symptoms
→ And clinical presentation differs between patients
= Cause of multiple species and how different patients respond to HPV.
(their H+ will be hard.)

* Most clinical Presentation is: (warts)

→ characteristics:-
- lesions, warts (كواليل)
- overgrowth of skin
- no inflammation
- no manifestation
- no clinical symptoms
like: ↓



(no) itching - rash - fever - infl - redness - discharge.

(only shape will be uncomfortable) + (Place of infl)

Pathogenesis

- Transmission of viral infections occurs by close contact. *include Sexual Contact - if they are on genital areas.*
- Viral particles are released from the surface of papillomatous lesions. *Can be transmitted from one place to other. by itching.*



* Papule / Nodule / overgrowth
* Black dots: (sign of thrombosed capillary)



Pathogenesis



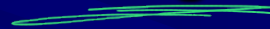

■ warts, including skin warts, plantar warts, flat warts, genital condylomas, and laryngeal papillomas. *The problem is:- [It is asymptomatic] → So, undiagnosed + untreated (nottt) it will lead to poor prognosis especially to (Female) * It can lead to (cancer)*

(2) it can cause harm to baby if she was pregnant by transmission to it.

(1) Can cause Precancerous lesion (cervical Carcinoma) if left without Ht for 10-15 yrs.



**but to male it's shape will only lead to (discomfort).*

- HPV genital infections are sexually transmitted and represent the most common sexually transmitted disease in the U.S. 
- HPV types 16 and 18 are considered to be high cancer risk. Many HPV types are considered benign. 



■ Cervical cancer develops slowly, sometimes taking years to decades. Multiple factors are involved in progression to malignancy.

Related to HPV Infection (Main Risk factor)

Epidemiology & Clinical Findings

- Over 99% of cervical cancer cases are linked to genital infections with HPVs.
- Epidemiologic studies indicate that **HPV-16** and **HPV-18** are responsible for more than 70% of all cervical cancers.

→ In Female Genital there are some places that will be (unrecognisable) and will be undiagnosed for 10-15 yrs and lead to Precancerous lesion.

Prevention TTT will be hard especially in Female tract So Prevention is So important.

- Vaccines (noninfectious recombinant vaccine produced in yeast) against HPV are expected to be a cost-effective way to reduce anogenital HPV infections, the incidence of cervical cancer, and the HPV-associated health care burden.

Prevention by Screening for (sexually active young and adult - Male) but specifically Female

- They are at high risk of inf Like: US
- In Jordan we have few screening prog. but not as much in the US. +
- we do have Vaccines.

Prevention

- Adolescent and young adult females make up the initial target population for vaccination. It is not known how long vaccine-induced immunity lasts.

** Important in Final Ex **

BV	Trich	Candida
Metronidazole	Metronidazole (partener)	fluconazole

→ young + adult.

sex + gender = both Female.

- A 25-year-old cisgender woman presents with a 1-week history of vaginal itching, dysuria, and vulvar redness.
not chronic x acute ✓
↳ UTI??
STD??
- She denies fevers, chills, or pelvic pain. She has one long-term sex partner, a cisgender man, and they consistently use condoms.
- She has no other medical problems and does not take any medications.

- no fever / chills / Pelvic → no upper UTI / no Pyelonephritis / no severe inf.

- one partner male + Condom → no STD → no multiple Par. +
Condom Protected Sex
(so no RF for STI)

- no DM / Cancer / HIV / etc.....

- On physical examination of the external genitalia, there is significant vulvar edema, and excoriations are noted. *→ itching + scratching.*
- A pelvic examination reveals thick white vaginal discharge. *

1) IF NO STD 2) NO UTI 3) ONLY HAVE DYSURIA AND ITCHING

↳ NO SYPH
NO GONORRHEA
NO TRICHOMONAS
NO CHLAMYDIA.
NO HSV/HIV.

→ * WHAT ABOUT NORMAL FLORA IMBALANCE? OR
UNSEXUALLY TRANS. BACTERIA?

* EITHER CANDIDIASIS :- ✓
THICK WHITE DISCHARGE
LIKE ORAL THRUSH.

* BV:-
FISHY ODOR.