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Frequency and Clinical Manifestations of Papilloma Viral Infection of a High Oncogenic Risk in Men of Family Couples

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Annotation: *This article summarizes a study of 38 couples who continued uninterrupted sexual life for at least 3 years, in which partners were carriers of oncogenic types of HPV. DNA of oncogenic HPV strains in the studied samples was detected by real-time PCR. Work consisted in determining the frequency of infection and describing the clinical manifestations of PVI in men from married couples with an infected partner.*

Keywords: *papillomavirus infection, couples, clinical manifestations.*

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Introduction: Human papillomaviruses (HPV), or human papillomaviruses (HPV, English Human papillomavirus, HPV) are a group of viruses from the papillomavirus family, including 27 species from 5 genera (Alphapapillomavirus, Betapapillomavirus, Gammapapillomavirus, Mupapillomavirus and Nupapillomavirus) and more than 170 types (strains).

About 80% of the sexually active population becomes infected with HPV during their lifetime. 660 million people in the world are already infected with HPV (12% of the world's population). 750 thousand cases of HPV-associated cancers and 32 million cases of urogenital warts are registered annually in the world. More than 300,000 people die every year from cancers caused by HPV. HPV is the most common sexually transmitted disease in the United States, Russia and many other countries.

In itself, HPV infection does not mean evidence of sexual contact, since the standard life cycle of the virus is designed for infection through microcracks in the skin. Infection through the mucous membranes is only more effective and therefore more common. Infection with the virus is possible through shared objects or even a handshake. Infection through objects and the skin of other people contributes to the extreme resistance of HPV to antiseptics.

Papillomavirus infection (PVI) is one of the most common viral infections. Its high oncogenic risk strains are currently attracting considerable attention. Their frequency and clinical manifestations are well studied in women, but are rarely described in men. One of the reasons for insufficient attention to them may be the latent, subclinical nature of the course of infection, when pathological changes are present and located in the thickness of the epithelium, however, it may be impossible to visualize them with the naked eye. At the same time, the man is a source of infection for the partner and remains at risk of malignancy of the process.

The aim of the work was to determine the frequency of infection and describe the clinical manifestations of PVI in men from married couples with an infected partner.

Materials and methods. The object of the study were 38 married couples who continued uninterrupted sexual life for at least 3 years, in which partners were carriers of oncogenic types of HPV. DNA of oncogenic HPV strains in the studied samples was detected by real-time PCR. The study of the clinical manifestations of PVI caused by oncogenic HPV types in men, in addition to visual examination of the anogenital region, body skin, glans penis and urethral sponges, included simple and extended peniscopy of the glans skin and coronal sulcus. Statistical data analysis was performed using the Statistica for Windows 6.0 program.

Results. Oncogenic risk HPVs were detected in all spouses of infected women, with genotypes matching in 18 out of 38 couples (47.37%). The number of types of viruses detected in women was more significant and averaged 2.13, while in men it was 1.68. In women from married couples, HPV type 16 was most often detected (42.11%), HPV type 51 was detected in 28.95% of cases. Among men, HPV genotype 16 was the most common, found in 28.95% of cases, with a frequency of 21.05%, genotypes 31 and 52 were found. During a standard visual examination, no pathology was detected in any of the men. After the use of peniscopy in 13 (31.6%) patients, certain clinical manifestations were visualized. So, in 8 of them, flat areas of thin acetowhite epithelium with uneven, indistinct edges were detected, in 3 - limited pearly papules in the region of the coronal sulcus and in 2 cases - in the region of the glans penis. With this subclinical form of infection, the most frequently determined HPV genotype was 31, detected in 9 people, while 16 genotype was found only in 4.

Conclusions: 1. Infection with oncogenic HPV types of sexual partners in married couples who continued uninterrupted sexual life for at least 3 years is 100%. 2. The most common HPV genotypes in this situation are HPV 16, 31 and 52. 3. When using subclinical changes in PVI, 31.6% of those examined are found. Stress is a non-specific reaction of the body to short-term or long-term exposure to various damaging factors that threaten the constancy of its internal environment. This reaction is accompanied by physiological changes involving the endocrine system of the hypothalamic-pituitary system, adrenal glands, the reaction of the sympathetic division of the autonomic nervous system. All this affects the function of the skin. In a holistic organism, its general stress state is measured by the physiological reactions of the nervous, endocrine, immune, and vascular systems, which cannot but directly affect the skin as an organ. As a result, rashes of a different nature may appear on the skin, due to a decrease in immunity and a weakening of its barrier function, infectious-allergic acute inflammatory processes, chronic dermatosis, hair loss. What are the most common causes of stress? Stress is characterized by the development of a general adaptation syndrome - these are nonspecific changes in the functioning of the nervous and endocrine systems, aimed at maintaining the internal environment (homeostasis) of the body. It goes through three stages in its development:

- mobilization phase,
- phase of resistance,
- Phase of decompensation.

Exposure to stress factors leads to the destruction of protective factors, resulting in dehydration of the skin under stress. In modern dermatology, there are two main types of stress that have a negative impact: Oxidative, or "physical". Psychological, or nervous. A sudden, acute neuropsychic factor leads to a reaction of the endocrine system. The endocrine glands secrete a significant amount of biologically active substances into the blood - stress hormones, primarily adrenaline and norepinephrine (secreted by the adrenal cortex). The adrenal glands also produce the glucocorticoid cortisol, which, in addition to its anti-stress effect, leads to various changes in the skin.

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