

## [Role of antiviral therapy in the complex treatment of patients with epithelial dysplasias and preinvasive cancer of the cervix uteri](#)

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### Abstract

Objective: to evaluate the efficiency and toxicity of the antiviral agent isoprinosine in the combined treatment of patients with first-third degree epithelial dysplasias (CIN I-III) and preinvasive cancer of the cervix uteri (Ca in situ) and of those with recurrent CIN or Ca in situ in the remaining part of the cervix uteri (CU) who were infected with human papillomavirus (HPV). Setting: Department of Gynecology, Department of Outpatient Methods for Diagnosis and Treatment of Malignancies, N. N. Blokhin Russian Cancer Research Center, Russian Academy of Medical Sciences. Subjects: 45 patients receiving 56 courses of therapy with isoprinosine. The latter was given in a dose of 1000 mg thrice daily for 10 days. When HPV was again detected, the second course of therapy was performed. Cryodestruction or laser vaporization was made in mild or moderate epithelial dysplasia; CU conization was conducted in CIN III and Ca in situ. Methods: collection of history data, gynecological, colposcopic, and bacteriological, and morphological studies, PCR diagnosis. Results: After a course of isoprinosine therapy, HPV 16 was not found in 35 (77.8%) patients; moreover HPV 18 was undetectable in 4 (50%) patients infected with two virus types. Nine (20%) patients required 2 courses of therapy at a 10-day interval. Three courses of therapy were performed in 1 patient. The mean infection relapse-free time was at least  $4.2 \pm 2.1$  months, as shown by daily control studies. Conclusion: if there are indications, patients with CIN and Ca in situ of the CU should undergo electrocoagulation, cryodestruction, laser vaporization, electroconization of the CU at the first stage of treatment. Antiviral therapy with isoprinosine should be performed at the second stage since viral persistence is a key factor predisposing to a recurrence of the disease. The preoperative use of isoprinosine causes a significant reduction in the activity of HPV 16 and 18. With this, the test for HPV infection is negative in 77.8% of patients just after the first course of therapy.



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