LETTER

Response to imiquimod 5% cream as treatment for condyloma and anal intraepithelial neoplasia in HIV-positive and HIV-negative patients

Treatments for anal intraepithelial neoplasia (AIN) include non-operative options and more invasive treatments, such as wide local excision.[1] Unfortunately, recurrence rates remain high regardless of treatment and therefore surveillance is paramount.[2] We performed a study of patients who underwent treatment of condyloma and AIN using imiquimod 5% cream and compared outcomes in those patients with and without HIV. We retrospectively reviewed patients who underwent anal cancer screening between October 2010 and October 2015 (5 years) at the University of Perugia Medical Centre, Italy. Local institutional approval was gained for this study as a service evaluation. All patients who had small condyloma and cases of anal intraepithelial lesions (AIN II/III) were included. Side effects, efficacy of the treatment and recurrence were recorded. Patients with partial/failed response underwent another cycle of imiquimod treatment or surgical intervention. In 5 years, out of 19 patients we treated, 6 were HIV negative (32%) and 13 were HIV positive (68%). Eight patients had a positive anal Pap test. A diagnosis of condyloma was made in eight patients and all had a complete response to initial treatment. A diagnosis of AIN II was made in six patients and AIN III in five patients. Eight patients (73%) had a complete response, two (18%) had a recurrence and one (9%) had a partial response. Three patients had a second cycle of treatment, but none of them had a satisfactory response. A satisfactory response was, therefore, observed in 16 patients (84%) (94% complete response, 6% partial response followed by surgery). No difference in response between HIV-positive and HIV-negative patients was noted in this small sample. Three patients reported minor side effects and we did not record any case of systemic toxicity. All patients completed 5-year follow-up, which demonstrated satisfactory control of the disease.

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Contributors CS collected the patient data and has drawn the study. CAL analysed the data. FB supervised the laboratory testing. EC supervised the study. All authors contributed to the preparation of the manuscript.

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