

Recurrent Respiratory Papilloma; Correlation with Genital Warts

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Abstract

Recurrent respiratory papillomatosis (RRP) caused by human papilloma virus (HPV) 6 and 11 is the most common benign tumour of the larynx in adults and children. Recurrence of papilloma is the norm as a result of latent infection within the squamous epithelium despite surgical therapy. One of the reasons suggested for high recurrence rate is the presence of dormant HPV in neighbouring apparently normal mucosal cell. Infection in children has been associated with vertical transmission during vaginal delivery from an infected mother with genital wart (condyloma acuminata). Currently, there is no cure for this disease, although recent advances in surgical therapy, including the use of microdebriders and medical advances with intralesional injections of cidofovir, and the development of HPV vaccinations have emerged to help clinicians treat this challenging and costly disease.

Here, we report three cases of juvenile onset recurrent laryngeal papilloma. These patients were treated by using both laryngeal microdebrider and CO₂ laser. This article reviews the role of caesarean section or treatment of infected mother before vaginal delivery in prevention of vertical transmission of zinfektion and therapeutic options for recurrent respiratory papillomatosis.

Introduction

Recurrent respiratory papillomatosis (RRP) is a benign tumour of the larynx caused by human papilloma virus (HPV) 6 and 11. It is characterized by recurrent growth of papillomas in the larynx, often leading to airway obstruction. The disease is most commonly seen in children and young adults. The pathogenesis is thought to be related to latent HPV infection within the squamous epithelium of the larynx. Vertical transmission of HPV from an infected mother to her child during vaginal delivery is a well-documented route of infection. In such cases, the child may develop RRP at a young age. The disease is often recurrent and can be challenging to treat. Surgical removal of the papillomas is the mainstay of treatment, but recurrence is common. Recent advances in surgical therapy, including the use of microdebriders and CO₂ laser, have improved outcomes. Medical advances, such as intralesional injections of cidofovir, and the development of HPV vaccinations, offer new hope for the treatment of this disease.

Genital warts, caused by HPV types 6 and 11, are common sexually transmitted infections. The presence of genital warts in a mother is associated with an increased risk of vertical transmission of HPV to her child during vaginal delivery. This correlation between genital warts and RRP highlights the importance of screening for HPV in pregnant women and considering caesarean section or treatment of genital warts before delivery to reduce the risk of vertical transmission.

Case Report

Case Report

Three cases of juvenile onset recurrent laryngeal papilloma were reported. All patients presented with hoarseness and progressive airway obstruction. The first patient was a 5-year-old child of a mother with a history of genital warts. The second patient was a 7-year-old child of a mother with a history of genital warts. The third patient was a 9-year-old child of a mother with a history of genital warts. All three patients were treated with laryngeal microdebrider and CO₂ laser. The patients achieved significant improvement in their symptoms and airway patency.

Conclusion

Recurrent respiratory papillomatosis (RRP) is a benign tumour of the larynx caused by human papilloma virus (HPV) 6 and 11. It is characterized by recurrent growth of papillomas in the larynx, often leading to airway obstruction. The disease is most commonly seen in children and young adults. The pathogenesis is thought to be related to latent HPV infection within the squamous epithelium of the larynx. Vertical transmission of HPV from an infected mother to her child during vaginal delivery is a well-documented route of infection. In such cases, the child may develop RRP at a young age. The disease is often recurrent and can be challenging to treat. Surgical removal of the papillomas is the mainstay of treatment, but recurrence is common. Recent advances in surgical therapy, including the use of microdebriders and CO₂ laser, have improved outcomes. Medical advances, such as intralesional injections of cidofovir, and the development of HPV vaccinations, offer new hope for the treatment of this disease.

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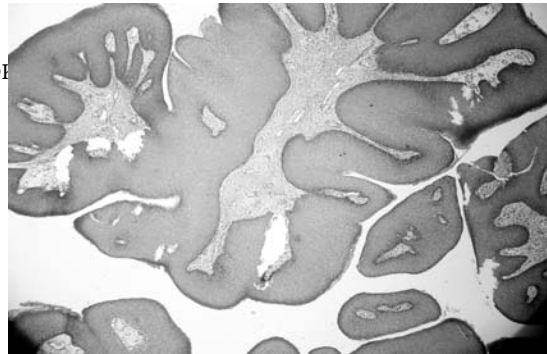


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Discussion

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 Ñēçā~~āçīŪEē=iāiŪ~~ĀiāiEŌEāāi~āēēāçāē=
 Ū~ē~ĀĒEāEēēiāā~iEÇçç~ē~āŌEñçēā~MKOR=

