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CASE REPORT

The Report of Sever Wart Lesions of HPV in the Vagina one of the twin 22 years old girl that Received Kidney Transplantation with an Healthy Identical Twins sister. Except of Genetic and Environment what is Third Factor in this Disease?

Seyyed Shamsadin Athari
Young Researchers and Elite Club, Tabriz Branch, Islamic Azad University، Tabriz ، Iran
Email: ss.athari@gmail.com

ABSTRACT
Kidney transplantation is the best replacement therapy in patients with end-stage renal disease. To prevent allograft rejection the immunosuppressive Drugs should be used by patients that it increases the long-term risk of malignancy in renal transplant recipients. The immunosuppressed may predispose to development of HPV infection with potential to progress to cancer. In one single 22 Years old girl with minor thalassemia, Due to renal failure in the each two kidney, she received Kidney transplantation from Nonrelatives person and she then began taking the immunosuppression drugs. Then Wart lesions in cervix and vagina were appeared. Now these Wart lesions have been very large amount and number. She has an Identical twin Sister that she is healthy and safe without renal failure, HPV or any diseases or problem. So monitoring of HPV infection in these patients should be doing before of any things. Furthermore screening urogenital neoplasms in kidney transplant recipients is necessary before and after grafting. They are identical twins why is one of them is patient and another Identical twin is healthy? Here except of Genetic and environment the third and major factor is Epigenetic and it has main role in many diseases so that need very attention.
Key Words: *Kidney transplantation, immunosuppression, Wart lesions, HPV, healthy twin Sister, third factor Epigenetic*

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INTRODUCTION

Kidney transplantation is the best replacement therapy in patients with end-stage renal disease [1-3].

To prevent allograft rejection the immunosuppressive Drugs should be used by patients that it increases the long-term risk of malignancy in renal transplant recipients. An increased incidence of cancer of the cervix and the body of the uterus has been reported in young patients with functioning grafts, whereas other reports have demonstrated a lower incidence of CIN in older kidney transplant recipients [4].

Human papilloma virus infection was recently identified as the leading cause of cervical neoplasia. The immunosuppressed may predispose to development of HPV infection with potential to progress to cancer [3, 5].

The Human papillomavirus is a double stranded DNA virus of the papova virus class with tropism to squamous epithelia. HPV infections are widespread in human populations and occur all over the world. HPV infect the skin and mucous membranes that it can cause subclinical infection as well as a wide variety of benign and malignant epithelial tumors. To present more than 80 HPV-subtypes have been classified which are defined by DNA sequence analysis [6, 7].

Skin diseases are a significant problem for patients receiving long-term immunosuppression, in particular, kidney transplant recipients. Cervix cancer is the most common malignancy associated with immunosuppression; Cervix cancers in kidney transplant recipients tend to be aggressive in nature and occur in multiple numbers. As graft survival rates continue to improve, the prolonged

duration of immunosuppression also brings with it an increased risk of incidence of HPV and in long time (it is correlated with type and grade of Virus) lead to malignant lesions [7-9].

CASE REPORT

In one single 22 Years old girl with minor thalassemia, six years ago, Due to renal failure in the each two kidney, she received Kidney transplantation from Nonrelatives person and she then began taking the immunosuppression drugs to prevention of transplantation rejection. The drugs were used in this term that are Mycophenolate Mofetil (2000 mg/day), Cyclosporine A (250 mg/d), prednisolone (120 mg/d), atorvastatin (10 mg/d) and folic acid (10 mg/d). After four years using these drugs, Wart lesions in cervix and vagina were appeared. In this time she used podophyllin 40% and zinc oxide (topical), Levamisole, Metronidazole, Ciprofloxacin and the lesions were frizzed and cutthered. Now these Wart lesions have been very large amount and number. She has an Identical twin Sister that she is healthy and safe without renal failure, HPV or any diseases or problem. Her father has problem in his Kidney and her cousin (son of the father's sister) has given Kidney transplantation.

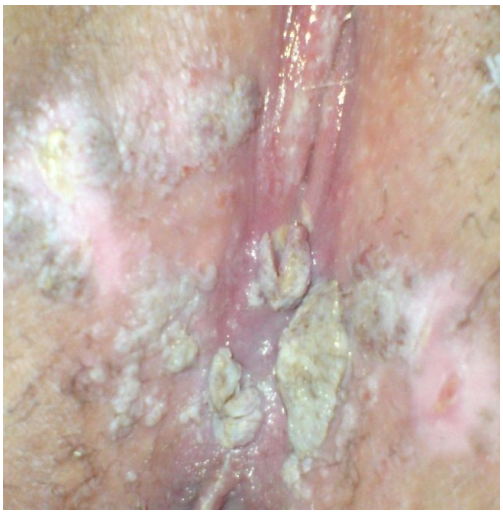

Fig1: Wart lesions in the vagina and perinea

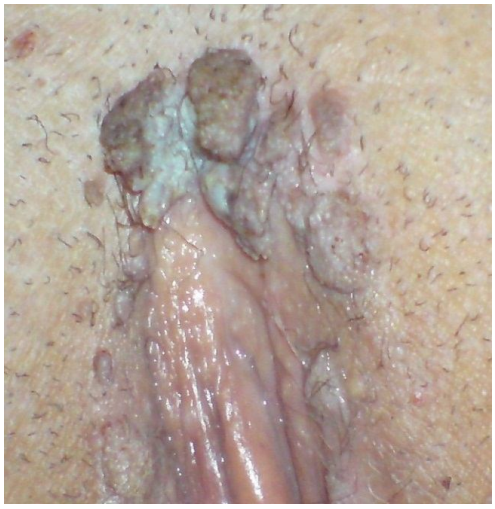

Fig2: Wart lesions in the vagina and clitoris

DISCUSSION

A large number of organ transplant recipients develop warts and wart-like lesions during immunosuppression. Presence of cervix warts increase with time after transplantation, and 39% of 560 organ transplant recipients have developed Verrucae vulgares after 7 years. A more diverse range of mucousotropic HPV types has been reported in warts of OTR compared to immune-competent patients [1, 9].

Here, we report very large amount and numbers wart-associated HPV in a girl that she is Kidney transplant recipients, who has been previously considered HPV negative.

The risk of malignancy was 28 fold higher among transplant recipients than in general population. High risk of cancer in this group, confirms the necessity of routine examination for organ transplant recipients both before and after transplantation [2].

However, long-term results have not improved in the last decade, probably as a consequence of the adverse effects of immunosuppressive drugs. Immunosuppressive actions cause of graft loss in the long term [3, 10].

They substantially predispose to infections and post transplantation neoplasms. However, many authors have also noted a high rate of urogenital tract neoplasms in renal allograft recipients identified a 14-fold increased incidence of intraepithelial carcinoma of the cervix in renal transplant recipients compared with age-matched control subjects, with an overall incidence of 11% in all women with neoplasms [3, 4, and 11].

If HPV infection persists, it may evolve to cervical intraepithelial neoplasia and finally to cancer in 5 to 7 years in immune-competent female patients. The incidence of HPV infections in renal transplant recipients is 17% to 45%, with a low rate of cytological alteration found at Pap testing [3, 5, and 12].

So screening urogenital neoplasms in kidney transplant recipients is necessary before and after grafting. Furthermore monitoring of HPV infection in these patients should be doing before of any things.

Premalignant and early stages of malignant lesions in the lower genital tract are asymptomatic, but may be successfully treated; therefore, they have become a goal for prophylactic activities [4, 13].

Two sisters have no infectious diseases such as Staphylococcus Escherichia coli and etc. Those have influence in renal failure. She has kidney hypoplasia and thalassemia so these lead to renal failure. Important point is that another Identical twin (sister of patient) has no complications and no failure. She had no skin or kidney problems and she is perfectly healthy. Only she is just suffering from thalassemia similar her sister. He is healthy and his kidneys are safe and urine tests are normal. They are identical twins why is one of them is patient and another Identical twin is healthy? When kidney transplantation was performed, the genomes of the twins were studied and HLA-typing was done so these persons were found to be identical twin. Whether a mutation has been done? Why is one of the twins healthy and another is patient? Healthy girl, like the patient only has thalassemia and Healthy does not have any type of disease while this person is genetically copy of her your sister and both have grown in an environment and same Living conditions. If the patient has mutation, why this wasn't done in another while they were often together and grown together in the life condition. Apart from genetics and environment what is the third factor?

Because her father has Kidney problem and her cousin has given Kidney transplantation so they have genetically problem but her sister is healthy so that it problem may be X-linked and in Lionization of Chromosome, one of them has been inactivated that lead to disease or safety. In the twin that defective Chromosome has been accidentally and random inactivated, she has safe Gene and Chromosome and she is healthy but in the other twin that safe Chromosome has been accidentally and random inactivated, she has defective Gene and Chromosome and she is disease. Therefore, here the third and major factor is Epigenetic and it has main role in many diseases so that need very attention.

CONCLUSION

So in all transplantations for example Kidney transplantation, Special attention should be done for hidden infections of HPV and all tests for viral infection and other problems should be done. If the healthy twin was available, He made a donation because this is very similar to another twin and the transplantation organ is not a Foreign to the immune system so here there is No need for immunosuppressive drugs and with power immune system, HPV cannot be appear.

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