

Week 5 – Week of January 9

A 20 year college student with ileal Crohns disease on azathioprine comes to clinic for routine follow up. She is in clinical remission with a Harvey Bradshaw score of 1. Her primary care provider did not want to give her the HPV vaccine due to her immunosuppression. Her last pap smear was 3 years ago. What is your recommendation?

- A. Do not give HPV vaccine
- B. Only pap smear no HPV vaccine.
- C. Give HPV vaccine and pap should be performed twice in the first year after diagnosis.
- D. Give HPV vaccine no need for pap smear

Answer: C

The HPV vaccine (Gardasil, Merck) is indicated for the prevention of cervical dysplasia caused by HPV high- risk types 16 and 18, as well as 6 and 11 which are associated with genital warts. It is recommended for females ages 9 to 26 prior to the initiation of sexual activity, as well as for those who have already engaged in intercourse.

Women with IBD, often requiring immunosuppressive therapy for management, have been shown to have a higher prevalence of abnormal Pap smears than age-matched controls.

The CDC also recommends the administration of the vaccine to women with a history of HPV infection or an abnormal Pap smear. Women with IBD on immunosuppressants should be considered candidates for the vaccine regardless of sexual activity. Screening for cervical intra-epithelial neoplasia (CIN) and cancer should continue in both vaccinated and unvaccinated women.

References:

1. Kane S, Khatibi B, Reddy D. Higher incidence of abnormal Pap smears in women with inflammatory bowel disease. *Am J Gastroenterol.* 2008;103:631–636.
2. Bhatia J, Bratcher J, Korelitz B, et al. Abnormalities of uterine cervix in women with inflammatory bowel disease. *World J Gastroenterol.* 2006;12:6167–6171.