

Introduction/Background Population-based screening that starts at the age of 30 and ends at the age of 65 is applied, and HPV DNA screening is not recommended under the age of 30 in our country. For this reason, in this study, we analyze our patients aged 25–30 years who underwent colposcopy in detail and discuss the possible benefits of HPV screening in this group.

Methodology Patients aged 25–30 years who applied to the Department of Gynecological Oncology, University of Health Sciences, Zeynep Kamil Women and Children's Diseases Training and Research Hospital due to abnormal Pap smear and/or yr-HPV type(s) positivity, were included in the study. Patients who had previously undergone colposcopy or a diagnostic excisional procedure were excluded from the study. Statistical analysis was performed using IBM SPSS for Windows, Version 25.0. (IBM Corp., Armonk, NY, USA).

Results A total of 201 patients, 86 (42.8%) with normal cytology and 115 (57.2%) patients with abnormal cytology were included in the study. The cytology results of 42.8% of the patients were normal. HPV positivity was also present in 81.1% of the patients. CIN2 was detected in 17.9% of patients and CIN 3 was detected in 11% of patients in cervical biopsies, and loop electrosurgical excision procedure (LEEP) was performed in 10.5% of patients and cold knife conization (CKC) in 11.4%. There was a significantly higher rate of HPV negative (0.005) and a higher rate of benign colposcopic biopsy results (< 0.001) in the cytology normal group. Detailed analysis results are given in table 1.

Abstract #950 Table 1

	Cytology		P Value
	Normal (N= 86) n (%)	Abnormal (N= 115) N (%)	
HPV Groups			
HPV Negative	24 (27.9)	14 (12.2)	0.005
HPV 16/18	24 (27.9)	36 (31.3)	0,603
HPV other	24 (27.9)	47 (40.9)	0,057
HPV 16/18 or other	14 (16.3)	18 (15.6)	0,904
Colposcopy Results			
Benign	47 (54.7)	22 (19.1)	<0,001
CIN 1	23 (26.7)	51 (44.4)	0,010
CIN 2	10 (11.6)	26 (22.6)	0,045
CIN 3	6 (7.0)	16 (13.9)	0,119
Benign or CIN 1	70 (81.4)	73 (63.5)	0,006
CIN 2 or CIN 3	16 (18,6)	42 (36,5)	
ECC Results			
Benign	77 (89.5)	91 (79.1)	0,049
CIN 1	1 (1.2)	6 (5.2)	0.242 *
CIN 2	1 (1.2)	2 (1.8)	1.000 *
CIN 3	2 (2.3)	1 (0.9)	0.577 *
No ECC	5 (5.8)	15 (13.0)	0.090
Benign or CIN 1	78 (90.7)	97 (84.3)	0.184
CIN 2 or CIN 3	3 (3.5)	3 (2.6)	1.000*
Management			
Follow-up	72 (83.7)	85 (73.9)	0.096
LEEP	5 (5.8)	16 (13.9)	0.063
CKC	9 (10.5)	14 (12.2)	0.707

Abbreviations= HPV: Human Papillomavirus, CIN: Cervical Intraepithelial Neoplasia, ECC: Endocervical Curettage, LEEP: Loop Electrosurgical Excision Procedure, CKC: Cold Knife Conization. Statistical analyses were obtained by Pearson Chi-square Test
* = obtained by Fisher Exact Test.

Conclusion The rates of CIN2 and CIN3 between normal cytology and abnormal cytology groups were similar. Colposcopy could be recommended to detect high-grade lesion in 25–30-year-old women with normal cytology and HPV positive.

Disclosures The authors have no potential conflict of interest.

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ASSOCIATION OF HPV AND SEXUALLY TRANSMITTED INFECTIONS AMONG PATIENTS WITH GENITAL WARTS AND ASYMPTOMATIC INDIVIDUALS: A CROSS-SECTIONAL STUDY

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Introduction/Background STIs can impact HPV infection and persistence, potentially predisposing HPV-related cervical cancer development. This study examines HPV genotype prevalence and co-occurrence with other STIs to inform targeted prevention and treatment strategies for reducing cervical cancer incidence

Methodology 129 female patients aged 18–57 were enrolled based on the presence of anogenital warts, individuals with a history of risky sexual behaviors, having a partner with HPV infection, or voluntarily seeking HPV screening. Patients with a history of any STIs, prior HPV vaccination, systemic illnesses, or undergoing cancer treatment were excluded.

Results The STI positivity rate among HPV-positive patients was 63.9%, significantly higher than HPV-negative cases. In the genital warts group at admission, Ureaplasma Parvum (UP) was the most common STI (40.0%), followed by Ureaplasma Urealyticum (UU) (28.5%), Mycoplasma Hominis (MH) (17.2%), and Chlamydia Trachomatis (CT) (11.4%). In the asymptomatic group, UP was also the most common STI (41.2%). The prevalence of UP was significantly higher (53.7%) in the HPV-positive group, suggesting a 6.96-fold greater risk of UP infection in individuals with HPV.

Abstract #963 Table 1 Comparison of STI pathogens by HPV positivity.

	HPV (-)	HPV (+)	p	OR	95% Confidence Interval
Mycoplasma Genitalium	1 (4.8%)	6 (5.6%)	1.000	1.176	0.134–10.310
Mycoplasma Hominis	1 (4.8%)	23 (21.3%)	0.122	5.412	0.689–42.483
Ureaplasma Urealyticum	3 (14.3%)	27 (25.0%)	0.401	2.000	0.546–7.321
Trichomonas Vaginalis	3 (14.3%)	4 (3.7%)	0.085	0.231	0.045–1.119
Chlamydia Trachomatis	2 (9.5%)	13 (12.0%)	1.000	1.300	0.271–6.237
Ureaplasma Parvum	3 (14.3%)	58 (53.7%)	0.001**	6.960	1.936–25.019
Neisseria Gonorrhoeae	0 (0)	1 (0.9%)	1.000	0.836	0.774–0.903
Herpes Simplex Type1	0 (0)	0 (0)	-	-	-
Herpes Simplex Type2	1 (4.8%)	2 (1.9%)	0.416	0.377	0.033–4.362
Treponema Pallidum	0 (0)	1 (0.9%)	1.000	0.836	0.774–0.903

*Fisher's Exact Test.
**p < 0.01.
HPV, Human Papilloma Virus.
OR, Odds Ratio.

Conclusion This study demonstrates a high co-infection rate between HPV and UP, emphasizing the importance of genital infection screening for high-risk HPV-positive women.

Disclosures no disclosure

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KNOWLEDGE, ATTITUDE AND PRACTICE OF MAIN STAKEHOLDERS TOWARDS HUMAN PAPILLOMA VIRUS INFECTION AND VACCINATION IN NORTHEASTERN PART OF ROMANIA: A QUALITATIVE STUDY

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