Correspondence

TO THE EDITOR, Genitourinary Medicine

Intralional interferon alpha-2b in treating refractory mental and anal warts

Sir,

Previous studies have shown that intralional injection of interferon alpha-2b (Intron A, Schering Corp.) 1 x 10^6 IU three times a week for three weeks is effective in reducing the size and numbers of genital warts. These controlled studies have, however, focused on the treatment of one to three selected externally located genital warts. Refractory warts are often located in the urethra and anal canal. We used the above regimen to treat 10 male patients who had warts for more than one year. Five had anal warts (four to five warts a patient), and five had mental warts (one to two warts a patient). The patients had previously received conventional treatment, including podophyllin, electrocautery, cryotherapy, and laser surgery. None had antibodies against human immunodeficiency virus. To reduce the systemic adverse reactions to interferon, all patients were treated with 1-3 g acetaminofen on each day of injection.

After an observation period of 12 weeks, cure was obtained in five patients (three with mental warts and two with anal warts). A 50% or more reduction in the size of the warts was seen in two. Minimal influenza like symptoms were seen initially in five. A reversible decrease in the numbers of leucocytes was seen in all patients, but none became leucopenic. No other biochemical abnormalities were detected.

We conclude that intralional injection of interferon alpha-2 b may be a suitable way of treating refractory warts located in the urethra and the anal canal.

Yours faithfully,
C S Petersen
S Kroon

Department of Dermatovenereology,
Bispebjerg Hospital,
DK 2400 Copenhagen NV,
Denmark

References


NOTE FROM THE EDITOR, Genitourinary Medicine

Risk of AIDS after rape

Sir,

We are grateful to Dr Kay for his comments on our paper "Incidence of sexually transmitted diseases in rape victims during 1984" (Genitourin Med 1987;63:62), in which the risk of acquiring human immunodeficiency virus (HIV) was not discussed. Women who have been raped are left anxious and psychologically helpless. They have to go through a grieving process for their particular loss. By adding the fear of infection with HIV to their anxiety, one is encouraging non-resolution of their psychological trauma. In 1984, we felt that it would have been unethical to raise the fear of the acquired immune deficiency syndrome (AIDS) in these women. At that time, there was almost no evidence of AIDS in female partners of infected men in the UK, Europe, or the USA.

When the risk of acquiring AIDS after rape is small, but present, as it is now, researchers will have to consider ethical ways of screening without causing unnecessary anxiety to patients. Concern about acquiring AIDS or HIV infection may be the only reason for a woman's attendance at a department of genitourinary medicine following rape. In patients who are very distressed at their initial attendance, and for whom it does not seem to be appropriate to discuss HIV, sera may be taken at three monthly intervals and stored for subsequent testing. This protocol would fit in with the recommended patient review to exclude the development of other sexually transmitted diseases, such as syphilis and hepatitis B. HIV is transmitted via blood and semen. Sexual dysfunction occurs during rape. The alleged rapist may ejaculate before introduction or fail to ejaculate, though the victim may be unaware that this has occurred. Risk of HIV transmission will be lessened if sexual dysfunction has occurred. Furthermore, Jones et al found that only three of 36 regular sexual partners of seropositive patients with haemophilia A were themselves seropositive. There was a contributory factor of a blood transfusion in one woman. The length of the relationship, contraceptive usage, and type of coitus practised were not discussed.

It seems reasonable to conclude at the moment, however, that the risk of acquiring HIV after rape remains low, but should be considered.

Yours faithfully,
G E Forster
Risk of AIDS after rape.

G E Forster, J Pritchard, P E Munday and D Goldmeir

doi: 10.1136/sti.63.3.217-a

Updated information and services can be found at:
http://sti.bmj.com/content/63/3/217.2.citation

**Email alerting service**

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

**Notes**

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/