cytology was normal, except in cases 2 and 3, where dysplasia was reported.

Though VIN has been thought of as a rare phenomenon up to about 15 years ago, more recent reports indicate a higher prevalence and at a younger age— as does our small series of nine patients in 11 months. Most reports indicate a close association with HSV and other STDs. We are unable to substantiate this, as none of our patients had associated STDs except warts. An association between CIN and VIN has been known and this was confirmed in four of our nine patients who had CIN too, even though Pap smears were negative. The clinical appearance of VIN is all important and cannot be overstated. Campion aptly reports that it is the most "productive diagnostic technique". Lesions are papular or macular, single or multiple, and over 60% are hyperkeratotic. In our series, contrary to published reports, 67% were solitary: pruritus in seven (78%) of the nine was the main presenting feature. None of our patients were immunocompromised though this is a known at-risk group.

Detection of VIN with Toludene blue is not reliable with false negative/positive results being common. Colposcopy is a better diagnostic tool.

In a series of 10 patients with co-existing proven CIN, biopsy of suspicious warts failed to substantiate the correlation that is said to exist between CIN and VIN. We suspect that the same process that leads to CIN also leads to VIN but in the more resistant vulval skin, it takes longer to manifest. The hypothesis that VIN is more likely to follow CIN is now under investigation, following the chance finding of CIN in our VIN patients.

If this hypothesis were true, then any patient with VIN must also have/had CIN but this is not always the case. In our patient group, 50% were reported to have CIN compared with 20% reported to date. We believe VIN is of multifactorial aetiology, some of which have yet to be identified. The possible presence of CIN should be investigated in the presence of VIN.

Though the malignant potential of VIN is uncertain, the intraepithelial changes may persist for long periods to accelerate rapidly at a later stage. The associated risk of neoplasia of other sites in the genital tract in general, and cervix in particular, should trigger the clinician to be vigilant at all times.

A H DE SILVA
S SIVAPALAN
V HARIJNRA
R BASU ROY
Department of Genito-Urinary Medicine, Royal Bournemouth Hospital, Castle Lane East, Bournemouth BH7 7DW, UK

Address correspondence to: Dr R Basu Roy.


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Prodromal symptoms in genital herpes simplex infection

Many individuals with genital herpes simplex virus (HSV) infection report that they are able to predict at least a proportion of attacks through warning prodromal sensations. However, the frequency and reliability of such sensations is not known.

The consistent use of condoms during intercourse will reduce the risk of transmission of HSV. However, the use of condoms is not always possible either because a couple desire a pregnancy or one or other partner is unwilling to use condoms. Under these circumstances warning sensations may be of value in reducing the risk of transmission if, in an individual, they reliably predict the onset of an attack and that individual makes appropriate changes in their sexual behaviour.

Ninety subjects suffering from recurrent genital herpes simplex virus infection (HSV), aged 19-60 years (mean, 34 years), 40 men and 50 women, were recruited from members of the Herpes Association (n = 60) and from a genitourinary medicine clinic (n = 30). The Herpes Association patients were sent a postal questionnaire (return rate = 60%). GUM clinic patients were approached while in the clinic (participation rate 100%). Subjects were asked about the frequency with which they experienced two different premonitory symp-
Symptoms may be less during the first three months after the first attack where asymptomatic shedding is reported to be greater. The value of such warning sensations may also be reduced while patients are on continuous oral acyclovir, where asymptomatic shedding may occur even where the attacks themselves are suppressed.

Encouraging patients to attend to warning sensations may be of value in reducing the risk of transmission somewhat where other means of risk-reduction are unavailable or unacceptable. The value to the patient will depend on the reliability of such sensations. Studies of the transmission of HSV also need to take into account possible changes in sexual behaviour occurring as a result of spontaneous patient monitoring of such warning sensations.

Table Number of subjects reporting two prodromal symptoms by frequency of occurrence

<table>
<thead>
<tr>
<th></th>
<th>0%</th>
<th>25%</th>
<th>50%</th>
<th>75%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genitals</td>
<td>7 (18.9%)</td>
<td>13 (14.4%)</td>
<td>7 (7.8%)</td>
<td>15 (16.7%)</td>
<td>38 (42.2%)</td>
</tr>
<tr>
<td>Legs</td>
<td>62 (69.9%)</td>
<td>9 (10.0%)</td>
<td>7 (7.8%)</td>
<td>4 (4.4%)</td>
<td>7 (7.8%)</td>
</tr>
<tr>
<td>Overall</td>
<td>15 (16.7%)</td>
<td>11 (12.2%)</td>
<td>8 (8.9%)</td>
<td>16 (17.8%)</td>
<td>39 (43.3%)</td>
</tr>
</tbody>
</table>

Address correspondence to: Dr J Green

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J L Brookes, S Haywood and J Green

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