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TO THE EDITOR, *Genitourinary Medicine*

Mystery of the holey prepuce: delayed podophyllin skin damage?

Sir,
A West Indian man aged 24 attended the genitourinary medicine clinic at the Manchester Royal Infirmary in July 1988 with a recurrence of penile warts. He had been treated at the clinic once before, from December 1985 to August 1986, for genital warts and non-gonococcal urethritis. In 1986, while being treated for warts with 25% podophyllin in glycerol, he had developed a local reaction to podophyllin which had resulted in skin erosions on the foreskin. Podophyllin treatment had been discontinued immediately, and the skin erosions had been treated by using saline baths and giving co-trimoxazole tablets for five days. The skin had healed satisfactorily and the warts had disappeared before he was discharged in August 1986.

When he attended again in July 1988, he was found to have a large hyperkeratotic wart on the foreskin and a large (18 mm in diameter) well healed circular hole on the

Figure Circular hole (18 mm in diameter) in dorsal aspect of foreskin.

dorsal aspect of the foreskin—like a round window (fig). No evidence of any other sexually transmitted disease was found. When questioned about the hole in the foreskin, he replied that it had developed seven to eight months after the podophyllin reaction that he had experienced in August 1986. He said that he had not treated himself in any way or received treatment elsewhere during the intervening two years. He had abstained from sexual intercourse for the previous 12 months. His wart was removed with cryotherapy, and he was referred to a surgeon for circumcision for cosmetic reasons.

The interesting features that attracted our attention to this case were, firstly, the patient's lack of concern about the obvious foreskin deformity, and, secondly, the long interval (seven to eight months) between the recorded podophyllin reaction in August 1986 and the appearance of the hole in the foreskin, especially as he had had no ulceration and the skin had healed satisfactorily when he had been discharged from the clinic in 1986. His lack of concern about the obvious deformity of the foreskin made us think that this possibly could have been the result of either self treatment or treatment he had received elsewhere, which is of course difficult to prove.

We were unable to find any record of delayed podophyllin damage, although local

immediate reactions are common.¹⁻³ The hole in the prepuce remains a mystery to us, and we would be interested to know if anyone else has experienced this type of delayed reaction to podophyllin.

Yours faithfully,

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TO THE EDITOR, *Genitourinary Medicine*

Econazole nitrate (150 mg) single dose vaginal pessary compared with clotrimazole (10%) single dose vaginal cream to treat women with vaginal candidiasis

Sir,
We undertook an open study to assess the efficacy and acceptability to patients of two imidazole antifungal compounds used vaginally in vulvovaginal candidiasis. We studied 120 women patients with symptoms of vaginal discharge or itching, or both, who yielded *Candida* spp from high vaginal swabs. We excluded patients with concomitant gonorrhoea, trichomoniasis, or bacterial vaginosis or who required vulval topical treatments. We recorded the presence and duration of symptoms and signs before and two and four weeks after treatment.

Table Clinical and mycological efficacy* of econazole and clotrimazole to treat 82 women with vulvovaginal candidiasis (figures are numbers (percentages) of women)

	Econazole	Clotrimazole
Short term efficacy: (n = 43)	(n = 39)	
Clinical	31 (72)	29 (74)
Mycological	32 (74)	29 (74)
Long term efficacy: (n = 31)	(n = 27)	
Clinical	24 (77)	17 (63)
Mycological	26 (84)	18 (67)

*Clinical efficacy = resolution of symptoms and signs, mycological efficacy = no growth of *Candida* spp.