Correspondence

TO THE EDITOR, *Genitourinary Medicine***Treatment of herpes genitalis with new topical agent, Allay gel**

Sir,

Two studies reported treating herpes genitalis with antiviral agents topically and systemically.^{1,2} In those studies the topical treatment was an adjunct to systemic treatment, and we report the use of a wide range antimicrobial agent, Allay, as the sole treatment of initial episodes of herpes genitalis.

Allay gel is a preparation that has as its active ingredient a buffered mixture of chlorous acid and chlorine dioxide. It is a wide range antimicrobial agent, which also has antifungal and antiviral activities.^{3,4} The preparation is presented as a pair of unit dose sachets, the contents of which are mixed immediately before use. The patients were provided with an illustrated instruction sheet to facilitate compliance. A 2 g quantity of gel containing 0.16% of active ingredient expressed as chlorite was prepared by mixing the contents of the sachets, and was applied by each patient twice a day for seven days.

We enrolled 35 patients (30 men, five women) in a pilot investigation; 34 were confirmed by standard tissue culture technique as having herpes genitalis. Three received Allay three times a day. One patient defaulted before treatment was assessed. All patients were examined on day one and every alternate day until healing had occurred (which was defined as re-epithelialisation of the original lesion). Seven days after healing, a microbiological sweep was made over the affected area to confirm the absence of herpes simplex virus.

The table shows the results in 31 patients evaluated for efficacy and comparative data from a published study by Fiddian *et al* comparing topical acyclovir with placebo.¹ Data on recurrences were not easy to obtain, but three months later recurrences had been noted in 13 patients, no recurrences in five, and 13 had not yet returned to the clinic.

Side effects noted were stinging on

application in one patient and a possible allergic reaction in the first two of the 31 patients, which may have been caused by a wetting agent that has subsequently been removed from the preparation. Patient compliance was good. Of particular interest was the rapid reduction in pain and discomfort and the very clean appearance of the lesions and surrounding skin at day three, which possibly reflected Allay's range of activity. Positive factors mentioned by patients were the twice a day dosage (compared with acyclovir five times a day) and the formation of a dry protective film over the lesions, which reduced odour and provided a sanitising effect.

From this pilot study we conclude that topical treatment with Allay gel shows sufficient promise to justify its further investigation in a controlled evaluation compared with other topical treatments against primary and recurrent herpes genitalis.

The agent was kindly supplied by Alcide Corporation, Norwalk, Connecticut, USA, and the distributors were Macarthy Medical, Romford.

Yours faithfully,
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References

- 1 Fiddian AP, Kinghorn GR, Goldmeier D, *et al*. Topical acyclovir in the treatment of genital herpes: a comparison with systemic therapy. *J Antimicrob Chem* 1983;12 suppl B:67-77.
- 2 Corey L, Benedetti J, Critchlow C, *et al*. Treatment of primary first episode genital herpes simplex virus infection with acyclovir: results of topical, intravenous and oral therapy. *J Antimicrob Chem* 1983;12 suppl B:79-88.
- 3 Sarin PS, Scheer DI, Kross RD. Inactivation of human T-cell lymphotropic retrovirus (HTLV-III) by LD. *N Engl J Med* 1985; 313:1416.
- 4 Croughan WS, Behbehani AM. Comparative study of inactivation of herpes simplex virus types 1 and 2 by commonly used antiseptic agents. *J Clin Microbiol* 1988;26:213-5.

TO THE EDITOR, *Genitourinary Medicine***Role of sexually transmissible pathogens in transmitting HIV I**

Sir,

Sexually transmitted diseases (STD) constitute a major health problem in most

developing countries,¹ and this was accentuated recently by the advent and spread of sexually transmitted retroviral infections that cause the lethal acquired immune deficiency syndrome (AIDS). STD, particularly those that cause genital ulcerations, could be important in enhancing the transmission of human immunodeficiency virus (HIV).² To evaluate this hypothesis, the analysis of the seroprevalence of antibodies to a number of STD could be useful and a study was done on the sera of women (15-54 years old) living in south eastern Gabon.

Sera from 734 women were screened for treponemal infection by the semiquantitative Venereal Disease Research Laboratory (VDRL) test (Diagnostics Pasteur), and positive results were confirmed by the quantitative *Treponema pallidum* haemagglutination assay (TPHA) (Berhing Diagnostic). A positive TPHA result at a titre of 1/80 or more was considered as diagnostic. The sera were screened for antibodies to *Neisseria gonorrhoeae* by a Go-pili enzyme linked immunosorbent assay (ELISA) and to *Chlamydia trachomatis* by a microimmunofluorescence technique (cut off titre 1/64). Antibodies to HIV I were detected by ELISA (Elavia; Diagnostics Pasteur) and positive results were confirmed twice by western blot (LAV Blot I; Diagnostics Pasteur).

The table shows the result of western blot tests in relation to results of serological tests for other STD. Significantly more women with treponemal infection had antibodies to core proteins only ($p < 0.001$) than were found in those without syphilis. No differences were seen in the incidence of HIV I (antibodies to core and envelope proteins) between women with and without antibodies to *T pallidum*. No differences in the incidence of retroviral infection were seen between sera positive for *N gonorrhoeae* and *C trachomatis*.

Antibodies to core proteins only may indicate a recent infection, infection by an atypical retrovirus, or a false positive reaction. An atypical HIV I strain was recently isolated in women presenting antibodies to core proteins, the presence of which were the only indication of retroviral infection.³ Only women with a treponemal infection had an appreciably greater incidence of retroviral infection, which could indicate that *T pallidum* facilitates the transmission of retroviruses, possibly by causing genital ulceration.

Yours faithfully,
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Table Results of treatment with Allay compared with acyclovir and placebo

Treatment	n	Median duration (in days) of:		
		Symptoms	Viral shedding	Healing
Allay	31	3	1	8
Acyclovir	54	5	3	7-8
Placebo	47	8	6-9	10-13