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References


TO THE EDITOR, *Genitourinary Medicine*

Mystery of the holey prepuce: delayed podophyllin skin damage?

Sirs,

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 5 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 immediate reactions are common. 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,

H Maiti
K R Haye

Department of Genitourinary Medicine, Manchester Royal Infirmary, M13 9WL

References


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

**Figure**

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

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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

Sirs,

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, trichomoniensis, 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 women with vulvovaginal candidiasis (figures are numbers (percentages) of women)

<table>
<thead>
<tr>
<th></th>
<th>Econazole</th>
<th>Clotrimazole</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short term efficacy:</td>
<td>(n = 43)</td>
<td>(n = 39)</td>
</tr>
<tr>
<td>Clinical</td>
<td>31 (72)</td>
<td>29 (74)</td>
</tr>
<tr>
<td>Mycological</td>
<td>32 (74)</td>
<td>29 (74)</td>
</tr>
<tr>
<td>Long term efficacy:</td>
<td>(n = 31)</td>
<td>(n = 27)</td>
</tr>
<tr>
<td>Clinical</td>
<td>24 (77)</td>
<td>17 (63)</td>
</tr>
<tr>
<td>Mycological</td>
<td>26 (84)</td>
<td>18 (67)</td>
</tr>
</tbody>
</table>

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