R G J FRANK
J D BOS
Department of Dermatology,
Academisch Medisch Centrum,
Amsterdam, Holland
F W vd MEULEN
H J C M STERENBORG
Laser Centre,
Academisch Medisch Centrum,
Amsterdam, Holland

Address correspondence to: Dr Frank.

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Systemically administered interferon alfa-2a prevents recurrence of condylomata acuminata following CO₂-laser ablation. The influence of the cyclic low-dose therapy regimen. Results of a multicentre double-blind placebo-controlled clinical trial

From placebo-controlled clinical trials it has been concluded that subcutaneous interferon (IFN) alfa-2a is not effective as a monotherapy in the treatment of refractory condylomata acuminata at a dose of 1.5 megaunits if given continuously three times a week for four weeks.¹ Contrasting results, however, have been obtained with IFN gamma given as a monotherapy "cyclically" up to 2 megaunits daily for 7 days, followed by a 4 week pause (1 cycle) for up to 4 cycles.² This has led to the hypothesis that either the type of IFN or the treatment regimen were responsible for the differences. In addition, another controlled study administering IFN alfa-2a (3 megaunits/tiw, s.c.) given continuously adjuvantly to CO₂-laser did not show any superiority to placebo,³ whereas a cyclic application of IFN alpha in an open study showed lower recurrence rates in the IFN group.⁴ Therefore, we argued that the therapy regimen used could be the main reason for the observed treatment failure.

In contrast, in our study IFN alfa-2a was given cyclically adjuvant to CO₂-laser, comprising 5 days treatment with 1 megaunit/day and a 4 week treatment-free interval (1 cycle) up to a maximum of 3 cycles, leading to a total of 15 megaunits of IFN alfa-2a. The follow-up lasted 18 weeks. The evaluation of efficacy was done by the comparison of recurrence rates at week 33. A total of 84 patients (equally distributed to the therapeutic arms) were included in the study, out of which 32 (IFN alfa-2a) and 35 (placebo) respectively were evaluated at week 33. At the endpoint of the

study 13 out of 32 (41%, 95% confidence interval, 24-59%) of the IFN group and 22 out of 35 patients (63%, 95% confidence interval 45-79%) of the placebo group showed a recurrence of the condylomata. This difference is significant at a level of significance of 5% ($\chi^2 = 3.312$, critical value for one-sided testing at 5% level: 2.076). Figure 1 shows the cumulative frequency of recurrence of the condylomata in relation to time after surgery. The log rank two-sided test revealed statistically significant differences at a 5% level ($p = 0.0174$). The treatment was generally well tolerated. Eight patients from each group (19%) complained of side effects, usually mild to moderate. No drop outs due to side effects were observed.

Summarising our data, it seems that cyclic application of low dose IFN alfa-2a adjuvant to CO₂-laser ablation is superior in the treatment of condylomata acuminata compared to adjuvant continuous application of interferon or placebo, both in terms of recurrence rate and time to recurrence.

G GROSS
A ROUSSAKI
Hamburg-Eppendorf,
Martinistr. 52,
20246 Hamburg (Germany)
S BAUR
1 Frauenklinik der Universität München,
Maistr. 11,
80337 München (Germany)
M WIEGAND
A MESCHEDER
Hoffmann-La Roche AG,
Oncology/Immunology,
Emil-Barellstr. 1
79630 Grenzach-Wyhlen (Germany)
and the Condylomata Acuminata Study Group

Correspondence to: Dr Gross.

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Herpes simplex virus infection in women: viral subtypes and epidemiological features in a district hospital

The incidence of genital herpes is reportedly on the increase in many parts of the UK,¹⁻⁴ and herpes simplex virus type 1 (HSV 1) has become the predominant subtype in genital infections in women.²⁻⁵ Reasons for the apparent increase in genital herpes in general, and HSV 1 in particular, are as yet unclear.

The aim of this study was to describe the proportions of HSV types 1 and 2 in women presenting with a first symptomatic episode of genital herpes at our genitourinary medicine (GUM) clinic; and compare clinico-epidemiological features of the two subtypes of HSV.

All women ($n = 121$) with a first sympto-

Cumulative frequency of recurrences of condylomata acuminata after treatment with interferon alfa-2a (Roferon®-A) and CO₂-laser in relation to time to recurrence.