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 Contrastingly, 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 difference. In addition, another controlled study administering IFN alfa-2a (3 mega-units/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% (χ² = 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 significantly 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.

Hepers 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.⁵⁻⁷ 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 adults presenting with a first symptomatic episode of genital herpes at our genitourinary medicine (GUM) clinic; and compare clinic-epidemiological features of the two subtypes of HSV.

All women (n = 121) with a first symp-