

## ORAL ACYCLOVIR IN RECURRENT GENITAL HERPES

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Recurrent genital herpes (RGH) is a difficult condition to treat. Oral acyclovir therapy has been shown to have a definite role in suppressing the recurrent episodes of the disease. Most studies, however, are available from the West. We report our experience with oral acyclovir therapy. Ten patients of RGH with more than 8 episodes / year received acyclovir in the dose of 200 mg thrice daily for 6 months. They were followed up for a period ranging from 6 months to 3.5 years. Eight patients stayed symptom-free while on therapy and during the follow-up period. One patient showed a recurrence while on treatment and another 4 months after stopping treatment. No adverse effects were seen in any of the patients.

**Key Words :** Acyclovir, Genital Herpes

### Introduction

Recurrent genital herpes (RGH) causes pain and discomfort, disrupts sexual relations and can result in considerable emotional trauma. Until recently, little could be done to help these patients. However, the introduction of acyclovir has made considerable impact on treatment of genital herpes. Acyclovir is not only effective in primary genital herpes but has been used successfully for the management of recurrent episodes as well.<sup>1-6</sup> To the best of our knowledge, no study on the efficacy of acyclovir in RGH is available from India. We report our experience with suppressive oral acyclovir therapy in patients of RGH.

### Subjects and Methods

Ten patients (9 male, 1 female) of RGH were included in the study. The clinical profile of patients is shown in Table I. All the patients presented with

either grouped vesicular lesions or superficial tiny ulcers / erosions on genitals and had a history of similar lesions occurring in the past. Tzanck smear for intranuclear inclusion was positive in all of them. All patients had minimum of 6 recurrences of RGH in the preceding year and they were not receiving any active antiviral treatment during the past 1 month. The presence of any other concomitant STD was excluded by a thorough clinical examination, negative VDRL and ELISA test for HIV antibodies. Other exclusion criteria included pregnancy, patients with impaired renal functions and those unable to attend the follow-up at required intervals. After obtaining their informed consent, the patients were given oral acyclovir 200 mg 5 times a day during the acute episode for 7 days, followed by 200 mg 8 hourly for 6 months. Patients were evaluated every month for a period ranging from 1 to 3-1/2 years (average 2.5 years). Complete haemogram, blood urea, serum electrolytes and creatinine, and liver function tests were done before starting the treatment and then at every subsequent visit.

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**Table I.** Clinical profile of the patients

S. No.	Age / Sex	Disease duration	Av. no. of attacks	Av. duration of attacks	Follow-up period	No. of recurrence during follow up
1.	38 / M	3 yrs.	8-12 / yr.	2-3 wks.	3 1/2 yrs.	
2.	38 / M	2 1/2 yrs.	8 / yr.	2-3 wks.	3 1/2 yrs.	
3.	40 / M	2 yrs.	8 / yr.	2-3 wks.	2 1/2 yrs.	
4.	45 / M	5 yrs.	6 / yr.	2 wks.	2 yrs.	
5.	45 / M	2 yrs.	12 / yr.	1-2 wks.	3 yrs.	
6.	28 / M	2 yrs.	12 / yr.	2 wks.	1 yr.	one (during treatment)
7.	38 / M	2 yrs.	18-24 / yr.	1 wk.	2 yrs.	
8.	35 / F	2 yrs.	6 / yr.	2-3 wks.	2 yrs.	
9.	30 / M	3 yrs.	6 / yr.	1 wk.	1 yr.	
10.	22 / M	2 yrs.	12 / yr.	2 wks.	1 yr.	one (during drug-free period)

Abbreviations : Av - average; M - males, F - females

## Results

Eight out of 10 patients showed a remarkable improvement with acyclovir. There was no recurrence of lesions in these patients while on treatment and after the stoppage of therapy. All these patients stayed symptom-free during the follow-up period of 1 year to 3.5 years. Two patients developed recurrence; 1 while on treatment and the other 4 months after stoppage of therapy. In both these patients, the recurrence possibly followed the consumption of alcohol. These recurrences were mild in nature and were controlled with topical acyclovir therapy. None of the patients showed any adverse effects during the course of therapy.

## Comments

Genital herpes is a recurrent disease, the satisfactory treatment of which still eludes us. Studies, mostly from the West have shown that suppressive therapy has a definite role in the management of RGH.<sup>1-6</sup> In the present study, 8 / 10 patients with suppressive acyclovir therapy did not have any recurrence of herpetic lesions while on therapy. The

patients remained free of recurrences for prolonged periods (1 - 3 1/2 yrs) even during the drug-free period; an observation which differs significantly from the Western studies, where the number of recurrences was not affected significantly once the continuous therapy with acyclovir was stopped.<sup>1,2,4</sup> Admittedly, the number of recurrences tend to diminish with time during the natural course of the disease but it would be difficult to explain such a dramatic reduction of recurrences of herpes genitalis lesions as seen in the present study on this basis alone. At present, there is no consensus on the optimal dosing schedule. The results of the present study show that a full therapeutic dose in the beginning followed by a suppressive dose, 200 mg 3 times daily for a minimum of 6 months, could be a good treatment schedule in patients with RGH. However, controlled studies with different dose schedule are required before reaching to any definite conclusion. Emergence of drug resistant strain remains a potential theoretic possibility of this form of therapy. Another important limiting factor is the cost of the medicine.

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