

ABSTRACTS FROM CURRENT LITERATURE

Maintenance anti-retroviral therapies in HIV -infected subjects with undetectable plasma HIV RNA after triple- drug therapy. Haviler DV, Marschner IC, Hirsch MS, et al. N Engl J Med 1998; 339: 1261-1268.

The aim of this study was to know whether the suppression of HIV viral levels attained after 6 months of induction therapy with zidovudine, lamivudine and indinavir could be sustained by less intensive maintenance regimes. Five hundred and nine subjects were given anti retroviral treatment with zidovudine 300 mg twice daily, lamivudine 150mg twice daily and indinavir 800mg 8hrly. After 6 months, 309 subjects who had HIV RNA copies less than 200/ml of plasma were randomly assigned to receive either the original three drug therapy (106) or combination of zidovudine and lamivudine (107) or indinavir, alone (103).

Loss of viral suppression was seen in 23% of those receiving indinavir, 23% of those receiving zidovudine and lamivudine and only 4% of those receiving all the three drugs. The presence of zidovudine resistant mutation in HIV RNA at base- line was strongly predictive of loss of viral suppression in patients treated with zidovudine and lamivudine. Thus, the three drug regime was better than using maintenance therapy with indinavir alone or zidovudine and lamivudine.

UC Anoop

Treatment of chromoblastomycosis with itraconazole, cryosurgery and a combination of both. Bonifex A, Martinez Soto E, Peniche J, et al. Int J Dermatol 1997;31: 542-547.

Two modes of treatment have been used recently for chromoblastomycosis: itraconazole and cryosurgery. The study included 12 patients diagnosed with chromoblastomycosis by means of fungal and histopathological tests. The patients were assigned to three treatment groups: patients with small lesions, not greater than 15cm² in area, were assigned to group 1, in which the treatment consisted of itraconazole 300mg/day or to group 2, in which the treatment consisted of one or more sessions of open spray cryosurgery. Patients with large lesions were assigned to group 3 and started treatment with itraconazole 300mg/day, until a maximum reduction of lesions occurred and then underwent one or several cryosurgery sessions.

Clinical, fungal and laboratory tests were performed in each group before, during and at the completion of treatment. Positive cultures of *Fonsecaea pedrosi* were obtained in 11 out of 12 patients. Two out of four patients in group 1 and 3 had a clinical and fungal cure and the remaining patients experienced significant improvement. All four patients in group 2 achieved a cure. No important side effects were seen among the patients included in any of the two itraconazole group, and only two of the eight patients reported gastric discomfort.

The cryosurgery group reported only normal complications of the process, such as edema and pain;

two out of the eight patients had a superimposed infection. The results of itraconazole and cryosurgery were good in cases with small lesions; antifungal therapy being more appropriate for flexion areas. The combination of itraconazole, to reduce the size of lesion, with subsequent

treatment of remaining lesions with cryosurgery, represents a new alternative in the treatment of patients with large lesions. Both types of therapy are considered safe, with few side effects.

Sunil Menon

**Evaluation of syndromic approach in the treatment of genital ulcers.
Chakrabarty P, Hazra BR, Banerjee PP, et al. JAPI 1998;46:867-870.**

Four hundred and twenty-four patients with genital ulcers attending the STD OPD in Medical College, Calcutta during the period from January 1993 to June 1997 were selected for the study to evaluate the effectiveness of syndromic approach in the treatment of genital ulcers. All the patients had clinical and laboratory work up and the diagnosis was done at first clinically and then later on aetiologically by appropriate laboratory tests. Chancroid had the highest clinical diagnosis, 190 cases (44.8%), but was aetiologically proved in 174 cases (41.3%) indicating a 3.5% clinical overdiagnosis. In case of syphilis, the clinical and aetiological diagnoses were 25.8% and 30.9% respectively, 5.9% being clinically underdiagnosed. Genital herpes occupied a third position with clinical and aetiological diagnosis of 19.8% and 9.9% respectively, showing approximately a 10% clinical overdiagnosis.

In lymphogranuloma venereum, the clinical and aetiological diagnoses were 9.5% and 5.4%. with a 3.6% clinical overdiagnosis. There was very little difference in clinical and aetiological diagnosis in donovanosis, where the percentage was less than 2% in both. Syndromic approach consisting of inj benzathine penicillin 2.4 mega units, intramuscular on first day along with oral doxycycline 100mg twice daily was given to all cases, being extended to another 2 weeks of doxycycline therapy for poor responders and non responders. 79.5% responded to syndromic approach when followed up for 6 weeks and another 9.9% showed cure after second course of doxycycline for 2 more weeks. Overall response amounted to 89.49%.

T R Bindu

**Onychomycosis: An evaluation of three sampling methods. Hull PR,
Gupta AK, Summer Bell RC, et al. J Am Acad Dermatol 1998; 39:1015-1017.**

Availability of more effective systemic antifungals has resulted in increasing number of patients receiving treatment for clinically suspected onychomycosis. Culture identification of responsible fungus has important implications when treatment options are considered (over positive microscopy). Frequent negative cultures are reported quite often due to nonviable fungi in distal nail, sampling errors and possible interfering substances or other microorganisms.

In the context of non availability of sufficient literature evaluating which sampling method is superior, authors considered 3 practical methods of nail sampling: 1) clipping of free end of nail plate; 2) nail plate sampling by means of a No 15 surgical blade and 3) use of a 1mm curette to obtain subungual debris.

In the study, 75 patients with average age 56 (with inclusion criteria of previous positive microscopy or

culture and exclusion criteria of use of antifungal treatment - topical or systemic - in preceding 3 months were considered. A single infected toe nail was selected and all 3 methods mentioned above were applied. Dermatophytes were isolated from 80% and in 72% it was the only organism cultured -65% samples obtained by curetting, 63% of nail samples and 56% nail clippings. When 3 methods were combined 88% of NaOH positive cultures

were culture positive.

These results suggest that sampling different sites in affected nail improves culture positive and the methods used in this study do not require special skills or instrumentation.

S Prasanna Kumar

Abbreviated regimens of zidovudine prophylaxis and perinatal transmission of the human immunodeficiency virus. Wade NA, Warren BL, French T, et al. New Engl J Med 1998 ; 339: 1409-1414.

The Pediatric AIDS Clinical Trials Group Protocol 076 reported a reduction in the rate of perinatal transmission of the human immunodeficiency virus (HIV) from 25.5 percent to 8.3 percent with a three part regimen of zidovudine given antepartum, intrapartum and to the newborn. Based on these results perinatal HIV counseling and testing and zidovudine prophylaxis to reduce perinatal HIV transmission became the standard of care in the USA. To aid in the early diagnosis of HIV infection in infants who have been exposed to the virus, the New York State Department of Health established a pediatric diagnostic testing service that offers PCR testing for HIV. Using the resulting data, the authors examined whether the use of abbreviated zidovudine regimens could reduce perinatal transmission. Pregnant women who received the abbreviated regimens did so because of limited prenatal care or by choice. The data included information on the demographic characteristics of the infants and the timing of any perinatal treatment with zidovudine. The infants were classified as infected with HIV if they had at least one positive PCR test at any age. From August 1995 to January 1997, specimens from 939 HIV -exposed infants who were 180 days of age or younger were submitted for PCR testing. The rates of perinatal HIV transmission varied depending on when zidovudine prophylaxis was begun.

When treatment was begun in the perinatal period, the rate of HIV transmission was 6.1%; when begun intrapartum, the rate was 10%; when begun within the first 48 hours of life, the rate was 9.3%; and when begun on day 3 of life or later, the rate was 18.4%. In the absence of zidovudine prophylaxis, the rate of HIV transmission was 26.6%.

The results confirm the efficacy of zidovudine prophylaxis and suggest that there are reductions in the rates of perinatal transmission of HIV even with the use of abbreviated regimens that are begun intrapartum or in the first 48 hours of life. However all these findings do not diminish the importance of the administration of all three parts of the prophylactic regimen of zidovudine, an approach that has the greatest potential to reduce perinatal transmission. Also, the new guidelines in 1998 acknowledge that zidovudine monotherapy is not the optimal therapy for HIV infected pregnant women and recommended that initiation of combination therapy including zidovudine during pregnancy, both to treat the woman's disease and to prevent perinatal HIV transmission, should be carefully considered.

V Bindu