Correspondence

Imiquimod 5% Cream for the Treatment of Recurrent, Acyclovir-Resistant Genital Herpes

Sir—I read with interest the article by Bernstein et al. [1], which describes their experience using imiquimod 5% cream to treat patients with recurrent herpes simplex labialis. Here, I would like to describe its use over time for a patient with an acyclovir-resistant perirectal lesion due to herpes simplex virus.

A 72-year-old, HIV-negative African American woman with long-standing rheumatoid arthritis presented in 2002 with an exophytic, 3-cm perianal lesion that had not responded to repeated courses of low-dose acyclovir. She was receiving methotrexate weekly for her arthritis. Culture revealed herpes simplex virus type 2 that was resistant to acyclovir. Because of the exophytic nature of the lesion, a biopsy was performed to exclude neoplasm, and it revealed Cowdry type A body inclusions compatible with herpes simplex virus, as well as benign changes.

Treatment with methotrexate was discontinued, and the patient was given 1000 mg of valacyclovir 3 times per day with no improvement. Treatment with topical trifluridine also had no effect.

In November 2002, a 3-week course of foscarnet was prescribed, and the patient completed 12 weeks of 3-times-weekly application without local complication. Reepithelialization of the lesion had occurred by 10–12 weeks after completion, and it remained quiescent for the next 7 months. During the next 2 months, the exophytic erosion recurred. She then underwent a second 12-week course, and again the lesion was reepithelialized and the exophytic reaction shrank.

Acyclovir-resistant herpes simplex lesions present challenges for treatment. Foscarnet therapy is effective but requires intravenous infusion and carries significant potential for toxicity. Despite its effectiveness, it appears not to alter the time until recurrence. Cidofovir has been reported to be effective for acyclovir-resistant herpes simplex lesions with topical use [2], but topical availability and cost prevented its use in this case.

Imiquimod 5% cream caused severe local reactions in 5 of 47 patients with herpes labialis in the study conducted by Bernstein et al. [1], but it did increase the median time to positive culture results. Cidofovir has been reported to be effective for acyclovir-resistant herpes simplex lesions with topical use [2], but topical availability and cost prevented its use in this case.

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Potential conflicts of interest. C.F.B.: no conflicts.

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References


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Safety of Aseptically Processed Allograft Tissue

Sir—Crawford et al. [1] reported postoperative infection in patients who underwent musculoskeletal allograft implantation that, as they concluded, was associated with aseptically processed grafts but not with “sterile” grafts (as if aseptically processed tissue is not sterile). However, they also found that these surgical site infections were strongly associated with the use of a supplementary staple and with tibial fixation, but not with femoral fixation. How would Crawford and colleagues propose to explain this curious finding? Could only one end of the graft be contaminated? Also, they report that the median time to positive culture results was 55 days, which seems to be a very long interval for infection caused by a contaminated allograft. These observations raise serious questions, and before rushing to the easy conclusion that aseptically processed tissue is unsafe, a number of other factors need to be addressed.

The number of patients in the comparator group is small (only 81), and grouping autografts with “sterile” allografts is inappropriate because the surgical...