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Topical Treatment of Condylomata acuminata with Solcoderm

J. Brokalakis, N. Goumouzas, A. Varelzidis

National University of Athens, School of Medicine, Department of Dermatology, A. Sygros Hospital (Head: Prof. *J. Stratigos*), Athens, Greece

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Abstract. Of 85 patients with condylomata acuminata treated topically with Solcoderm, the lesions were apparently eradicated in all but 11 (12.9%), and recurrences were noted in 6 during a 3-month follow-up. Only 1 treatment was required in 55 (64.7%) of the treated subjects.

The standard treatment of condyloma acuminata is generally recognized to be less than satisfactory. The anatomic areas involved are particularly difficult to handle surgically or with materials like podophyllin or 5-fluorouracil which create considerable inflammation and carry a risk of systemic toxicity.

Prior to the current study, topical podophyllin had been the treatment employed in over 90% of patients with condyloma acuminata in this clinic. The problems with podophyllin include those of compliance by the patient in washing the treated lesions and the unpredictable time and intensity of response which often includes delayed painful inflammatory reactions, especially in mucosal tissue. Since there are few clues by which to judge the required intensity of treatment at the time of application, incomplete eradication of the lesion is not unusual. Healing is frequently with thinly epithelialized granulation tissue that is subject to painful surface cracks during intercourse or other minor trauma.

The nature of Solcoderm [1] and the experience with it to date in treating condylomata acuminata [2, 3] led us to undertake the clinical trial here reported.

Patients and Methods

85 patients with condylomata acuminata of the anogenital area were treated with local application of Solcoderm. There were 66 men ranging in age from 4 to 52 years (mean 22.4 years) and 19 women aged 2–28 years). The sites affected are shown in table I.

Table I. Results of local treatment of condylomata acuminata with Solcoderm

Locus of lesions	Number of patients	Successful results				Unsuccessful results	
		number of treatments required			% of total	failures	recurrences[1]
		1	2	>2			
Males							
Urinary meatus	13	7	2	1	77	0	3
Coronal sulcus	12	6	0	2	67	3	1
Prepuce	10	6	2	0	80	2	0
Glans penis	4	2	1	1	100	0	0
Groin/scrotal	4	3	0	0	75	1	0
Penile shaft	23	17	2	1	87	3	0
Females							
Labia	15	11	1	0	80	1	2
Anus and pubis	4	3	0	0	75	1	0
Total number	85	55	8	5		11	6
%		64.7	9.4	5.7	80.1	12.9	7.0

[1] See 'Discussion'.

Solcoderm was applied to each lesion with a wooden applicator and worked into the lesions by gently pricking from the centre towards the periphery. Treatment was guided by the nature of the initial reaction. Within a few minutes the lesion became white and hard, and a surrounding transient erythematous halo developed. Usually the patient experienced a slight pricking sensation which quickly disappeared. In the next few days the lesion shrunk and became a brown and hard crust (mummification). The patient was instructed to avoid washing the treated area for at least 12 h.

The lesion was examined 2 and 7 days after the first application. If mummification was not satisfactory, the treatment was repeated. The patient was considered cured if there was no recurrence within the next 3 months.

Results

Table I summarizes the results. The treatment was considered a failure after 3 or 4 applications in 11 (12.9%) of the 85 patients, and in 6 others (7.0%) recurrence was noted within 3 months. 3 of the 6 'recurrences' were in patients with meatal lesions who had required more than three treatments. At the time of the last follow-up visit, the appearance suggested some persisting oedema of the mucous membrane rather than residual or recurring verrucal lesions.

Of the 68 successfully treated patients (80.1%), 55 (64.7% of the total), were essentially cured by a single treatment. A 16-year-old juvenile diabetic had very resistant condylomata acuminata of the coronal sulcus. He required six applications in order to accomplish a complete cure.

There is no evidence in these limited data of a greater or lesser resistance to treatment as a result of the location of the lesions.

Discussion

While the period of follow-up observation is relatively short, there is no doubt that the recurrence rate is less than that seen with previously employed methods of treatment. The high rate of success and the simplicity and safety of Solcoderm treatment is particularly impressive. Solcoderm is the treatment of choice for condylomata acuminata.

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J. Brokalakis, MD,
National University of Athens,
School of Medicine,
Department of Dermatology,
A. Sygros Hospital,
5, Dragumi Street,
Athens 508 (Greece)