

An Overview of Clinical Experience with Solcoderm

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This report summarizes the salient features of our detailed 'Clinical documentation on a chemosurgical alternative treatment for benign and malignant tumors in dermatological practice' [thesis, Basel 1980]. The material employed (Solcoderm) has the property of directly fixing the tissue to which it is applied. The devitalized tissue dries up, darkens, and spontaneously falls off as a mummified crust in 2-5 weeks.

There seems to be a difference in the action of corrosives against pathologically altered tissue, probably as a consequence of its frequently looser, less dense structure allowing easier and more rapid penetration of the applied material into the lesion with little or no damage to surrounding normal tissue. With some types of tumors (ex. dense verruca) penetration may be more limited and the therapeutic technique needs to vary accordingly. In any event, a specific action on neoplastically altered tissue need not be postulated to explain the differences in response to Solcoderm of normal versus some types of tumor tissues. We shall review below our experience with this topical product by type of skin tumor.

Verrucae

Since these dense lesions are not easily penetrated, light scarification with the applicator stick proved useful. It was often neces-

sary to retreat after removing the cauterization crust until the desired result was achieved. Some hyperkeratotic warts were softened by pretreatment with a keratolytic such as salicylate vaseline to promote Solcoderm penetration and shorten treatment time. With plantar warts mechanical (but not operative) removal of the posttreatment cauterized area was found to be useful when retreatment was necessary. Of 24 verrucae (16 vulgaris, 7 plantaris, and 1 plana) well-documented follow-up was achieved in 22, and in 20 of these the results were good or very good, and in one satisfactory. The one failure was a problem patient of long-standing verruca plantaris.

Condyloma acuminata

These lesions are notorious for the low rate of spontaneous disappearance and high rate of recurrence after standard treatment (50% within 3 months). On application of Solcoderm the treated area immediately became colored, indicating rapid penetration of the lesion. A brief burning sensation was common, but swelling did not occur (in sharp contrast with the response to podophyllin). The presence of fissures limits the vigor of therapy since painful burning is more likely.

In 21 patients treated, lesions were present on the penis (14), intraurethral (8), anal

(6), and inguinal (3). 10 patients had previous surgery or long-term treatment with cytostatic agents.

All but 1 of the 21 patients were essentially cured of all lesions by Solcoderm treatment. The short treatment time, the outpatient basis and the accuracy with which treatment can be effectively targeted to the pathologic tissue help make Solcoderm highly suitable for the treatment of condylomata.

Nevi

Nevi and other benign tumors such as fibromas and senile angiomas also respond quickly to Solcoderm applied with an applicator stick. Small numbers of a variety of benign tumors, including nevi nevocellulares, organ nevi (nevus verrucosus), angioma, fibroma, histiocytoma and verruca seborrhoica senilis, were successfully treated. Truly fine results were achieved with Solcoderm in nevi cellulares. Layer-by-layer removal is recommended here and for pigmented moles to reduce the chance of subsequent ulcer or depigmentation.

Senile angiomas can be removed with Solcoderm, but may require time and scarification to assist penetration, so that diathermy needle may still be preferred. Similarly, fibroma can be removed with Solcoderm nonoperatively and with good results, but excision may be faster. The hyperkeratotic nature of verrucae seborrhoicae seniles makes ethyl chloride freezing followed by curette scraping a preferred method.

In general, Solcoderm is an alternative, and not necessarily the preferred treatment for these benign tumors, although outstanding results can be obtained, particularly in removing nevi nevocellulares painlessly and without surgery.

Basalioma

There were 38 patients with basalioma treated with Solcoderm, including 10 with multiple lesions and 5 with relapse lesions following prior standard therapy. New lesions were discovered in 5 patients during the course of the treatment period. The diagnosis was histologically confirmed in this group 73 times.

These soft lesions become discolored quickly after the application of Solcoderm followed by crust formation and fall off.

The follow-up period ranged from 2 to 21 months, during which time results were judged to be good in 28 patients. In the other 10 the time necessary to judge the eradication of the lesion and the quality of healing was not yet adequate. Two lesions relapsed and were retreated.

A 5-year observation period will be necessary for definitive evaluation of relapse rate, especially since there is of necessity some uncertainty about the depth of fixing action and whether all ramifications of the tumor in regions of subclinical growth had been eliminated. Nevertheless the experience indicates that Solcoderm treatment has the advantages of being very simple, conveniently performed in home or office without special equipment, not limited by the patient's general health, easily repeated as often as necessary, applicable to previously damaged terrain, and generally yielding good cosmetic results with minimal scar formation, telangiectasia, or pigment changes. These features make its use particularly appropriate for superficial lesions, difficult locations, areas of previous radiation stress, and multiple lesions.

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