

'Solcoderm' in the Treatment of Skin Lesions

Clinical experience shows that 'Solcoderm' provides many advantages . . .

'Solcoderm' is a topical product which fixes directly to a skin tumour and mummifies it. The crust formed in this process spontaneously falls off in 2-5 weeks. 'Solcoderm' cured 21 of 22 verrucae and 20 of 21 patients with condyloma acuminata (31 lesions). In condyloma acuminata, other standard treatments produce a lower cure rate and a high rate of recurrence. Thus, 'Solcoderm' is particularly effective. It is also successful in removing nevi and other benign tumours, particularly nevi nevocellulares, and basalioma. In 38 patients with basalioma (10 with multiple lesions and 5 with relapse lesions following other therapy), good results were achieved in 28 cases. A longer observation period will be necessary to judge the success of treatment and the relapse rate in the other 10 patients.

'Nevertheless the experience indicates that Solcoderm treatment has the advantages of being very simple, conveniently performed . . . , 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.'

Labhardt, W.C.: *Dermatologica* 168 (Suppl. 1): 31 (May 1984)

. . . and is effective in a variety of epithelial growths

'Solcoderm' was applied to 1002 lesions including basal cell carcinoma, trichoepithelioma, intradermal nevus, fibroma and papilloma, solar keratosis, seborrheic keratosis, verruca plana and condyloma acuminatum. The incidence of side effects and local infection was low in the 372 patients who received treatment. Most scabs dropped off within 10 to 14 days of treatment revealing a healed lesion. 32 lesions produced superficial scarring but 18 of these lesions showed no scarring at 6 months. Changes in pigmentation at the site of 220 lesions were mild and half of these changes disappeared within 3-5 months of treatment.

'Solcoderm' appears to be effective and safe in the management of epithelial growths. All lesions of condyloma acuminata (22), verruca plana (38) and seborrheic keratosis (103) and 319 of 405 solar keratosis were responsive to a single application of 'Solcoderm'. Intradermal nevi and basal cell epithelioma often required 3 or 4 treatments. This treatment appears particularly suitable for growths at sites difficult to manage with alternative treatments and for patients in whom surgery or the use of local anaesthetics are contraindicated.

Haim, S. and Cohen, A.: *Dermatologica* 168 (Suppl. 1): 46 (May 1984)

It eradicated naevi, common and palmo-plantar warts . . .

In a 2-year study, 36 patients with viral warts and 13 with naevocytic naevi (malignant lesions excluded) agreed to treatment with 'Solcoderm'. All 33 naevi were eradicated, usually with 1 or 2 applications of 'Solcoderm' (maximum 4). Four months after treatment a small residual scar was visible at 3 lesion sites and there were no recurrences.

214 viral warts were treated and eradicated, usually with 1-3 applications of 'Solcoderm' (maximum 7). Among 61 isolated common and palmo-plantar warts, 1 common wart reappeared and there were cupulate scars at the site of 2 common facial warts after 4 months. 153 lesions were multiple viral warts (in 4 patients) and, in 2 patients, there was a recurrence in the majority of these warts within a few weeks of treatment and apparent cure. A selective immune deficiency in patients with multiple warts may account for this resistance.

'Solcoderm' is effective, harmless and easy to use **and promises to be a treatment of choice for unaesthetic or troublesome naevocytic naevi, as well as for common and palmo-plantar warts.'**

Burri, P.: *Dermatologica* 168 (Suppl. 1): 52 (May 1984)

. . . condyloma acuminata . . .

85 male and female patients presented with a condyloma acuminatum at various sites in the anogenital region and were treated with 'Solcoderm'. 68 patients were successfully treated and of these 55 received only 1 treatment. Treatment was unsuccessful in 17 patients. 11 did not respond after 3 or 4 applications of 'Solcoderm' and the other 6 suffered a recurrence of the lesion within 3 months. The success or failure of treatment does not appear to be related to the location of the lesions. The location of condyloma acuminata in the genital and anal regions complicates treatment but 'Solcoderm' proved highly successful in removing the lesions.

Brokalakis, J. et al.: *Dermatologica* 168 (Suppl. 1): 49 (May 1984)

. . . and solar and seborrheic keratoses

28 patients with solar keratoses (86 lesions) and 36 patients with seborrheic keratoses (69 lesions) applied 'Solcoderm' to their lesions. Seborrheic keratoses are removed for cosmetic reasons but solar keratoses may

be precancerous. Patients with solar keratoses received 1 to 3 treatments with 'Solcoderm' (repeats applied at 2-weekly intervals) and those with seborrheic keratoses received 1 or 2 treatments. More than 1 treatment was required if the primary lesion was not completely healed when the crust dropped off.

69 (80%) of the solar keratoses and 62 (75%) of the seborrheic keratoses were healed at 10 weeks. Six solar keratoses and 9 seborrheic keratoses displayed erythema at 10 weeks but this was no longer visible at 15 weeks. In 3 solar keratoses, there was a slight scar after healing. 17 solar and 17 seborrheic keratoses showed only partial lesion healing at 10 weeks but eventually, only 7 solar keratoses failed to heal completely. Thus, the treatment was effective and well tolerated.

Feurman, E.J. et al.: Dermatologica 168 (Suppl. 1): 33 (May 1984)

Basal cell epitheliomas were also eradicated . . .

Experiences with 'Solcoderm' in basal cell epitheliomas, in over 300 patients at 1 medical centre during the past 4 years, show the topical agent to be a simple and effective treatment. In 1 group of 28 patients, 32 of 33 ocular or periorcular tumours (29 were basal cell epitheliomas) were successfully treated with 'Solcoderm'. Six recurrences occurred but 5 of these responded to a further application of 'Solcoderm'. This cure rate was particularly gratifying, avoiding the use of surgery or radiation and producing excellent cosmetic results.

The treatment of small superficial basal cell epitheliomas was most effective and produced a low recurrence rate. The treatment of failures from other therapies and relatively large and deep lesions produced a higher recurrence rate. 'Solcoderm' was also useful in patients with multiple lesions, often located on cosmetically important areas.

Schewach-Millet, M. et al.: Dermatologica 168 (Suppl. 1): 43 (May 1984)

. . . and long term follow-up showed a low recurrence rate

This study evaluated the success of treatment at a long term follow-up 5-8 years after 71 patients were treated for skin cancer with 'Solcoderm'. Five patients were not available for re-examination. 57 patients had basal cell epitheliomas, 6 developed recurrences and 3 developed new lesions. Nine patients had squamous or spindle cell carcinomas, 6 developed recurrences and 2 developed new lesions. Five of the recurrences of basal cell epitheliomas were in large tumours > 2cm in diameter. Two of the 3 new basal cell carcinomas were in patients who also had recurrent lesions.

The low recurrence rate of small basal cell epitheliomas 5-8 years after treatment with 'Solcoderm' **' . . . is encouraging for the therapists and patients who choose to take advantage of the simplicity of treatment and retreatment with Solcoderm.'**

Ravit, M. et al.: Dermatologica 168 (Suppl. 1): 63 (May 1984)