

Does acyclovir have an adjunctive role in plantar wart therapy?

A substantial number of patients are seen in the general dermatology practice for treatment of verrucae. In many cases verrucae can readily be treated or removed. The young patient can be assured that many warts will resolve spontaneously with time, thus avoiding aggressive intervention. However, plantar warts in adults tend to persist, and the mosaic variety in the presence of plantar hyperhidrosis can be frustrating for patient and physician.

Several months ago three adults, two men in their twenties and a middle-aged woman, were referred for treatment of mosaic plantar warts that had been recalcitrant to topical acid therapy. The warts covered from 10% to 20% of the plantar surface and had been present for several years. For the previous six to nine months the patients had received weekly to monthly applications of monochloroacetic and bichloroacetic acid. All three saw little or no improvement.

As a consultant, I elected to use further topical acid

therapy before resorting to 5-fluorouracil, formalin, or surgery. The warts were pared and bichloroacetic acid was applied under occlusion at seven- to ten-day intervals. Between sessions, 6% aluminum chloride hexahydrate solution (Xerac-AC) was applied every morning to the entire plantar surface, and acyclovir 5% ointment (Zovirax) was applied three times daily to the affected areas. Two patients were clinically free of warts on the third session and the remaining patient on the fourth. The patients remained free of warts in follow-up evaluations ranging from three to five months after the last treatment.

Although these anecdotal cases are few and may represent coincidence or spontaneous remission, they raise the question of whether or not the anti-DNA viral activity of acyclovir can potentiate the efficacy of conventional acid wart therapy. It would be interesting to hear if others have had favorable experience with acyclovir and if any controlled study is in progress.

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