



Chapter I

Introduction

1.1 Backgrounds

Wart infection (verruca vulgaris) is a very common disease in dermatologic practice. It is caused by one or more of the various strains of human papilloma viruses. People of all races, ages and sexes can be affected. In most instances warts regress spontaneously after some time (Massing and Epstein, 1963) but some, for unknown reasons, tend to persist indefinitely. Treatment of few lesions are not problematic. In contrast multiple warts especially ones of several years' duration are notoriously difficult to treat and are, at times, disfiguring.

In most infections, host immune responses are stimulated by the causative organisms. This also holds true in the case of wart infection. However, with multiple warts, in the presence of large amount of wart antigens, the immune responses are aberrantly suppressed (Mohanty an Roy, 1984). This phenomenon is thought of as similar to that seen in lepromatous patients (Reid, Fraser and Kernohan, 1976) and is probably the explanation for the long persistence of such lesions. Treatment aimed at immune restoration should , therefore, be considered. Topical immunomodulatory agents, e.g. Dinitrochlorobenzene (Taylor, 1988; Dunagin & Millikan, 2 1982; Lewis, 1973) and Diphenciprone (Orecchia, 1988) have been shown to be clinically effective in wart infection. But the fear of carcinogenicity

especially for the former compound has made it unacceptable to some.

Inosine Pranobex (Isoprinosine R), first described as an antiviral agent, has been used in extensive experimental (Ohnishi, 1982; Glasgow and Gallasso, 1972) and clinical (Galli, et al., 1982; Campoli Richards, Sorkin and Heel, 1986; Sriwanthana et al., 1986; Mohanty and Scott, 1986; Dalimo, Joronen and Havu, 1983; Gross, Jogerst and Schoepf, 1986; Feldman et al., 1978; Wallace and Bekesi, 1986) trials with variable results. It also exhibits antitumoral effects. Both antiviral and antitumoral effects are thought to be secondary to its immunomodulatory properties. Therefore, Inosine pranobex may have its place in the treatment of multiple warts in whom some immunodeficient state presumably exists.

1.2 Objectives

To provide an evidence that Inosine pranobex is effective in the treatment of multiple warts in 2-month treatment period.

1.3 Method Summarization

Inosine pranobex is administered orally at 3,000 mg/day in adults and 50 mg/kg/day in children to patients with multiple warts. Immunohistochemical study by the use of monoclonal antibodies is performed.

1.4 Benefits

If Inosine pranobex is proved to be effective, it may have its place as an alternative treatment in recalcitrant warts or as a first line drug in multiple warts.



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