dermolysis bullosa. In this disease (5), as in cases of pretibial epidermolysis bullosa (2), rudimentary anchoring fibrils and a decreased number of fibrils have been detected in apparently normal skin. Why our patient had vulvar lesions remains unclear, except for the patient’s moderate adipositas.

REFERENCES

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Intralesional Bleomycin for the Treatment of Non-genital Warts in HIV-infected Patients

Sir,

Warts in individuals infected with the human immunodeficiency virus (HIV) are common, frequently disfiguring and a cause of considerable distress to those afflicted. There is a low response of warts to conventional therapies in HIV-infection, which might reflect the inherent immune dysfunction. Bleomycin has been shown to be effective in treating resistant warts (1, 2) and warts in immunocompromised transplant patients (3). We have investigated the efficacy of direct intralesional delivery of an antimitotic agent (bleomycin) to treat warts in patients with HIV-infection.

Four HIV-infected patients with long-standing, disfiguring hand and finger warts were treated. The mean patient age was 34.7 years, with known duration of HIV-infection from 6 to 8 years (mean 7.25 years). CD4 cell counts ranged from 0.008 to 0.35 x 10^9/l (mean 0.23 x 10^9/l). Ten warts from 2 mm to 12 mm diameter were treated, with 10 untreated warts used as controls.

Using a careful, aseptic technique with the physician wearing suitable clothing and eye protection, selected warts were anaesthetised with plain 1% lidocaine. A multiple puncture technique (4) was then used to inoculate bleomycin sulphate (1 U/ml-dose range 0.1 to 0.4 ml depending on wart size) into the wart tissue.

Warts were treated with bleomycin sulphate at 3 weekly intervals for up to 3 cycles of treatment. Warts of similar size and duration on the same subject were selected as controls and received no treatment. Response, side-effects and patient satisfaction were assessed.

Overall, complete resolution was observed in 5 warts, with partial resolution in 5 warts (Table 1). No regression of the control warts was observed during the study period.

The procedure was well tolerated in all subjects. Side-effects were limited to local pain in all subjects, and one subject experienced mild hand swelling. Simple oral analgesia was required after the procedure in 2 subjects. Three of the subjects were keen to have the treatment again and completed 3 cycles of therapy. All 4 subjects were pleased with the results of treatment.

Intralesional bleomycin for the treatment of recalcitrant warts, unresponsive to conventional therapy, is a well-tolerated procedure with a good response rate in HIV-infected individuals. The mechanism by which bleomycin acts is as yet unknown. However, its exact mode of action may be related.

Acta Derm Venereol (Stockh) 76
to its cytotoxic or virucidal properties. Potential side-effects include pain, local swelling and possibly Raynaud’s phenomenon (5). Systemic and long-term toxicity is unlikely in view of the extremely low doses of bleomycin used. The procedure is potentially hazardous to perform and considerable care must be taken to avoid needle-stick injury and blood spillage. In selected patients this procedure may provide excellent cosmetic results, with a high level of patient satisfaction.

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Lateral Edge Nail Involvement Indicates Poor Prognosis for Treating Onychomycosis with the New Systemic Antifungals

Sir,

The new systemic antifungal drugs quickly reach the nail plate via rapid diffusion across the nail bed (1–3). This is possible as the nail plate and nail bed are tightly bound.

In 5 out of the 18 patients who did not respond to, or relapsed on, oral itraconazole or terbinafine we found involvement of the lateral edge of the nail plate.

Looking at the normal histology of this nail region (Figs. 1, 2), we became convinced that there is poor penetration of the antifungal agent into the lateral edge of the nail via the...