



INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

## **EFFICACY AND SAFETY OF INTRALESIONAL MMR VACCINE VERSUS TOPICAL SALICYLIC ACID THERAPY FOR COMMON WARTS: A COMPARATIVE STUDY**

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**Introduction:** Extensive warts cause physical embarrassment and psychological distress to the patients as well as a therapeutic challenge for the treating dermatologists. No single therapy has been found to be efficacious till date. The results with topical keratolytics aren't satisfactory. Immunotherapy is an emerging method of treatment and previous studies have also highlighted its role. Hence, immunotherapy is proposed as a treatment option for recalcitrant and extensive warts.

**Objective:** The aim of our study was to compare the clinical effectiveness of salicylic acid versus immunotherapy with MMR vaccine for the treatment of multiple new or recalcitrant warts.

**Materials and Methods:** A comparative clinical trial was conducted in Dermatology Department of TUTH from 17th July, 2015 to 19th July, 2016 with 64 patients each in MMR and Salicylic acid group. MMR vaccine was injected intralesionally in the MMR group, whereas Salicylic acid was applied to the lesions in the second group. In the MMR group, injections were repeated every 2weeks for maximum 3 injections. All patients were followed up every 15-day up to 45 days. In the Salicylic acid group, outcome measurements were done at very 4weeks for upto 12weeks. Side effects and therapeutic outcomes were evaluated and compared.

**Results:** At the end, Complete Cure was reported in 83.88 % in MMR group, and 57.69 % in SA group, relatively lower. ( $p < 0.05$ ) The minimum and maximum number of sessions needed to clear the wart was 6 weeks and 3 months from last follow up in MMR and SA group respectively.

**Conclusion:** Immunotherapy has been emerging as a new therapy. This study emphasizes the use of MMR vaccine as easy, safe and cost-effective treatment. Comparing with previous studies, MMR has shown to have better results than salicylic acid in our study.

