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

EFFICACY OF TREATMENT OF WARTS WITH INTRALESIONAL MMR VACCINE VERSUS COMBINATION THERAPY WITH TOPICAL SALICYLIC ACID AND INTRALESIONAL MMR VACCINE: A COMPARATIVE STUDY

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Background: Wart is a commonly encountered problem with prevalence of 4% in Nepal. Salicylic acid (SA) is one of the first line therapies, has cure rate ranging between 0-69%; while immunotherapy with intralesional mumps, measles and rubella (MMR) vaccine, has shown complete cure rate between 26-81%. In recent time, immunotherapy has gain credible evidence in treatment of common, recalcitrant and distant warts. However, never has been the intralesional vaccine combined with topical salicylic acid to obtain higher cure rates. We hypothesized that the combination therapy has better outcome as compared to MMR vaccine alone.

Objective: To compare the cure rate of intralesional immunotherapy of warts with MMR vaccine alone and MMR vaccine along with salicylic acid.

Materials and Methods: This prospective study included 57 patients of multiple cutaneous warts, who were randomly assigned into two groups. The Group A (MMR) with 30 patients and Group B (MMR+SA) with 28 patients received intralesional MMR vaccine in the largest wart at 2-week intervals until complete resolution or maximum of 3 doses. The Group B in addition, received various concentrations of topical salicylic acid (depending upon the site) daily, until complete clearance or maximum of 8 weeks. Both the groups were assessed at the end of 12 weeks.

Results: Complete response was achieved in 53.3% and 62.9% of patients in Group A and B respectively. 30% of patients in Group A and 18.5% of participants in Group B had partial or incomplete response. No change or response in warts was evident in 16.6% and 18.5% of patients in Group A and B respectively. There was no significant difference in therapeutic response in the two groups ($\chi 2=1.02$, $p>0.05$).

Conclusions: The combination therapy of intralesional MMR and topical SA does not have a

significantly better cure rate as compared to immunotherapy alone.