MEDICAL THERAPIES AND PHARMACOLOGY

EFFECTIVENESS AND SAFETY OF INTRALESIONAL MUMPS-MEASLES-RUBELLA VACCINE VERSUS NORMAL SALINE IN THE TREATMENT OF VIRAL WARTS: A DOUBLE BLIND, RANDOMIZED CONTROLLED TRIAL

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Introduction: Traditionally used ablative methods for treating warts have limitations of high recurrence and unsuited for numerous lesions.

Objectives: Evaluate effectiveness and safety of MMR and Normal Saline(NS) as Immunotherapy for warts

Methods: The institution-based, double blind, randomized-controlled trial was conducted after obtaining ethics committee approval. Patients with viral warts (excluding genital warts) were recruited after obtaining informed-consent, randomized (balanced un-stratified randomization; allocation ratio1:1; concealed by SNOSE) into two groups (group A=MMR; group B=NS). 0.3 ml of either medicine injected intra-lesionally in the largest wart at fortnightly intervals for 3 dosage. Patients were followed-up for another 6months for recurrence. Sample size was 38 with 5% alpha-error, 80%power and 10% dropout.

Result: Amongst patients completing modified intention-to-treat protocol, 19 each received MMR (mean age 26.18±8.51years) or NS (mean age26.47±7.4years). Complete cure (47.1% with MMR and 55.56% with NS) was comparable with both treatment arms (P>0.05, Fisher's test). Baseline number of lesions were comparable (P=0.788, Mann Whitney's test) and reduced significantly with treatment in both groups (P=0.001 with MMR and P<0.001 with NS, Friedman's ANOVA); seen from 4th follow-up in both arms (P<0.05, Post hoc Dunn's test). Baseline size of lesions were comparable (P=0.121, Mann Whitney's test), showing significant reduction (P<0.05, Post hoc test) from 3rd follow-up onwards in both groups (P<0.001, Friedman's ANOVA) (from 8.06±3.03mm to 4.24±4.87mm in MMR versus 6.84±4.14mm to 2.68±3.83mm with NS). Intergroup comparison showed no

significant difference (P<0.05, Mann Whitney's test) with MMR or NS. Pain in injection-site was only adverse event noted in both groups. No recurrence was reported.

Conclusion: Intralesional NS is comparable to intralesional MMR, and both hold promise in treating warts.