# Letter to the Editor

#### Dear Cutis®:

I commend Elish et al on their recent review of the topical treatment of herpes labialis (Therapeutic options for herpes labialis, II: topical agents. *Cutis.* 2004;74:35-40). However, their assertion that penciclovir cream is more effective than acyclovir cream in treating cold sores is incorrect and based on a misinterpretation of the available data.

Dr. Elish and colleagues refer to a study published by Lin et al<sup>1</sup> comparing the efficacy of topical penciclovir cream 1% versus acyclovir cream 3% in the treatment of herpes labialis. Elish et al assert that there is a "trend toward a shorter time to resolution of symptoms, cessation of new blisters, and loss of crust" with penciclovir and incorrectly cite  $P \leq .008$ . The P value from the original paper by Lin et al<sup>1</sup> is 0.08. This is a 10-fold difference and is not supportive of statistical significance in the relative efficacy of penciclovir cream 1% versus acyclovir cream 3%. Furthermore, the value P=.08was derived from a subset of Lin's original total study population. The subset only included the primary cases of herpes labialis and accounted for just 18% to 20% (20/111 for the acyclovir-treated group and 23/114 for the penciclovir-treated group) of the overall study population. Elish et al do not mention this specific sample group when presenting their assertions on the relative efficacy of these 2 drugs.

In fact, Lin et al<sup>1</sup> reported no statistically significant differences in the total study population between treatment groups (*P* value range,  $\leq 0.34-0.70$ ) or in the nonprimary (recurrent) cases (*P* value range,  $\leq 0.67-0.93$ ) for efficacy assessments of time to resolution of symptoms, cessation of new blisters, loss of crust, as well as signs and symptoms scores on days 5 and 7.

When discussing therapeutic efficacy of herpes labialis, it is especially important not to exclude recurrent cases because many patients only seek and receive therapy after experiencing recurrences. Therefore, the proper conclusion is that the large, randomized, double-blind study by Lin et al<sup>1</sup> demonstrated no clinically relevant significant difference between penciclovir cream 1% and acyclovir cream 3% in the treatment of herpes labialis.

Further, it should be mentioned that in the United States acyclovir cream is only available at

the strength of 5%, not 3%. One can assume that the 5% strength will show greater efficacy than 3%.

Sincerely, Mitchell E. Stashower, MD The Clinical Skin Center of Northern Virginia Fairfax, Virginia

Dr. Stashower has served as a consultant to and is on the advisory board for Biovail Corporation.

### REFERENCE

1. Lin L, Chen XS, Cui PG, et al. Topical application of penciclovir cream for the treatment of herpes simplex facialis/ labialis: a randomized, double-blind, multicentre, acyclovircontrolled trial. *J Dermatolog Treat*. 2002;13:67-72.

## **Author Response**

I thank Dr. Stashower for his comments. We do apologize for the typographic error in our article. However, I will point again to the study by McKeough and Spruance<sup>1</sup> evaluating the comparative efficacy of penciclovir cream, acyclovir cream, n-docosanol cream, and acyclovir ointment in a guinea pig model of cutaneous herpes simplex virus type 1 infection. In this model, the efficacy of penciclovir cream was greater than acyclovir cream, acyclovir cream was greater than or equal to acyclovir ointment, and acyclovir ointment was greater than n-docosanol cream.

I wish to disagree with Dr. Stashower's final statement. I do not think we can assume that the higher concentration of acyclovir will show greater efficacy; data is necessary to substantiate this assertion.

Sincerely, Jeffrey M. Weinberg, MD New York, New York

Dr. Weinberg is on the speakers bureau for Novartis Pharmaceuticals Corporation.

### REFERENCE

1. McKeough MB, Spruance SL. Comparison of new topical treatments for herpes labialis: efficacy of penciclovir cream, acyclovir cream, and n-docosanol cream against experimental cutaneous herpes simplex virus type 1 infection. *Arch Dermatol.* 2001;137:1153-1158.