Cantharidin Offers an Alternative Option for Warts

BY TIMOTHY F. KIRN
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VAIL, COLO. — Many providers have begun to treat molluscum contagiosum with cantharidin, a blistering agent produced by a beetle, instead of with liquid nitrogen.

The reason is that cantharidin is less painful and very well tolerated compared with curettage or liquid nitrogen, Dr. Lawrence F. Eichenfield said at a meeting sponsored by the American Academy of Pediatrics.

"It has been shown in a variety of studies [to be] a highly effective agent," said Dr. Eichenfield, a pediatric dermatologist at the University of California, San Diego, and Rady Children's Hospital, also in San Diego. The majority of the time, he said, one to three 4-hour applications are sufficient to treat the lesions.

Dr. Eichenfield uses the method made popular by a report in 2000 from investigators at Northwestern University, Chicago. In their report, the investigators treated 300 patients with cantharidin and later interviewed their parents. The researchers said that, with an average of about two treatments, 90% of the patients were cleared of their lesions. Another 8% had improvement but were not cleared by the treatment, although their lesions resolved afterward (J. Am. Acad. Dermatol. 2000;43:503-7).

Ninety-two percent of the patients experienced blistering, and 37% reported erythema at the site after treatment, which lasted for up to 3 weeks. Fourteen percent reported mild to moderate pain after treatment and 10% reported a transient burning sensation. Other adverse events—including pruritus (6%) and bleeding (1%)—occurred less frequently. There were no serious events.

Ninety-five percent of parents said they would have their child treated the same way again. Of the 14 who would not, 3 gave their child's blistering as the reason and 1 mentioned pain. The others found multiple visits inconvenient or did not give a reason.

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DR. EICHENFIELD

In the Northwestern method used by Dr. Eichenfield, the cantharidin (0.7% concentration) is daubed on the lesions with the wooden end of a cotton-swab, sparing the surrounding skin. He treats no more than 20 lesions at a time; he does not treat facial lesions with this method.

The sites are not occluded afterward, and the agent is washed off with soap and water 4-6 hours later, Dr. Eichenfield said.

Although the treatment is relatively safe, he said he would recommend physicians receive training before using cantharidin to avoid severe blisters. ■

Terbinafine Rivals Other Antifungals For Tinea Pedis

RHODES, GREECE — Terbinafine is superior to placebo and comparable with other antifungal agents for the treatment of tinea pedis, Dr. Hans Christian Korting reported in a poster at the 15th Congress of European Academy of Dermatology and Venereology.

The finding is based on a meta-analysis of 19 randomized controlled trials including more than 2,300 patients. Various formulations of terbinafine, including cream, gel, and a new film-forming solution that requires only a single application, were compared with placebo or another antifungal.

The mycologic cure rate with terbinafine was significantly higher than with placebo (pooled relative risk 3.173), and tended to be higher, though not significantly, than with other antifungal agents (pooled relative risk 1.034), said Dr. Korting of Ludwig-Maximilians University in Munich, Germany.

There were no statistically significant differences in cure rates among the various terbinafine formulations. No conflicts of interest were disclosed.

—Sharon Worcester