Oral Cefdinir Safe for Penicillin-Allergic Patients

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KAPALUA, HAWAII — Oral cefdinir is safe for the treatment of skin and soft-tissue infections in people who are allergic to penicillin, Dr. James Q. Del Rosso said in a poster presentation at the Winter Clinical Dermatology Conference, Hawaii.

He reported that a literature review found virtually no cross-reactivity between cefdinir (Omnicef) and penicillin, despite concerns about the use of cephalosporins in patients with a history of penicillin allergy.

"All cephalosporin antibiotics are not created equal," said Dr. Del Rosso, who has a private dermatology practice in Las Vegas.

He maintained that differences in the seven-position side chain structure of selected cephalosporins make cross-reactivity with penicillin less likely in second- and third-generation cephalosporins such as cefdinir.

"A thorough review of available data indicates that the frequently cited risk of 8%-18% cross-reactivity to cephalosporins among penicillin-allergic patients is not accurate, is misleading, and requires revision," Dr. Del Rosso said in his poster.

The increased risk of allergic reactions in penicillin-allergic patients is only 0.4% for first-generation cephalosporins and "nearly nil" for certain later-generation agents, which he defined as cefdinir, cefpodoxime, and cefuroxime.

"The one we use in dermatology [cefdinir] appears to have essentially no cross-reactivity with penicillin," he said in an interview at the conference, which was sponsored by the Center for Bio-Medical Communications Inc.

Dr. Del Rosso noted that the American Academy of Pediatrics has endorsed the use of cefdinir, cefpodoxime, and cefuroxime in penicillin-allergic children, excluding those who have had life-threatening reactions such as anaphylaxis or toxic epidermal necrolysis. He also said that the American Academy of Family Physicians has taken a similar position regarding use of these agents.

"The risk of anaphylaxis associated with cephalosporin use has been cited to range from 0.1% to 0.0001%, with no cases of fatal anaphylaxis reported in children," according to the poster.

Medicis, The Dermatology Company provided support for production of the poster.

Dr. Del Rosso is a consultant to, and serves on the speakers' bureau of, Abbott Laboratories, which is the manufacturer of Omnicef. ■

Tuberculin Skin Test Promising as Wart Therapy

SAN FRANCISCO — The results of an open-label, controlled study suggest that the tuberculin skin test may be an effective wart treatment, Dr. Abdulmajeed Alajlan reported at the annual meeting of the American Academy of Dermatology.

Intrigued by previously reported successes with *Candida* antigen against warts, Dr. Alajlan of King Saud University in Riyadh, Saudi Arabia, decided to test whether the tuberculin skin test had a similar effect.

The study involved 40 patients with warts who each received a single intradermal injection of the tuberculin skin test directly into one wart, and another 20 patients who received single intradermal injections of normal saline into one wart.

The treatment was repeated in 4 weeks if the patient had no response to the first injection, and this continued for a maximum of three treatments.

In all, 76% of the patients receiving tuberculin skin test responded to the treatment, compared with just 10% of the patients receiving placebo, a statistically significant difference.

Dr. Alajlan noted it was surprising that 36% of the responders experienced clearing of warts not only at the site of the injection, but at distant sites as well. A total of 45% of the responders required only a single treatment.

The only adverse events that Dr. Alajlan noted involved minor pain and swelling at the injection site. He is now conducting a similar study to see if the therapy works in immunocompromised patients as well.

—Robert Finn