tubes of the topical preparation per month, which gives an approximate total usage of 8076 tubes.

There are several conceivable reasons, none of which satisfactorily explains why our incidence of contact dermatitis is less than that reported (4). These authors used repeated insult patch tests which were performed on the upper arm; at this site, there is little lipid, as compared with the facial skin, and this may influence the cutaneous reactivity. In addition, the patch tests were under occlusion, and in the treatment of acne benzoyl peroxide is not so applied. Furthermore the initial provocation tests contained sulphur and all tests used a benzoyl peroxide ointment formulation whereas in clinical practice a gel or lotion is the base commonly used.

There is no doubt that benzoyl peroxide can produce a high incidence of primary irritant reaction and this is not unusual with many other acne preparations such as retinoic acid gel and cream (3). Only in 4, possibly 5, patients was the skin damaged sufficiently to warrant complete stopping of the therapy prior to patch testing; thereafter 4 were able to continue with less frequent applications of benzoyl peroxide.

We have also confirmed previous studies that this irritancy decreases with time, an important point which must be emphasized to patients and physicians, so that the topical preparation is used optimally. Otherwise the patient and physician will prematurely, and unnecessarily, stop what is an effective topical acne treatment.

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Herpes simplex Infection Simulating a Positive Auto-inoculation for Haemophilus Ducreyi

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Abstract. Auto-inoculation from a genital ulcer suspected of being ulcus molle gave redness after 24 hours and after 48 hours vesicles and pustules appeared. Cultivation from the auto-inoculation after the 48 hours was positive for herpes simplex virus type 2.

Our observation underlines two points: auto-inoculation for the diagnosing of *Haemophilus ducreyi* infection may be mimicked by herpes simplex infection, and the incubation period of herpes simplex can be shorter than the 4–5 days usually given.

Key words: Ulcus molle; Herpes simplex virus 2; Incubation period; Auto-inoculation

Auto-inoculation of material from genital sores suspected of being chancroid is still occasionally used with the purpose of obtaining *Haemophilus ducreui* more easily for culture than from the natural sores (10). A positive auto-inoculation will initially show vesicles and pustules and later a new sore appearing 2–3 days after transmission.

In a patient, culture from an auto-inoculation showing vesicles and pustules was positive for herpes simplex virus 2 days after transmission, whereas culture for *Haemophilus ducreyi* proved negative. This period of incubation is much shorter than usually described for herpes simplex. This observation is of relevance for diagnostic and epidemiological considerations.

CASE REPORT

The patient was a 20-year-old male in otherwise good health, who on a particular day following sexual intercourse noticed redness and scratch marks on the right side of glans penis. After 4 or 5 days he developed multiple, small, indurated ulcerations on glans penis and the preputium and had yellow viscous urethral discharge. Before this episode he had not been sexually active for several months. He was seen 7 days after coitus. He felt a little weak, but not febrile. In the left inguinal region a painful mobil gland was found, measuring 1.5×1.5 cm. In the right inguinal region there was redness and sore infiltration in a 4×4 cm area covering a mobile gland.

Repeated dark-field microscopic examinations of material from the ulcerations for *Treponema pallidum* proved negative. Wassermann, Kahn and FTA-ABS reactions in serum were negative. Culture for herpes simplex from the ulcerations were positive for type 2, cultures for gonococci from urethra and rectum were negative. Auto-inoculation with material from the ulcerations was performed on the abdominal skin. After 24 hours a slight redness was seen, and after 48 hours redness and infiltration was observed on a 3×3 cm area with three vesico-pustulous elements. Culture after 48 hours was positive for type 2, whereas culture from the auto-inoculation for *Haemophilus ducreyi* was negative.

Because of the suspicion of chancroid, therapy with Bactrim® (sulfamethoxazole and trimethoprim, 400/80 mg) 2 tablets twice daily was started, eventually followed by healing.

DISCUSSION

This short period of incubation for herpes simplex infection where redness developed after 24 hours, and 48 hours for the formation of vesicles, is much shorter than generally reported previously. According to Nagington & Rook (5), the incubation period in primary infections is at least 4 to 5 days even after direct inocculation in the skin. In a recent review it was reported that clinical symptoms appeared within 3 to 7 days following an adequate exposure, although the incubation period might extend up to 20 days (7). During epidemics in wrestlers, incubation periods of 4 to 10 days have been found (6, 8). Accidental inoculation of herpes simplex infections on the abdominal wall because of suspicion of chancroid has been reported previously, though the virus was not demonstrated (4). In one case a positive reaction was seen after 48 hours (9). Autovaccination with fluid from herpes vesicles has been used as a treatment for recurrent herpes simplex, but with little success. New sites for recurrent infections were often found (1, 2).

In several cases vesicular reactions have been reported at the inoculation site after 48 to 72 hours (1). The fluid from a recently formed vesicle can easily produce recognizable cytopathic effects in many cells in an amniotic tissue culture in 18 to 24 hours (3), indicating that a very short incubation period is theoretically possible. The very short incubation period found in the present patient for the auto-inoculation and probably also the primary infection is important with regard to the differential diagnosis against ulcus molle, where it may simulate a positive auto-inoculation and also has epidemiological implications.

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