

py. Intralesional steroids can quickly reduce the extent of inflammation in some cystic acne lesions and therefore, it seemed reasonable to determine the efficacy of a potent topical steroid on the inflamed acne lesions in patients.

In this group of patients the results were very clear. Clobetasol propionate does not significantly reduce the number of inflamed acne lesions, nor does it produce a favourable shift of lesions from a more active to a less active phase.

Furthermore, since steroids may induce acne by affecting ductal cornification (8) we do not recommend the use of topical steroids in the treatment of moderate acne, either in the short or long term. This study may also indirectly help in our understanding of acne inflammation, since the topical steroid did not influence the overall inflammation it suggests that the mediators of inflammation modified by steroids, such as certain prostaglandins and leukotrienes, are not involved in the inflammation of acne lesions in patients with moderate acne.

Wound Dressing after Skin Planing

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A variety of dressings have been used following skin planing. Compresses are difficult to apply and simple bandages stick tight and are hard to remove. The Department of Dermatology has for several years used Collagen film, but this film is no longer commercially available. After 12 patients with acne scars underwent skin planing, synthetic polyurethane film (Omiderm™) was applied for 7 days, with good results. Key words: Dermabrasion; Collagen film; Polyurethane film (Omiderm™).

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Various modes of skin care following skin planing have been used throughout the world. Collagen covering of the moist surface after skin planing affords good haemostasis, reduced pain, reduced fluid loss

REFERENCES

1. Cunliffe WJ, Shuster S. Pathogenesis of acne. *Lancet* 1969; i: 685–687.
2. Holmes RL, Williams M, Cunliffe WJ. Pilo-sebaceous duct obstruction and acne. *Br J Dermatol* 1972; 87: 327–332.
3. Kealey T. Hypovitaminosis A of follicular duct as a cause of acne vulgaris. *Lancet* 1988; ii: 449.
4. Cunliffe WJ, Clayden AD, Gould D, et al. Acne vulgaris: Its aetiology and treatment. *Clin Exp Dermatol* 1981; 6: 461–469.
5. Burke B, Eady EA, Cunliffe WJ. Benzoyl peroxide versus topical erythromycin in the treatment of acne vulgaris. *Br J Dermatol* 1983; 108: 199–204.
6. Levine RM, Rasmussen JE. Intralesional corticosteroids in the treatment of nodulo-cystic acne. *Arch Dermatol* 1983; 119: 480–481.
7. Kligman AM. An overview of acne. *J Invest Dermatol* 1974; 62: 268.
8. Plewig G, Kligman AM. Induction of acne by topical steroids. *Arch Dermatol Forsch* 1973; 247: 29.

and helps maintain sterility (1, 2). For more than 15 years, postoperative treatment with collagen film (Pharmacia A/S) has been our standard procedure following dermabrasion (3). However, as the product is no longer commercially available, we have tried a new covering. This communication presents our results with Omiderm™, a new artificial dressing.

MATERIAL AND METHODS

Omiderm™ (Omikron Scientific Ltd.) is a wound covering, based on a hydrophilized polyurethane. Omiderm™ protects the wound from microbial invasion from the environment, adheres well to the wound, can be removed without causing any damage to the underlying tissue and provides an ideal healing environment and has a good analgesic effect (4–7).

Twelve patients suffering from acne scars underwent skin planing. All dermabrasion was performed on facial skin. Dermabrasion was done with a motor-driven rotating steel brush (40,000/second) after local lidocain anaesthesia combined with local freon freezing anaesthesia. Immediately following skin planing, Omiderm™ film was placed on the left side of the face and our standard collagen on the right side.



Fig. 1. Wound covered with Omiderm™ photographed on the day after dermabrasion.

Both dressings were placed immediately after operation on the moist debraded surface, overlapping 1 cm onto the normal skin. The edges of the sheets were moistened slightly with saline to increase adherence to the surrounding dry intact skin. The treated surface was pressed out with curved scissors several times, allowing the dressing to stick to the surfaces without too much subsurface liquid accumulating. The two coverings were then allowed to dry. The next day, if necessary, drainage was accomplished with syringe or by slitting the membrane slightly. The coverings were removed after 7 days following softening by wet dressings with saline.

Cervical Signs of HPV Infection in PAP-smear Negative Women with External Genital Warts

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Forty-eight women with external genital warts, all with normal cervical cytological PAP smears, were examined by means of colposcopy. One cervical biopsy for histological evaluation was taken from each woman, irrespective of the colposcopic findings. Koilocytosis was detected in 18/48 (38%) and dysplasia (CIN-1) in 3/48 (6%) of the patients. The presence of aceto-white lesions on the cervix was significantly associated with abnormal histology; 12 of 17 (71%) aceto-white lesions and 8 to 31 (26%) normal-appearing cervixes showed histological changes indicating HPV infection ($p < 0.01$). Women with koilocytosis and dysplasia had genital warts for a mean of 201 days compared with 79

RESULTS

Omiderm™ adhered satisfactorily to the wet, bleeding surface. Good haemostasis was obtained. The postoperative results were the same on both sides. No difference was noticed concerning pain, infection, removability or healing time. Our results show that Omiderm™ is well suited as a dressing following skin planing.

REFERENCES

1. Abbenhaus JI, Donald P. The use of collagen graft for replacement of major skin loss. *Laryngoscope* 1971; 81: 1650.
2. Winters OD. Formation of sweat and the rate of epithelialization of superficial wounds in the skin of young domestic pigs. *Nature* 1962; 193: 293.
3. Zachariae H. Wound dressing with collagen film in skin planing. *Acta Derm Venereol (Stockh)* 1976; 56: 312–313.
4. Behar D, Juszynski M, Ben-Hur N, Golan J, Eldad A, Tuchmann Y, Sterenberg N, Rudensky B. Omiderm, a new synthetic wound covering. Physical properties and drug permeability studies. *J Biomed Mater Res* 1986; 20: 731–738.
5. Cristofoli C, Lorenzini M, Furlan S. The use of Omiderm, a new synthetic wound covering. Physical properties and drug permeability studies. *J Biomed Mater Res* 1986; 20: 731–738.
6. Ehlelen CM, May SR, Still JM. Pain associated with an adherent polyurethane wound dressing. *Burns* 1985; 12: 122.
7. Golan J, Eldad A, Rudensky B, Tuchmann Y, Sterenberg N, Ben-Hur N. A new temporary synthetic skin substitute. *Burns* 1985; 11: 274–280.

days in women with normal cervical histology ($p < 0.01$). It is concluded that even the clinically normal appearing cervix frequently is a reservoir for HPV and that colposcopy should be a routine procedure in women with external genital warts, irrespective of the result of the PAP smear, to provide a basis for proper counselling and individual therapy.

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