

Isoprenosine Improves Symptoms in Young Females with Chronic Vulvodynia

Sir,

We have in recent years seen an increasing number of young women with chronic vulvodynia. Due to the identification of acetowhite vulval lesions, suggesting HPV infection, we have tried several treatment modalities including podophyllotoxin, 5-fluorouracil crème, freezing with liquid nitrogen, surgery (CO₂-laser and excision) (1), intralesional injected alpha-interferon (2, 3), betacarotene, non-sedating antihistamines and antidepressants. None of these treatments have had a long-lasting effect in the majority of patients.

Isoprenosine, the para-acetamidobenzoic acid salt of N, N-di-methylamino-2-propanol: inosine in a 3-1 molar ratio, has been shown to enhance the function of various cells in the immune system in numerous studies in vivo and in vitro (4). However, documentation of clinical significant effects of isoprenosine is restricted to one controlled trial where isoprenosine delayed progression to AIDS in HIV-infected patients (5).

At the Second International Congress of Papillomavirus in Human Pathology in Paris, 1994, an abstract of a controlled clinical trial was presented, indicating that a significant number of women with symptomatic vulval subclinical papillomavirus infection improved during a 6-week course of isoprenosine (6).

PATIENTS AND METHODS

A total of 10 female patients, all presenting with a similar history of chronic vulvar pain, burning, irritation and extern dyspareunia, were included. None of the patients had pruritus or known skin diseases. Physical examinations including colposcopy were normal, except for punctuation and acetowhitening of the mucosa on the inner aspects of labiae after application of 5% acetic acid. In biopsy specimens koilocytosis was the only histopathological abnormal finding. Patch-testing with a standard panel of antigens and a medicament series did not indicate contact sensitisation in any of the women. The majority of patients had previously unsuccessfully received several remedies mentioned above. They were then offered an open treatment with isoprenosine (Immunovir) tablets 1 g three times daily for 12 weeks. The effect of the treatment was graded as no effect, minimal improvement, marked improvement or total disappearance of symptoms at monthly intervals and at a control visit 3 months after stopping therapy.

RESULTS

After 4-6 weeks of therapy, 4 of the 10 patients became asymptomatic and 2 patients showed a marked reduction of symptoms, whereas no certain effect was seen in the others. Three months after stopping therapy a beneficial effect was maintained in 5 of the 6 responders. Acetowhitening of the vulval mucous membranes was unchanged during and after

treatment with isoprenosine. Adverse reactions were not observed during the treatment period.

DISCUSSION

For the first time in years we have seen a non-toxic treatment making it possible to alleviate chronic vulvodynia in young patients attending our clinic. Obviously isoprenosine did not clear symptoms in older females with the same complaints, suggesting that other pathogenic mechanisms may be involved in this subpopulation of patients. It would be desirable to have a placebo-controlled trial of isoprenosine confirming these results.

In view of these preliminary findings, we suggest that a course of oral isoprenosine should be considered in young women with chronic unexplained vulvodynia, especially as an alternative to destructive treatment modalities.

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