Wissenschaftliche Posterausstellung: Poster 7

The use of concentrated heat improves burning, itching, swelling and quality of life during recurrence episodes of herpes labialis— results of a pharmacy based prospective, double—arm, observational cohort study with either acyclovir ointment or Herpotherm® treatment under real life conditions

Christian Müller (1) and Lars Christian Brenn (2)

(1) Bergwerkstraße 12a, 79688 Hausen, Germany, cjmueller@gmx.de; 07622/6679610 (2) Department of Medical Science and Operations, RIEMSER Pharma GmbH, An der Wiek 7; 17493 Greifswald-InselRiems, Germany

Background

Recurrent herpes labialis, primarily caused by HSV-1 is a common skin-infection with occurrence of prodromes and crusts.1 The prodrome phase is associated with itching, burning and pain prior to the appearance of erythema and papule formation.2 All available antiviral drugs aim to block viral replication in order to shorten the duration of symptoms and accelerate the healing process. The inactivation of herpes simplex type 1 and 2 with heat has already been described.4 Until now, there is no real life data for topical herpes labialis treatments considering patient reported outcomes. We therefore performed a pharmacy based prospective, double-arm, observational cohort study with acyclovir ointment and Herpotherm®.

Methods

This study was performed in collaboration with 11 pharmacies in Germanywith 103 volunteers. The study was approved by the Ethics Committee of the University of Greifswald (study protocol/CRF).

The questionnaire used in this observational study contained the following items: age, sex, any prodrome visible, number of prodromes during former recurrences, the burden and duration of disease during former recurrences and willingness-to-pay for a treatment, which could prevent any herpes labialis outbreak.

Topical acyclovir ointments are widely used, even if they are advised to be applied numerous times a day for up to 5 days and their clinical benefit is regarded as small by only reducing the duration



C. Müller et al.

of symptoms.3Herpotherm® produces a microchip controlled concentrated topical thermal impulse of an average temperature range of 51-53 °C for 4 seconds.

Results

Both, the use of an acyclovir ointment and concentrated heat (Herpotherm®)led to a reduction of burning, itching, swelling and thus led to an improvement in the quality of life over a 7 day observation period. The Herpotherm® cohort showed a significant difference to acyclovir cohort in improvement in all items already after two days of treatment (p<0.04) and at each following day of observation. The mean impairment of quality of life was reduced to 50 % of start value within 3 days of treatment in the Herpotherm® cohort and not before 5 days of treatment in theacyclovir cohort. Concentrated heat prevented the outbreak of a herpes labialisin 25 % of patients of the Herpotherm® cohort (7 out of 28 patients) and in 14 % of the acyclovir cohort (3 out of 21 patients), for patients without any prodromes before treatment. Furthermore there was a statistically significant lower development of crusts in the Herpotherm® cohort, than in the acyclovir cohort (p<0.01). The burden and duration of disease was lower and shorter in the Herpotherm® cohort than in the acyclovir cohort.

Discussion

In this first observational cohort study the use ofHerpotherm® resulted in a measureable benefit as far as patient outcome is concerned. In contrast to acyclovir, concentrated heat showed a higher prevention rate of herpes labialis outbreak. The Herpotherm® cohort showed a reduction of impairing factors as burning, itching and swelling (which are correlating with quality of life) initially after treatment.Larger randomized, controlled studies are still necessary to verify these results.

References

- 1. Arduino PG, Porter SR. Herpes Simplex Virus Type 1 infection: overview on relevant clinico-pathological features. Journal of oral pathology & medicine: official publication of the International Association of Oral Pathologists and the American Academy of Oral Pathology. Feb 2008;37(2):107-121.
- 2. Lorette G, Crochard A, Mimaud V, Wolkenstein P, Stalder JF, El Hasnaoui A. A survey on the prevalence of orofacial herpes in France: the INSTANT Study. Journal of the American Academy of Dermatology. Aug 2006;55(2):225-232.
- 3. Worrall G. Herpes labialis. Clinical evidence. 2009;2009.
- 4. Kitagawa K. Therapy of herpes simplex with heat inactivated Herpes virus hominis type 1 and type 2. Zeitschrift fur Hautkrankheiten. Jul 1 1973;48(13):533-535.

