results that are not always convincing.⁵ Added to this is the high cost of exogenous interferon and the not-insignificant side effects.

The study included 26 male patients aged between 18 and 62 years, affected by condylomata acuminata of the external genitalia, with onset not more than 30 days previously. The presence of severe organic and haematological changes, of HIV infection and the use, in the 30 days prior to inclusion in the trial, of drugs capable of influencing the response to the treatment excluded patients from the trial.

The patients were assigned at random to one of the following treatments: 13 were treated with diathermocoagulation (DEC) of the lesions followed by administration of dipyrindamole, and 13 with DEC and placebo. DEC of the condylomatous lesions was carried out in each patient on inclusion in the study and then repeated in the event of recurrence during the observation period.

Oral administration of dipyrindamole and placebo was started on the day after the first treatment with DEC. The dipyrindamole dose was 100 mg twice a day on alternate weeks for four consecutive months: this dosage was chosen in consideration of the period of reduction of the serum concentration of endogenous interferon which follows the administration of dipyrindamole,² in order to stimulate the most appropriate production of interferon.

The follow-up was carried out every two weeks for 6 months. At each follow-up penicopy was performed with acetic acid 5%. The effects of the treatment were evaluated on the basis of the number of recurrences, duration of the disorder (patients with no recurrences for at least 3 months were considered as cured,⁶) the number of patients cured and any side effects.

There were recurrences of condylomata in 10 patients treated with DEC and placebo and in 5 patients treated with DEC and dipyrindamole. Overall there were 27 recurrences in the first group and 11 in the second group. The duration of the disorder (arithmetic mean) was less in the subjects treated with dipyrindamole (19 days) compared with the other group (45 days). These differences were shown to be statistically significant on application of the Student's *t* test, even though the small number of cases constitutes a limitation in drawing statistically certain conclusions.

At the end of the follow-up eight subjects treated with DEC and placebo and 12 subjects treated with DEC and dipyrindamole were cured. No side effects were observed during treatment with dipyrindamole.

At the end of this clinical observation it can be concluded that the use of dipyrindamole in the treatment of condylomata acuminata led to a net reduction in the number of recurrences and of the duration of the disorder compared with the patients who were not treated with this drug. This would appear to confirm the hypothesis⁷ of an antiviral activity of the drug through an induction mechanism of endogenous alpha interferon. These results, achieved with the use of an inexpen-

sive and well-tolerated drug, seem encouraging and worthy of confirmation in more extensive series.

G MANCUSO
M REGGIANI
R M BERDONDI
A ERRANI
Department of Dermatology,
Municipal Hospital of Lugo (RA),
Italy

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HIV seropositivity in an STD centre in a cosmopolitan city in northern India

Sexual promiscuity and unsafe sexual practices increase the risk of acquiring sexually transmitted diseases (STDs), a major high risk factor for transmission of HIV infection all over the world, including India.¹

The present study was designed to estimate the incidence of different STDs including HIV in STD clinic attenders in the capital of India during a two year period (1990-1992). Appropriate laboratory tests were used for confirmation of diagnosis of STDs. The HIV antibody status was determined by HIV ELISA after pretest counselling. The ELISA positives were confirmed by Western blot test.

The incidence of various STDs is shown in the table. Gonorrhoea, syphilis and chancroid were the commonest STDs in males. Earlier report from northern India² also indicates that these three STDs are the commonest. In females, trichomonas vaginitis was the most frequently diagnosed infection.

One thousand, two hundred, and twenty nine individuals were tested for HIV and six (0.5%) were found to be positive. Five were male and one female. The lone female was the marital partner of one of the HIV seropositive patients. All of them were in 21-30 years age group. Three out of six HIV seropositive

Incidence of STDs in an STD clinic in New Delhi 1990–1992

STDs	Males 15263	Females 9737	Total 25000	%
Ulcerative:				
Syphilis	237	79	316	1.3
Chancroid	248	4	252	1.0
Genital herpes	63	0	63	0.3
Donovanosis	56	1	57	0.2
Lymphogranuloma venereum	63	2	65	0.3
Non ulcerative:				
Gonorrhoea	317	17	334	1.3
Trichomonas	82	259	241	1.4
Genital warts	96	5	101	0.4
Nongonorrhoeal urethritis	67	0	67	0.3

individuals presented with genital ulcers of 4–15 days duration and diagnosed as lymphogranuloma venereum, chancroid and donovanosis, respectively. The rest were asymptomatic.

In previous studies from India, chancroid and syphilis were found to be strongly associated with HIV acquisition.³

*KRISHNA RAY

K G SACHDEVA

N L JAISAL

V K TEWARI

R S MISRA

*Regional STD Teaching, Training and Research Centre,
Safdarjung Hospital,
New Delhi—110029
India

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