Exhibit of Results of 3 Years' Griseofulvin Treatment in the Municipal Hospital of the Hague, Holland

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Some graphs giving information on Griseofulvin blood levels in volunteers, estimated after various intervals after they had ingested Griseofulvin following various dosage schedules, are presented. These levels show great individual differences. Other graphs illustrate the course of various mycoses under three different treatment schedules:

1 g of Griseofulvin daily only,

1 g of Griseofulvin daily, combined with external treatment,

intermittent treatment: 1 g of Griseofulvin daily on 3 consecutive days every week, combined with external treatment.

Treatment was discontinued after two consecutive negative mycological results (arbitrarily adopted as criterium of cure), provided that in no other localisations trichophytons were still present.

There was no marked difference between the results of the various treatment schedules in the treatment of mycoses of the glabrous skin and of dermatophytosis of the hands. In the treatment of onychomycosis of the hands the continuous dosage schedule proved after 6 months to be significantly better at the 1 % level than the intermittent dosage schedule. Relapses of dermatophytosis and onychomycosis of the hands were rare.

In dermatophytosis of the feet the results of the continuous treatment without local therapy and the same with local therapy showed no significant differences at the 5 % level after 3 and 6 months. After 3 months the continuous treatment schedule gave significantly better results than the intermittent treatment schedule; this difference had disappeared after 6 months. Relapses were frequent.

In onychomycosis of the feet continuous Griseofulvin treatment with abrasion of the nails gave somewhat faster cure than continuous treatment without abrasion. If abrasion is of benefit remains, however, disputable in view of the complications that were observed (e. g. development of unguis incarnatus). After 6 months the continuous dosage schedule gave significantly better results than the intermittent dosage schedule.

Relapses were frequent (50% within a half year). (For more detailed information on these graphs the reader is referred to the Proceedings of the XIth Int. Congr. Dermatology p. 1639).

General Conclusions

For treatment of dermatophytosis and onychomycosis of the hands Griseofulvin treatment is a great improvement. In using the above mentioned treatment schedules and our criteria of cure in Griseofulvin treatment of dermatophytosis and onychomycosis of the feet is still of doubtful

value in view of the relatively high percentage of relapses after a short time. More stringent criteria of cure might pos-

Short Clinical Papers

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sibly diminish the number of relapses. For the treatment of dermatophytosis and of onychomycosis of the feet the intermittent dosage schedule gives inferior results as compared with the continuous dosage schedule.

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Referring to the Griseofulvin Exhibit I

By P. KANAAR

In a former evaluation of the material (Jeremiasse 1962) no significant difference has been found between the results of the continuous, and those of the intermittent dosage schedules. In the present evaluation, however, a significant difference has been found. This divergency is due to some factors, viz:

The number of intermittent treated patients is at present greater, for this reason differences might present themselves more distinctly.

The material is at present compiled in a somewhat different way than formerly : in fixing the moment of "cure" one meets the difficulty that the interval between the mycological examinations of the patients differs individually, which is a practical inevitability, which unduly influences the results. To obviate this, in this presentation as the moment of cure the time of the first of the series of negative examinations is given.

In the present evaluation, contrary to the first one, a distinction is made between patients who never became mycologically negative during the treatment, and those who became negative during the treatment but showed a relapse after discontinuation of the therapy. If this is not done, the differences between the various groups are diminished, because in the continuously treated group more patients have discontinued the Griseofulvin treatment at an earlier moment – because they have fulfilled the criteria of cure, and afterwards get a relapse – than in the intermittently treated group.