

# MANAGEMENT OF IMIQUIMOD INDUCED ERYTHEMA

**Dr. Colm O'Mahony**

Countess of Chester NHS Trust, Chester, England.



Figure 1



Figure 2



Figure 3



Figure 4



Figure 5

Imiquimod cream (Aldara®) is an excellent additional drug for the routine management of genital warts. Its two main attractive features for us in this clinic is that patients can treat themselves in the comfort and privacy of their own home, and the recurrence rates are low. There is a wide variation in the speed of response of patients to the cream. Some patients get an accelerated response with a lot of erythema, and this can alarm the patient and staff, and unfortunately, can result in cessation of therapy, bringing a sense of failure as the patient is returned to the other treatment protocols of podophylotoxin, cryotherapy or electro-cautery, etc.

We have extensive experience in this department over seven years in the use of Imiquimod and managing any consequent erythema.

The following is a typical case showing extensive erythema, which simply required management - not cessation.

A 24-year-old female attended in October 2002 with extensive genital warts, which had been present for 2 months. There were some very large warts and these were treated with cryotherapy on that visit, and she was also given imiquimod to use 3 times a week. In mid-November, she attended with severe vulval erythema and still had extensive warts (Figures 1, 2 & 3). Note that the erythema spreads beyond the wart area in a "field effect", indicating that there is probably HPV in

the whole area of the erythema rather than just in the wart area. She was advised to stop the imiquimod until the inflammation settled, i.e. 2-3 weeks, and then gradually re-start.

In January 2003, she gradually re-introduced the imiquimod once a week, and also had a session of cryotherapy to three of the larger warts. When seen in mid-February, the warts had completely cleared and there was no further erythema (Figures 4 & 5).

This case illustrates the typical inflammatory reaction that can develop when the immune response becomes activated. This erythema is usually painless and generally requires nothing more than washing and salt baths. Patients should be reassured that this indicates immune-system activity and is a good omen for wart clearance. It also has to be emphasised, of course, that erythema is not a pre-requisite for the imiquimod to be effective. Also, many clinics use a combination of physical (ablative) therapies and imiquimod to speed up the process, and some patients psychologically like to see some of the larger warts being de-bulked.

In summary, neither patient nor physician should get alarmed with the erythema of the immune response. Patience and reassurance is all that is required. If the patient wishes, cryotherapy can be performed during the resolution phase of the erythema.