List of Abstracts

1. Bacteriological results and leprosy reactions among MB leprosy patients treated with uniform multidrug therapy in China.

Shen J, Bathyala N, Kroeger A, Arana B, Pannikar V, Mou H, Bao X, Yang R, Manickam P, Li W, Zhou M, Want J.

Source

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Lepr Rev. 2012 Jun;83(2):164-71.

Abstract

Objectives:

To investigate the changes of bacteriological index and leprosy reactions among Multi-bacillary (MB) patients treated with uniform multi-drug therapy (UMDT).

Methods:

Newly diagnosed leprosy patients were recruited after taking informed consent in three districts in Guizhou Province and one district in Yunnan Province China during November 2003 to June 2005 and were treated with Uniform Multidrug Therapy. All patients were followed up once a year for 3 years after completion of treatment. All data on bacteriological index (BI) and the frequencies of leprosy reaction were collected and analysed.

Results:

A total of 166 patients were recruited for UMDT trial. Among them 114 patients had positive BI smear, and 83 patients had been followed up for 42 months. The mean BI of 83 patients decreased from 2.84 before treatment to 0.33 at the end of 42 months follow-up. At the end of this period, 61 patients (73.5%) had become BI negative. There were 13 (14.6%) patients who had a Type I reaction during 24 months of follow-up. One patient in the study group relapsed 13 months after stopping treatment of the UMDT.

Conclusion:

There was a significant decrease in the mean BI and 73.5% of patients treated with UMDT became BI negative during 3 years' follow-up. The frequency of Type I reaction seemed a little higher among patients treated with UMDT, but the numbers of patients enrolled were too few to determine statistical significance. Future studies on U-MDT should also study Type I reactions in these patients.

2. Lack of effects of the TNF-alpha and IL-10 gene polymorphisms in Mexican patients with lepromatous leprosy.

Velarde Félix JS, Cázarez-Salazar S, Ríos-Tostado JJ, Flores-Garcia A, Rangel-Villalobos H, Murillo-Llanes J.

Source

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Lepr Rev. 2012 Mar;83(1):34-9

Abstract

Several human genetic variants have been associated with susceptibility or resistance to leprosy. The aim of this study was to assess whether gene polymorphisms of -308 G/A TNF-alpha and -819 T/C IL-10 are associated with lepromatous leprosy in Mexican mestizos patients from northwest Mexico. We genotyped these polymorphisms by means of polymerase chain reaction (PCR) and restriction fragment length polymorphisms (RFLPs) in 68 patients with lepromatous leprosy and 144 healthy Mexican Mestizos controls. We found that the -308G TNF-alpha allele was predominant in both cases (94.3%) and controls (92.3%) without statistical significance and the frequencies of -819C IL-10 allele were also similar for the cases (56.0%) and controls (59.0%). These negative findings suggest that other genes or polymorphisms may be

List of Abstracts

important in the susceptibility to leprosy infection in the Mexican mestizos.

3. Mycoplasma genitalium infection in women attending a sexually transmitted infection clinic: diagnostic specimen type, coinfections, and predictors.

Mobley VL, Hobbs MM, Lau K, Weinbaum BS, Getman DK, Seña AC.

Source

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Sex Transm Dis. 2012 Sep;39(9):706-9.

Abstract

In female sexually transmitted infection clinic attendees, Mycoplasma genitalium was more frequently detected using vaginal (53/73) versus endocervical (43/73) specimens. In women without other sexually transmitted infections, M. genitalium detection (N = 44) was associated with age =22 years (odds ratio, 2.53; P = 0.006) and clinical evidence of cervicitis (odds ratio, 2.11; P = 0.03).

4.Systematic review of randomized trials of treatment of male sexual partners for improved bacteria vaginosis outcomes in women.

Mehta SD.

Source

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Sex Transm Dis. 2012 Oct;39(10):822-30.

Abstract

Background:

Bacterial vaginosis (BV) affects 10% to 30% of women and recurs in 15% to 30% within 3 months after treatment. BV is not considered an sexually transmitted infection, and treatment of the male sexual partner is not recommended. This recommendation is based on the results of 6 randomized controlled trials (RCTs) of male partner treatment for reducing BV recurrence, which did not find a uniformly beneficial effect. These results are incongruous with epidemiologic and microbiologic data suggesting a sexually transmissible component of BV. In light of this disconnect, the 6 RCTs of male treatment were reviewed to assess validity.

Methods:

Trials are summarized according to Consolidated Standards of Reporting Trials guidelines. Absolute differences and risk ratios with binomially obtained 95% confidence intervals were estimated. Post hoc power analyses determined the probability of rejecting the null hypothesis for observed relative effect sizes and for the smallest relative effect size detectable with = 80% power.

Results:

Each of the 6 RCTs had significant flaws: randomization methods were either overtly deficient or insufficiently reported; 5 RCTs used suboptimal treatment regimens in women; adherence to treatment in women was not reported in any trial, and adherence in men was reported in only 2 trials; all 6 trials had limited power. None assessed whether antibiotic treatment affected the penile microbiota.

Conclusions:

Although the RCT is the gold standard for assessing efficacy, biased results can mislead decision making. By current standards, it is unlikely that the results of any of these trials would be considered conclusive. Specific recommendations are made to examine whether BV-associated bacteria may be sexually transferred.

5. A randomized, double-blind, placebo-controlled study to evaluate the addition of methotrexate to etanercept in patients with moderate to severe plaque psoriasis.

Gottlieb AB, Langley RG, Strober BE, Papp KA, Klekotka P, Creamer K, Thompson EH, Hooper M, Kricorian G.

Source

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List of Abstracts

Br J Dermatol. 2012 Sep;167(3):649-57

Abstract

Background:
Etanercept plus methotrexate combination therapy has not been adequately investigated in psoriasis.

Objectives:
To evaluate etanercept plus methotrexate vs. etanercept monotherapy in patients with moderate to severe plaque psoriasis who had not failed prior methotrexate or tumour necrosis factor-inhibitor therapy.

Methods:
Patients received etanercept 50 mg twice weekly for 12 weeks followed by 50 mg once weekly for 12 weeks and were randomized 1 : 1 to receive methotrexate (7·5-15 mg weekly) or placebo. The primary endpoint was the proportion of patients achieving =75% improvement in Psoriasis Area and Severity Index (PASI 75) at week 24.

Results:
In total, 239 patients were enrolled in each arm. PASI 75 was significantly higher at week 24 for the combination therapy group compared with the monotherapy group (77·3% vs. 60·3%; P < 0·0001). Other PASI improvement scores at week 12 [PASI 75, 70·2% vs. 54·3% (P = 0·01); PASI 50, 92·4% vs. 83·8% (P = 0·01); and PASI 90, 34·0% vs. 23·1% (P = 0·03)] showed similar results as did week 24 PASI 50 (91·6% vs. 84·6%; P = 0·01) and PASI 90 (53·8% vs. 34·2%; P = 0·01). Significantly more patients receiving combination therapy than monotherapy had static Physician's Global Assessment of clear/almost clear at week 12 (65·5% vs. 47·0%; P = 0·01) and week 24 (71·8% vs. 54·3%; P = 0·01). Adverse events (AEs) were reported in 74·9% and 59·8% of combination therapy and monotherapy groups, respectively; three serious AEs were reported in each arm.

Conclusions:
Combination therapy with etanercept plus methotrexate had acceptable tolerability and increased efficacy compared with etanercept monotherapy in patients with moderate to severe psoriasis.

6. The efficacy of intravenous immunoglobulin for the treatment of toxic epidermal necrolysis: a systematic review and meta-analysis.

Huang YC, Li YC, Chen TJ.

Source
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Br J Dermatol. 2012 Aug;167(2):424-32

Abstract

Background:
Quantitative analysis of intravenous immunoglobulin (IVIg) treatment against toxic epidermal necrolysis (TEN) is lacking.

Objectives:
To provide a meta-analysis evidence-based examination of IVIg efficacy against TEN.

Methods:
A systematic review and meta-analysis of literature published before 31 July 2011 was conducted. In observational controlled studies with at least eight patients with TEN receiving IVIg treatment, a pooled estimate of mortality risk was determined, comparing IVIg and supportive care. Statistical analyses were performed on raw data to compare the clinical differences between (i) high-dose and low-dose IVIg treatment in adult patients and (ii) paediatric and adult patients treated with IVIg.

Results:
Seventeen studies met inclusion criteria. Overall mortality rate of patients with TEN treated with IVIg was 19.9%. The pooled odds ratio (OR) for mortality from six observational controlled studies comparing IVIg and supportive care was 1.00 [95% confidence interval (CI) 0.58-1.75; P=0.99]. The pooled OR for mortality in patients treated with high-dose IVIg vs. supportive care was 0.63 (95% CI 0.27-1.44; P=0.27). Adults treated with

List of Abstracts

high-dose IVIg exhibited significantly lower mortality than those treated with low-dose IVIg (18.9% vs. 50%, respectively; P=0.022); however, multivariate logistic regression model adjustment indicated that IVIg dose does not correlate with mortality (high vs. low dose: OR 0.494; 95% CI 0.106-2.300; P=0.369). Paediatric patients treated with IVIg had significantly lower mortality than adults (0% vs. 21.6%; P=0.001).

Conclusions:
Although high-dose IVIg exhibited a trend towards improved mortality and children treated with IVIg had a good prognosis, the evidence does not support a clinical benefit of IVIg. Randomized controlled trials are necessary.