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Original Research

Assessment of efficacy of acyclovir in the treatment of pityriasis rosea

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ABSTRACT:

Background: Pityriasis rosea is a skin condition that usually presents with a distinctive pattern of rash. The present study was conducted to assess efficacy of acyclovir in the treatment of pityriasis rosea. **Materials & Methods:** 60 patients of pityriasis rosea of both genders were divided into 2 groups of 30 each. Group I were prescribed oral acyclovir 800 mg 5 times/day for 7 days. Acyclovir was administered irrespective of the duration of the disease. Group II patients were prescribed placebo tablet vitamin C 100 mg, 5 times/day for 7 days. Skin lesions were evaluated as regressed, partially regressed and unchanged. **Results:** Group I comprised of 16 males and 14 females and group II had 13 males and 17 females. Skin lesions regression on 7th day was seen in 22 in group I and 9 in group II and on 14th day was 8 in group I and 13 in group II. The difference was significant (P< 0.05). On 7th day new lesions were 5 in group II and on 14th day was 2 in group I and 8 in group II. The difference was significant (P< 0.05). **Conclusion:** High dose acyclovir is effective in the treatment of pityriasis rosea.

Keywords: Acyclovir, Pityriasis rosea, vitamin C

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INTRODUCTION

Pityriasis rosea is a skin condition that usually presents with a distinctive pattern of rash. It often starts with a single, large, round or oval patch called a "herald patch" or "mother patch," which is usually pink or red and can be slightly scaly.[1] After a few days or weeks, smaller patches appear, typically following the pattern of the ribs in a “Christmas tree” pattern on the back. The rash can be itchy, though it’s often not very severe.[2]

The exact cause of pityriasis rosea is unknown, but it’s thought to be related to viral infections. It’s not considered contagious. Its seasonality, case clustering, and sporadic prodromal symptoms point to the potential involvement of an infectious agent in its pathogenesis.[3] Pityriasis rosea has been linked to the use of new clothing or the lengthy storage of old clothing, which is suggestive of a transmissible infectious agent. Medications such as allopurinol, arsenic, bismuth, barbiturate, gold, hydrochlorothiazide, organic mercurials, nimesulide, d-penicillamine, clonidine, isotretinoin, and ketotifen have been proven to trigger it.[4] It has been discovered that ampicillin and systemic corticosteroids aggravate PR. There have also been isolated reports of pityriasis rosea-like rashes after taking captopril, metronidazole, or omeprazole.[5] Given that HHV-6 is likely involved in the etiology of pityriasis rosea, antiviral medications may be helpful in treating the condition. Acyclovir has been used in pityriasis rosea in a few trials, and the results have included quicker skin lesion removal and a shorter illness duration.[6] The present study was conducted to assess efficacy of acyclovir in the treatment of pityriasis rosea.

MATERIALS & METHODS

The present study was conducted on 60 patients of pityriasis rosea of both genders. All gave their written consent to participate in the study.

Data such as name, age, gender etc. was recorded. Patients were divided into 2 groups of 30 each. Group I were prescribed oral acyclovir 800 mg 5 times/day for 7 days. Acyclovir was administered irrespective of the duration of the disease. Group II patients were prescribed placebo tablet vitamin C 100 mg, 5 times/day for 7 days. Skin lesions were evaluated as

regressed, partially regressed and unchanged. Results thus obtained were subjected to statistical analysis. P value < 0.05 was considered significant.

RESULTS

Table I Distribution of patients

Groups	Group I	Group II
Drug	Tablet oral acyclovir	Tablet vitamin C
M:F	16:14	13:17

Table I shows that group I comprised of 16 males and 14 females and group II had 13 males and 17 females.

Table II Response to treatment in both groups

Skin lesions	Group I	Group II	P value
Regression on 7th day	22	9	0.01
Regression on 14th day	8	13	0.04

Table II, graph I shows that skin lesions regression on 7th day was seen in 22 in group I and 9 in group II and on 14th day was 8 in group I and 13 in group II. The difference was significant (P< 0.05).

Graph I Response to treatment in both groups

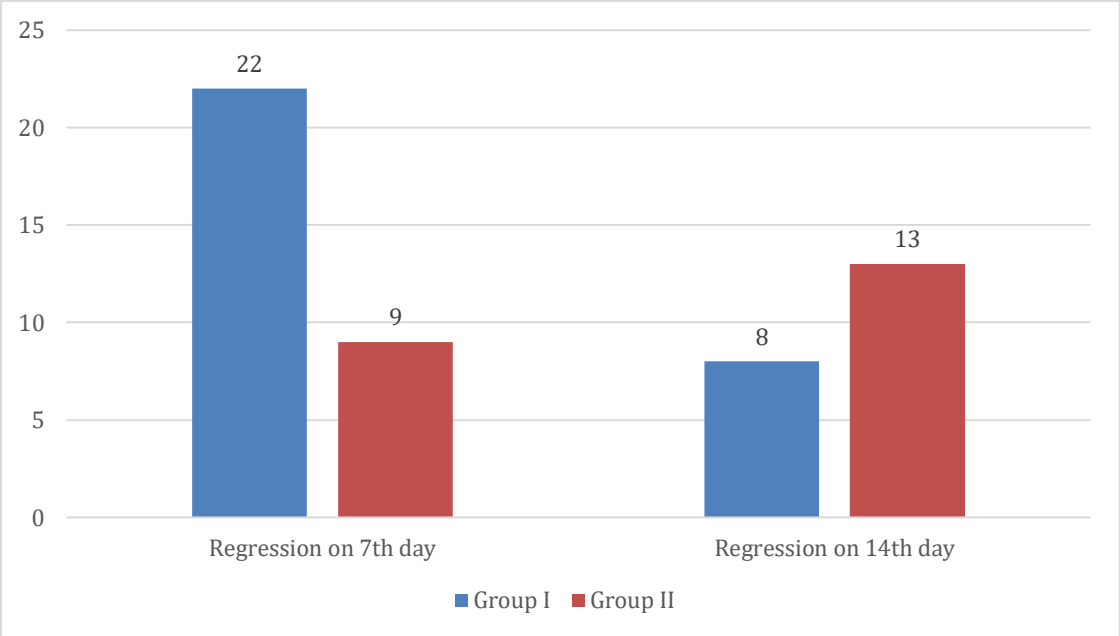

Table III Appearance of new lesions in both groups

Skin lesions	Group I	Group II	P value
7th day	0	5	0.02
14th day	2	8	0.03

Table III shows that on 7th day new lesions were 5 in group II and on 14th day was 2 in group I and 8 in group II. The difference was significant (P< 0.05).

DISCUSSION

The aetiology of pityriasis rosea, an acute papulosquamous illness, is unknown. It is typically treated symptomatically and is a self-limiting illness.[7] Pityriasis rosea was assumed to have an infectious aetiology due to seasonal occurrence and case clustering, and several antimicrobials have been explored in accordance with this theory.[8] The illness progresses similarly to viral exanthema. Some patients have a history of upper respiratory tract infections and prodromal symptoms. A viral aetiology is also compatible with the lesions' spontaneous remission.[9,10] The present study was conducted to assess efficacy of acyclovir in the treatment of pityriasis rosea.

We found that group I comprised of 16 males and 14 females and group II had 13 males and 17 females. Ganguli[11] determined the efficacy of acyclovir, an anti-viral drug, in the treatment of pityriasis rosea. Thirty- eight randomly selected patients were started on oral acyclovir. Thirty- five patients were prescribed placebo. The patients as well as the chief investigator were unaware of the therapeutic group to which patients belonged (acyclovir or placebo). Patients in both the groups were evaluated clinically after 7 and 14 days following the first visit and the

data were analysed. Follow up data of 60 patients was available and these were included in the statistical analysis. 53.33% and 86.66% of the patients belonging to the acyclovir group showed complete resolution on the 7th day and 14th day respectively following the first visit compared to 10% and 33.33% of patients from the placebo group. The findings were statistically significant.

We found that skin lesions regression on 7th day was seen in 22 in group I and 9 in group II and on 14th day was 8 in group I and 13 in group II. We found that on 7th day new lesions were 5 in group II and on 14th day was 2 in group I and 8 in group II. Ehasani et al[12] compared the traditional treatment with erythromycin to a newly introduced antiviral treatment acyclovir for PR. They were randomized in two groups that received high-dose oral acyclovir or erythromycin. The participants were evaluated two, four, and eight weeks after commencement of the study and followed for one year. A total of 30 patients including 15 males and 15 females completed the study. After eight weeks, 13 patients in the acyclovir group experienced complete response, while in the erythromycin group only six patients had complete response ($P < 0.05$). Also, patients in the acyclovir group experienced faster resolution of pruritus in comparison with the erythromycin group (not significant). No adverse drug reaction was detected in both groups.

The shortcoming of the study is small sample size.

CONCLUSION

Authors found that high dose acyclovir is effective in the treatment of pityriasis rosea.

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