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Comparison of two Acyclovir tablet formulations for acute Herpes Zoster treatment.

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Oral administration with Acyclovir is known to be effective in treating acute Herpes Zoster and its complictions such as encephalitis and pneumonia. In an open, randomized controlled clinical trial we treated 50 immunocompetent adults with acute Herpes Zoster manifestations using either one 800mg tablet or two 400mg tablets of Acyclovir 5 times daily for 7 days.
The results obtained on these subjects clearly show that the use of Acyclovir 800mg tablets is safe and its effects on the Herpes Zoster course and outcome do not differ at all from those obtained by using the 400mg tablet formulation. On the contrary, treatment with Acyclovir 800mg tablets did cause a lower number of side effects during the whole period of the trial. In particular, symptoms involving the gastrointestinal tract (e.g. nausea and gastric distress) were more frequent, although non in a significant way, in the subjects treated with 400mg tablets of Acyclovir. On the whole our results indicate that treatment with Acyclovir 800mg tablets show the same efficacy of the usually used 400mg tablet formulation, but some of the more frequent side effects appear reduced with a better patients' compliance.

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Treatment by Gancyclovir of HCMV infection in lung trasplant patients monitored by PCR and viral isolation.

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Immunosuppressed patients and in particular organ transplancted patients are at high risk for Cytomegalovirus (HCMV) infection or reactivation. From several months we are monitoring five italian lung-transplant patients for HCMV infection using PCR-DEIA, viral isolation, antigen detection and IgG and IgM testing. The employed PCR amplifies the IE1 gene region of CMV and the detection of hybridizated DNA is made using an enzyme labeled anti double stranded DNA antibody (DEIA). PCR-DEIA and viral isolation attempts have been performed on peripheral blood leucocytes (PBL), broncho-alveolar lavage (BAL) and urine samples collected monthly from all the patients.
In all the cases PCR was positive 1 to 5 months after transplant, with viral isolation incostantly positive in PBL and in the urine samples. When HCMV related symptoms were observed, the patients received gancyclovir without side-effects and they did not develop HCMV pneunomia. Our results indicate that HCMV is reactivated in all the lung-transplant patients and that the PCR-DEIA is a rapid and sensitive method that can be successfully used in routine follow-up in high risk patients.