



# Reducing the chance of relapse in vaginal candidosis

When *Candida* plays hide and seek

Recent microscopy studies have shown that *Candida albicans* appears capable of penetrating the deeper keratinous layers of vaginal epithelial cells. This suggests that the organisms may be protected from topical antifungal agents, only to re-emerge and proliferate again some time later when the epithelial cells are normally shed.

As the deeper layers of the vaginal mucosa are reached more easily by systemic than by topical treatment, relapse is likely to be avoided accordingly.

Scanning electron micrograph  
of mycelial cells penetrating  
between vaginal surface  
epithelial cells. (x 3000)

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ketoconazole

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Presentation: white, flat, half-scored uncoated tablets marked "Janssen" on one side and K/200 on the reverse. Each tablet contains 200 mg ketoconazole. Dosage (for vaginal candidosis only): two tablets (400 mg) once daily for 5 days. For maximal absorption Nizoral should be taken with meals. Nizoral is contra-indicated in pregnancy. Precautions: the use of agents which reduce gastric acidity (anti-cholinergic drugs, antacids, H<sub>2</sub>-blockers) should be avoided and, if indicated, such drugs should be taken not less than 2 hours after Nizoral. Ketoconazole, when given together with cyclosporin A results in increased blood levels of cyclosporin A. It is important that blood levels of cyclosporin A are monitored if the two drugs are given concomitantly. Side-effects: nausea, skin rash, headache and pruritus may occasionally be observed. Alterations in liver function tests have occurred in patients on ketoconazole; these changes may be transient. Cases of hepatitis have been reported with an incidence of about 1 per 10,000 patients. Some of these may represent an idiosyncratic adverse reaction to the drug. This should be borne in mind in patients on long-term therapy. If a patient develops jaundice or any symptoms suggestive of hepatitis, treatment with ketoconazole should be stopped. Mild asymptomatic increases of liver enzyme levels, on the other hand, do not necessitate discontinuation of the treatment.

Full prescribing information available on request.  
Ref.: Acta Cytol. (Baltimore) 26, 7 (1982)



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# ABC OF RESUSCITATION

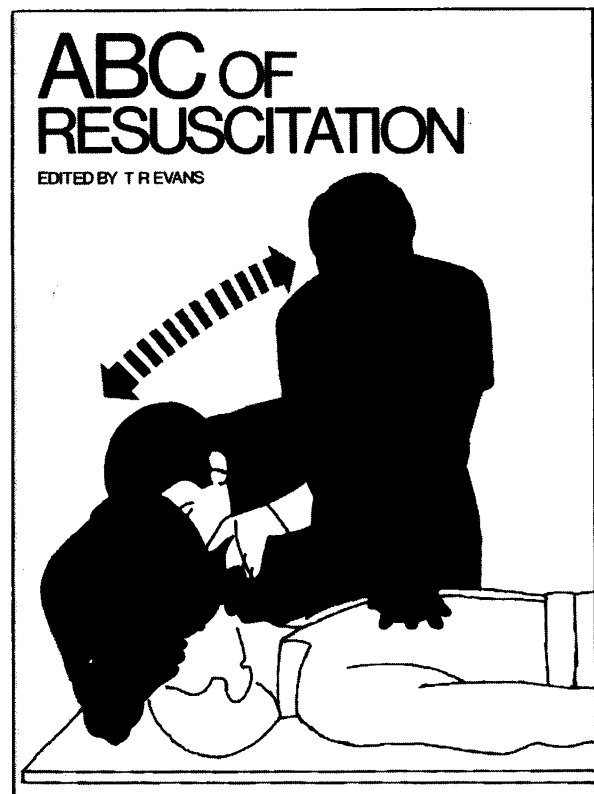
Edited by T R EVANS

The emergency treatment of any condition in which the brain fails to receive enough oxygen is literally a matter of life and death; the sooner it can be started the greater the chance of survival. Prompt action by witnesses of a cardiac arrest or at the scene of an accident can save lives by saving time, but hospital staff often do not possess the skills even in basic resuscitation that might be expected. In this authoritative guide members of the Resuscitation Council (UK) and other invited experts explain the techniques and consider some of the problems that surround this vital aspect of health care.

## **Chapters include**

- Recognising a cardiac arrest and providing basic life support
- Advanced life support in general practice
- Resuscitation by ambulance crews
- Training and retention of skills
- Resuscitation of infants and children
- Drowning and near drowning
- Ethics of resuscitation

\*SA Med J 1986; 70: x



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