

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)

TRADEMARK
Nizoral
ketoconazole

*the elegant way
to treat an inelegant problem*

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, H₂-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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Thursday 12 November 1987

- 1530 Tea
1600 Introduction
1615 What should be done about false references? (Ms D Mundy)
1715 Electronic journals, with demonstration (Dr N Paskin, Professor P Quilliam)
1900 Dinner

Friday 13 November 1987

- 0900 Workshops*
1000 Coffee
1020 English as an international language (Professor C Rümke)
1120 Workshops*
1220 Lunch
1400 Standard abstracts (Dr J Sinclair)

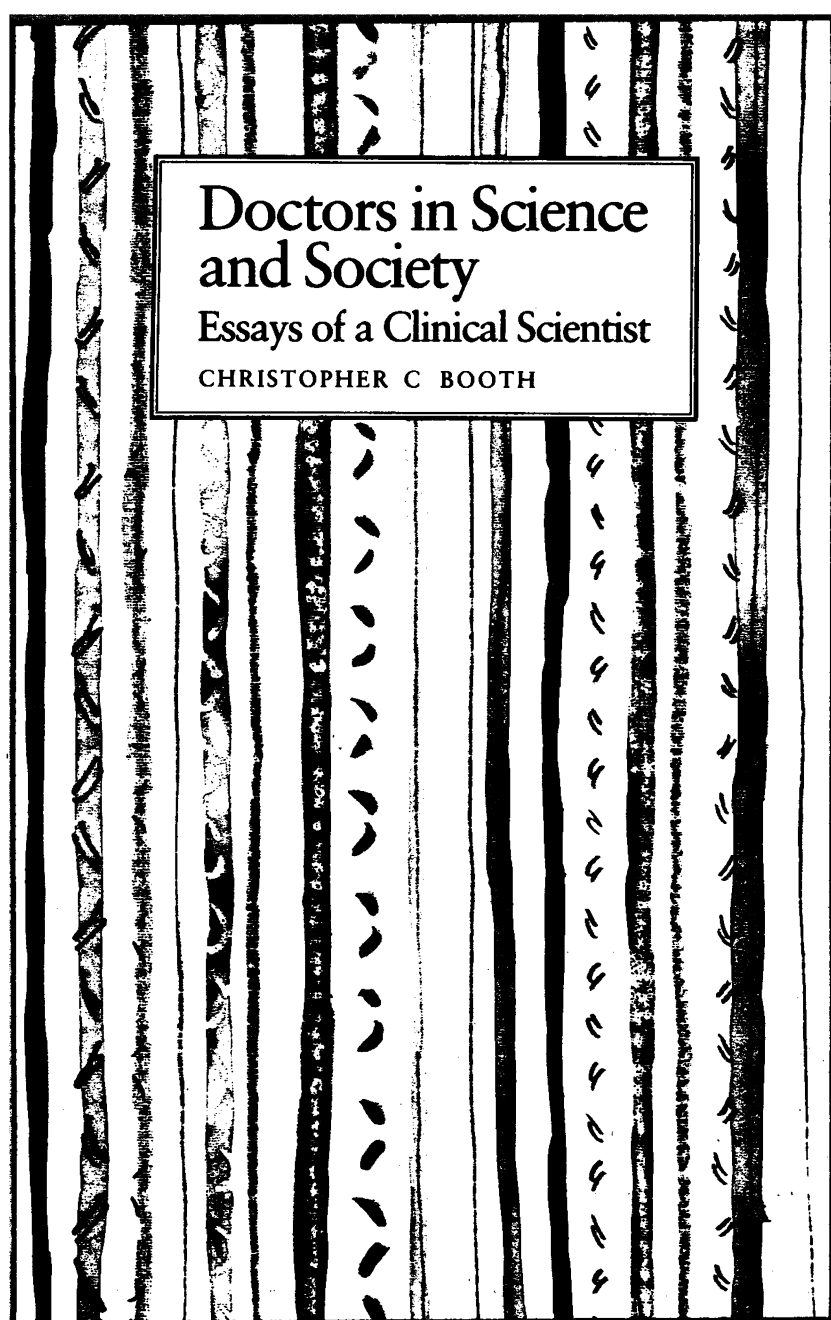
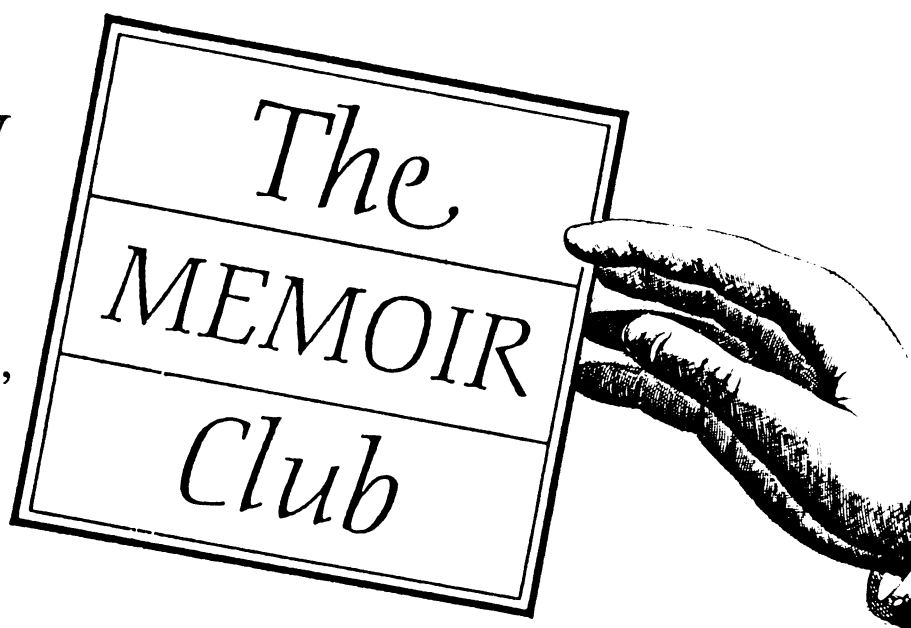
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Br Med J 1987; 294: 1681

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