

Some patients are more susceptible to vaginal candidosis than others



Candida cells are capable of penetrating to the depth of several layers of the vaginal epithelium.

This suggests that these hidden yeasts may be protected from topical antifungal agents, only to re-emerge and proliferate again some time later when the epithelial cells are normally shed.

The deeper layers of the vaginal mucosa are more accessible by systemic than by topical route.

Thus, in patients who appear highly susceptible to vaginal candidosis, oral Nizoral treatment makes good sense.

Nizoral TRADEMARK
(ketoconazole)

2 oral tablets
once daily for 5 days

Full prescribing information available on request.

Prescribing notes: 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. **Side-effects:** nausea, skin rash, headache and pruritus may occasionally be observed. Alterations in liver function tests have occurred in patients on Nizoral; these changes may be transient. Cases of hepatitis have been reported with an incidence of about 1 per 10,000 patients. If a patient develops jaundice or any symptoms suggestive of hepatitis, treatment with Nizoral should be stopped. Mild asymptomatic increases of liver enzyme levels, on the other hand, do not necessitate discontinuation of the treatment.

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The course will be co-directed by **Dr Elliot Shinebourne**, Consultant Paediatric Cardiologist, Brompton Hospital and **Professor Robert Anderson**, Joseph Levy Professor of Paediatric Cardiac Morphology, National Heart and Lung Institute, University of London.

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SOME THINGS APPEAR TO BE SLIGHTLY DIFFERENT

Take for example peptic ulcers. For years people were convinced that the pathophysiology was related to gastric acid; healing no longer seemed to be a major problem, except for the high relapse rates.¹⁾

In 1983 J.R. Warren and B.J. Marshall²⁾ unearthed another pathological factor: *Helicobacter pylori**. Since their historic rediscovery, evidence of the connection between *H. pylori* in the gastric mucosa on one hand and histologically proven gastritis and peptic ulcers on the other has become stronger and stronger. Chronic gastritis and ulcer relapse are highly associated with *H. pylori*.³⁾

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The pathogenesis and cure of peptic ulcers therefore appear to be slightly different from what was assumed for years.

* formerly known as
Campylobacter pylori



1: Marshall RJ, et al. *Lancet* 1988; 2: 1447-1449. 2: Marshall J, Warren JR. *Lancet* 1984; 1: 1311-1315. 3: Gwyddon CS, et al. 1988; 2: 1467-1469. 4: Smyth GT, et al. *Gut* 1988; 29: A711. 5: Rauws EAJ. *Tijdschr Geneesk* 1989; 134: 1109-1111. 6: Lambert JR, et al. *Gastroenterology* 1987; 92: 1489. 7: Borody TJ, et al. *Gastroenterology* 1988; 94: 43 (abstract). 8: Coghlan JC, et al. *Lancet* 1987; 2: 1109-1111.

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