

## Extragenital Warts Treated With Sin catechins Ointment<sup>☆</sup>



### Verrugas extragenitales tratadas con sin catequinas en pomada

Viral warts are benign proliferations of the skin and mucous membranes caused by infection with human papillomavirus. They can be located anywhere on the skin and are common on the hands, feet, and knees. Extragenital warts are usually asymptomatic, but can occasionally cause pain or deformity. Although spontaneous resolution is not uncommon, viral warts can persist for months or years, and are treated using a wide range of therapies. The most commonly used therapies include cryotherapy and topical treatments containing acidic or caustic compounds. Cases refractory to these therapies have been treated using intralesional bleomycin, topical 5-fluorouracil, imiquimod,<sup>1,2</sup> photodynamic therapy,<sup>3,4</sup> electrodesiccation, and oral cimetidine.

We present 2 cases of extragenital viral warts successfully treated with sin catechins ointment.

The first patient was a 48-year-old woman who was referred to our clinic with viral warts on the sole of her left foot. The warts had developed 2 years earlier and caused local pain while walking (Fig. 1A). The patient had undergone the following unsuccessful treatments: topical salicylic acid; several sessions of cryotherapy; 6 sessions of photodynamic therapy with methyl aminolevulinate (Metvix); and imiquimod 5% 3 times a week.

Finally, treatment with sin catechins ointment (Veregen) 3 times daily for 14 weeks resulted in complete resolution of the lesions with no adverse effects (Fig. 1B).

The second patient was a 24-year-old woman with a prior history of chronic idiopathic neutropenia. She was referred to our clinic with periungual viral warts on most of her fingers. She had previously undergone cryotherapy and treatments with salicylic acid and topical imiquimod 5%, without success. One month after completing the last of these therapies the patient began treatment with sin catechins ointment 3 times a day for 16 weeks. This resulted in resolution of the lesions with no local or systemic adverse effects (Fig. 2).

Sin catechins are a standardized extract of green tea leaves from *Camellia sinensis*, a species of the family Theaceae. The main components of sin catechins are tea polyphenols, particularly flavonoids, 85% of which are catechins.<sup>5</sup> Catechins bind to enzymes involved in the generation of inflammatory mediators, proteases that promote tumor invasion, and kinases involved in tumor cell signaling, modification of the cell cycle, and the induction of apoptosis. The therapeutic effects of sin catechins have been attributed to these immunomodulatory,



**Figure 1** A. Plantar warts before treatment. B, Resolution of plantar warts after treatment with sin catechins ointment.

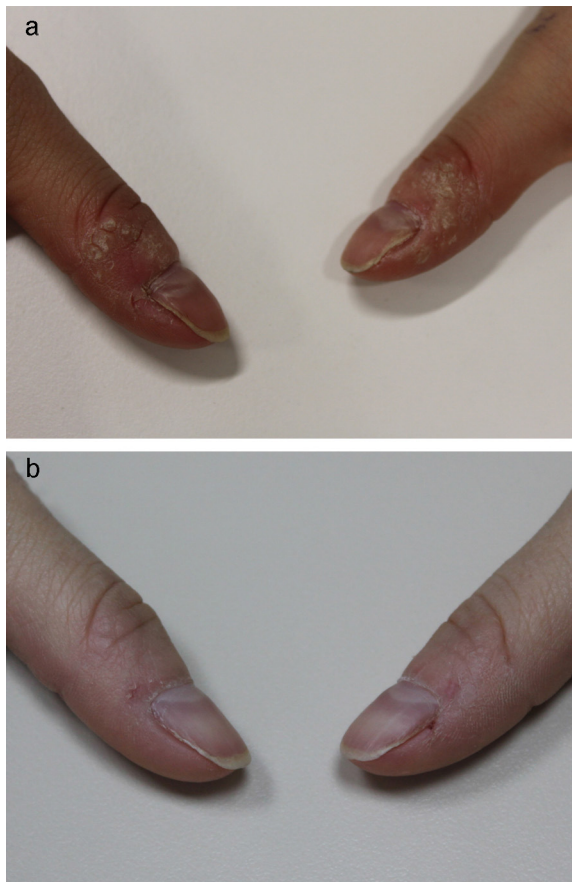
antioxidative, antiviral, and antitumor properties.<sup>6</sup> Epigallocatechin gallate is the main catechin contained in the commercial product, and has the greatest biological activity of this group of compounds.<sup>7</sup>

Sin catechins ointments are effective in the treatment of viral warts located on the external genitals and the perianal region, with clearance rates ranging from 64.9% to 45.5%. They are generally well tolerated; local skin reactions are the most commonly reported adverse effect.<sup>5,8,9</sup>

Only one case of extragenital viral warts treated with sin catechins ointment has been described to date; a 35 year-old male whose facial viral warts resolved after treatment for 20 days.<sup>10</sup>

As spontaneous regression of viral warts is well documented, we cannot completely rule out this possibility in the 2 cases presented here. This is unlikely however, given the failure of previous therapies and the fact that the observed improvements coincided with the beginning of sin catechins ointment treatment. Further studies with a larger number of patients will be required to fully assess the effectiveness and safety of sin catechins ointment for the treatment of extragenital viral warts.

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**Figure 2** A. Periungual warts on several fingers, before treatment. B, Resolution of lesions after treatment.

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## Effectiveness of Extracorporeal Shock Wave Lithotripsy to Treat Dystrophic Calcinosis Cutis Ulcers<sup>☆</sup>



### Eficacia del tratamiento con ondas de choque en las úlceras por calcinosis distrófica

We report the case of a 78-year-old woman with a history of hypertension, deep vein thrombosis, valvular heart

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disease treated with coumarin, osteoporosis, and overlap syndrome. In addition, she had diagnostic findings consistent with systemic lupus erythematosus (pleuropericarditis, lupus erythematosus panniculitis, subacute cutaneous lupus erythematosus, malar rash, oral ulcers, arthritis, leukopenia and thrombocytopenia, meningitis, and positive tests for antinuclear antibodies and antiribonucleoprotein antibodies) as well as with scleroderma (sclerodactyly, severe Raynaud syndrome, esophageal disease, interstitial pulmonary disease, and a positive test for anticentromere antibodies). The patient presented to our dermatology service in 2002 because of bouts of erythema and pain in her right leg. Biopsy findings at that time were reported as consistent with lupus erythematosus panniculitis and dermal sclerosis. In 2008 she began to develop ulcers above