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Combined therapy of chronic recurrent herpetic (HSV1/2) infection.

Summary

There were shown the priority results of combined therapy with suppressive dosages of Valtrex and herpetic vaccine of chronic recurrent herpetic infection in 120 patients (children – 16 or 13,3%, adults – 104 or 86,7%) with clinically manifest form (genital herpes, herpes of skin of the face, body and mouth mucous, ophthalmoherpes, nervous system disturbance, herpes-associated syndrom of chronic tiredness) and clinically asymptomatic DNA-positive form in the women of childbearing age with complicated obstetrical anamnesis. Scheme of combined therapy included prescription of preparations with anti-viral activity (Zovirax intravenously and / or Valtrex orally + anti-HSV humane immunoglobulin Herpebin + recombinant α -2-interferon + Erbisol). In 3–4 weeks after «light» clinical period or the period of virostatic therapy it was prescribed the course of vaccination of cultural inactivated vaccine (10 intradermal injections in accordance with the scheme) on the background of suppressive therapy with Valtrex (500 mg/day). The total duration of the course of the combined therapy was from 12 to 30 weeks. In all patients with clinically manifest forms it was marked good nearest clinical dynamics of the treatment with antiviral preparations and high effectiveness of the long-term combined prescription of suppressive dosage of Valtrex and specifically active immunostimulation with herpetic vaccine. Reduced clinical acute conditions progressed only in 8/120 (15 %) patients with the skin-mucous signs of herpetic infection during the first 3 months after vaccination, which spontaneously, without prescription of virostatics, disappeared during the first 2–3, sometimes – 4–5 days. In 96 % of cases long-term clinical remission was observed (in 85% patients –more than 12 – 18 months). Only 3 persons (4 + 2)% with recurrent genital herpes had to undergo repeated course of combined therapy with Valtrex and herpetic vaccine.