

Cochrane Corner

Acyclovir as another treatment for pityriasis rosea

Bruce Arroll MBChB PhD FRNZCGP, Professor of General Practice and Primary Health Care, University of Auckland

Correspondence to: b.arroll@auckland.ac.nz

Following my article a few years ago on erythromycin as a treatment for pityriasis rosea I was surprised to find another study with a different treatment for this condition. This time the effective drug was acyclovir 800mg five times daily for seven days. As with the erythromycin study the allocation of treatment was

by alternate patient and hence not as good as true randomisation. For those patients without itch and who don't mind the rash, treatment is not indicated. However, if there is itch or if they are bothered by the rash, then we now have two good options. This now makes the etiology of the condition more complicated. Is it

due to a herpes virus – this would explain the benefit from acyclovir – or is it due to some other organism and/or is the erythromycin acting as an anti-inflammatory agent. What is needed now is a head to head comparison of acyclovir and erythromycin (randomised) with a placebo control group.

Pityriasis rosea

	Success	Evidence	Comment
Drago F¹ Acyclovir 800mg 5 times daily for one week	At 2 weeks 79% in acyclovir group had a complete response and 4% in the placebo group NNT 1.3	Controlled trial	Probably effective. The only concern was that the patients were not randomised but alternated
Sharma PK² Erythromycin 250 mg qid for 14 days	At 6 weeks complete response in 73.33% and none in the placebo group NNT = 1.4	Cochrane Controlled Trials register	Probably effective. The only concern was that the patients were not randomised but alternated

NNT = numbers needed to treat for one remission

References

1. Drago F, Vecchio F, Rebora A. Use of high-dose acyclovir in pityriasis rosea. *J Am Acad Dermatol* 2006; 54(1):82-5.
2. Sharma PK, Yadav TP, Gautam RK, Taneja N, Satyanarayana L. Erythromycin in pityriasis rosea: A double-blind, placebo-controlled clinical trial. *J Am Acad Dermatol*. 2000 Feb; 42(2 Pt 1):241-4

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