

## THE COMPARISON STUDY OF 5 FLUOROURACIL VS. CRYOTHERAPY IN THE TREATMENT OF THE BACKHAND RESISTANT COMMON WART

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### comment:

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We refer to the study conducted by Asghariazar R et al comparing the efficacy of 5-fluorouracil against cryotherapy in the management of backhand resistant common warts [1]. We congratulate their success in reporting such a high-quality study. We would humbly like to offer a few pieces of advice, which might further augment the clinical relevance and the scientific content for future studies along similar veins.

Firstly, human papillomavirus infection causing cutaneous extragenital viral warts is lifelong, and cannot be eradicated by any active treatment strategy [2,3]. The aims to treat are to alleviate the physical and psychological discomforts of the patients, and to prevent further spread of the infection by autoinoculation [4]. We thus advocate that the inclusion criteria while recruiting patients for future studies should include evaluations of their physical and psychological discomforts, including impacts of the disease on the quality of life of patients. For patients with low impacts, counselling education about the expected disease course and implications for future active treatment might not be indicated clinically, and thus may be excluded from the study recruitments. An example is depicts as Figure 1.

Secondly, many good systemic reviews revealed, there exists little significance for the results of many treatment strategies including cryotherapy to be compared to those of placebo treatment [5,6]. We thus advocate that future studies might include placebo as one of the study arms so that the genuine clinical and psychological benefits of treatments can be validly and reliably quantified. Outcome measures could also be both clinician-rated and patient-rated.

Thirdly, viral warts exhibit Köebner phenomenon. Action ablation treatment might lead to future relapse of lesions. Moreover, as the human papillomavirus infection is lifelong, transient symptomatic remission might not infer long-term disease relief [7]. We therefore advocate future studies to be designed with sufficiently long follow-up periods so that the effectiveness of various treatment strategies could be reliably compared to each other and to placebo on significantly longer time frames.

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