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ranging from 4 to 8 weeks. Clinical fea-
tures include cervical adenitis, vomiting, and
diarrhea. A patient with HIDS may
present to a dermatologist with a macu-
lopapular rash, with petechiae and pur-
pura that appear during a febrile attack.

Generalized lymphadenopathy and rash
are very common in these patients.

Distinctive laboratory features include
an elevated IgD but this elevation is not
present in all HIDS patients. The gene for
HIDS has been mapped to chromosome 12
and at least 8 different mutations or dele-
tions have been seen, but the syndrome is
most likely to occur in people with Dutch
or French ancestry. Dr. Edwards said.

▶ Tumor Necrosis Factor-Receptor As-
associated Periodic Syndrome (TRAPS).
Children with TRAPS may have a lifelong

New Terbinafine Formulation
Knocks Out Tinea

CHICAGO — A new oral formulation of
the antifungal drug terbinafine signifi-
cantly improved tinea capitis in children
aged 4-12 years compared with griseoful-
vin oral suspension, based on efficacy data
from 1,286 children in the largest study of
the medication to date.

These findings were presented in a
poster by Dr. Sheila Friedlander at the an-
nual meeting of the Society for Pediatric
Dermatology.

Children with confirmed positive cul-
tures for tinea capitis who were random-
ized to receive terbinafine had a signifi-
cantly higher complete cure rate
(combined mycologic and clinical cure
rates) after 6 weeks of daily treatment and
10 weeks of follow-up, compared with those
who received griseofulvin (45% vs.
39%), said Dr. Friedlander, a pediatric
dermatologist at the University of Cali-
onia, San Diego Medical Center.

The new terbinafine formulation
(Lamisil oral granules) consists of coated
granules that can be sprinkled on food so
children can swallow them easily. Both
terbinafine and griseofulvin are dosed by
body weight. The study was supported in
part by Novartis Pharmaceuticals Corp.

Adverse event rates were similar be-
tween the two groups. About half of the
patients in each group reported at least one
adverse event, but almost all were mild or
moderate; only 1.6% of the griseofulvin pa-
tients discontinued their medications be-
cause of adverse events. The most
common complaints included vomiting,
diarrhea, headache, and abdominal pain.

The mycologic cure rate alone was sig-
ficantly higher in the terbinafine group
compared with the griseofulvin group (62%
vs. 56%). The clinical cure rate alone was
higher, but not significantly higher, in the
terbinafine group compared with the grise-
ofulvin group (63% vs. 59%). Terbinafine
was most effective against Trichophyton
tonsurans, which is the organism most often
associated with tinea capitis, Dr. Friedlan-
der and her associates wrote.