

# Letter in Reply: Intralesional Immunotherapy with Measles-Mumps-Rubella Vaccine for Recalcitrant Facial Warts: A Report of Two Cases

Al Mutasim Al-Qassabi<sup>1\*</sup> and Abdulrahman Al Kindi<sup>2</sup>

<sup>1</sup>Department of Dermatology, Bahla Hospital, Bahla, Oman

<sup>2</sup>Department of Dermatology, Nizwa Polyclinic, Nizwa, Oman

*Received: 10 May 2022*

*Accepted: 10 May 2022*

\*Corresponding author: mhhh14@hotmail.com

DOI 10.5001/omj.2022.95

**Dear Editor,**

We thank Dr. Al-Mendalawi for his valuable comments. We agree with him there are multiple therapies available for the treatment of warts as stated in our article. Regarding Bacillus Calmette-Guérin (BCG) vaccine, recent studies showed that Measles-Mumps-Rubella (MMR) vaccine has superior or comparative results to BCG.<sup>1,2</sup> Moreover, BCG needs a prior Mantoux test and is considered unsafe in a tuberculosis endemic area, making the choice of using MMR superior to BCG.<sup>3</sup> Measurement of Th1 and Th2 cytokines during various intralesional immunotherapies is non-practical and unnecessary. Besides, it needs specialized labs which are not available in most settings. There is no definite follow up period for patients with warts, but a period of 3-6 months is considered appropriate. In fact, both patients were followed further after publishing the cases and there is no recurrence to date.

## References

1. Eldahshan RM, Ashry WM, Elsaie ML. Comparative study between intralesional injection of MMR, BCG, and candida albicans antigen in treatment of multiple recalcitrant warts. *Journal of cosmetic dermatology*. 2022 Jan 8.
2. Munnangi P, Kishore JC, Nivedita DV. Comparative study between intralesional MMR and intralesional BCG in treatment of verruca vulgaris. *IOSR J Dent Med Sci*. 2018;17:44-50.
3. Daulatabad D, Pandhi D, Singal A. BCG vaccine for immunotherapy in warts: is it really safe in a tuberculosis endemic area?. *Dermatologic Therapy*. 2016 May;29(3):168-72.