Low-Intensity Laser Therapy is an Effective Treatment for Recurrent Herpes Simplex Infection. Results from a Randomized Double-Blind Placebo-Controlled Study

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Recurrent infection with herpes simplex virus is a common disease. Recently, alternative therapies have been introduced. Among those, low-intensity laser therapy mainly used for the acceleration of wound healing and in pain therapy has previously been shown to be of benefit in herpes zoster infections. In this study we evaluated the influence of low-intensity laser therapy to be of benefit in herpes zoster infections. In this study we evaluated the influence of low-intensity laser therapy (wavelength 690 nm, intensity: 80 mW per cm², dose: 48 J per cm²) in 50 patients with recurrent herpes simplex infection. In this study we evaluated the influence of low-intensity laser therapy (wavelength 690 nm, intensity: 80 mW per cm², dose: 48 J per cm²) in 50 patients with recurrent herpes simplex infection. In this study we evaluated the influence of low-intensity laser therapy (wavelength 690 nm, intensity: 80 mW per cm², dose: 48 J per cm²) in 50 patients with recurrent herpes simplex infection.

Between 28 and 60% of individuals with latent herpes simplex suffer from recrudescence with a frequency of 2–20 per y (Norval and el Ghorr, 1996; Whitley and Kimberlin, 1998). Reactivations can be triggered by physical or emotional stress, fever, exposure to ultraviolet light, and immune suppression. The onset of recurrence is preceded by pain, burning, or itching which generally persists for about 6 h and is followed by the appearance of vesicles. Lesions progress to pustules or ulcers and usually heal within 8–10 d. Immune responses to herpes simplex infection involve Langerhans cells, lymphocyte-mediated delayed-type hypersensitivity, and cytotoxicity, macrophages, and natural killer cells (Whitley and Kimberlin, 1998). There is evidence that a temporary depression in immunologic responses might occur shortly before or during recrudescence (Vestey and Norval, 1992). Development of drug-resistant HSV strains is of increasing significance, especially in immunocompromised patients such as organ transplant recipients and AIDS patients (Whitley and Kimberlin, 1998).

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MATERIALS AND METHODS

Patients
Fifty consecutive patients who presented or were referred to the Department of Dermatology, University of Vienna Medical School due to recurrent herpes simplex infections of the perioral region were included in this study. All patients had had at least one course of treatment with orally applied acyclovir (800 mg per d) for 4 wk, which had been completed at least 3 mo before enrolment. Recurrent herpes simplex infection was defined as at least one herpes attack per month for more than 6 mo independent of any known triggering mechanism such as fever, sun exposure, or menstruation. Patients were randomized into a laser group and a placebo group (n = 25 for both groups) after signing informed consent. Patients were randomized into a laser group and a placebo group (n = 25 for both groups) after signing informed consent.

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The median periods of remission intervals of the study protocol. The total observation period was 52 wk. The evaluator was not aware of patients were told to present at the department at the time of recurrence.

unchanged during the trial. After completing the irradiation procedure those patients with herpes infections located on both the upper and lower lip both sites were irradiated. The placebo irradiation was performed in the same manner as in the verum group except that the laser was not turned on. Patients in both groups were wearing nontransparent protection glasses during the procedure. Any pre-existing medication was left unchanged during the trial. After completing the irradiation procedure patients were told to present at the department at the time of recurrence.

The total observation period was 52 wk. The evaluator was not aware of the study protocol.

The median periods of remission intervals of the laser-treated group and the placebo group were compared using Wilcoxon's Rank Sum Test. p < 0.05 were regarded as statistically significant.

**RESULTS**

Two of 50 enrolled subjects did not complete the study: one patient of the placebo group discontinued because of time problems and one patient of the laser group had to undergo an appendectomy. All remaining 48 patients were monitored for 52 wk. One of these patients was still in remission at the end of the observation period but was not followed up. No side-effects of any kind were noted.

The treatment outcome is shown in Fig. 1. The median recurrence-free interval in the laser-treated group was 37.5 wk (range, 2–52 wk; 95% confidence interval, 24–42 wk) compared with 3 wk (range, 1–20 wk; 95% confidence interval, 2–4 wk) in the placebo group. This difference was found to be statistically significant (p < 0.0001). No influence of the anatomic site of infection on the treatment outcome could be documented.

**DISCUSSION**

In this study we demonstrated the efficacy of low-intensity laser therapy in the treatment of recurrent herpes simplex infection in a randomized, double-blind placebo-controlled trial design. These results confirm earlier findings from retrospective, uncontrolled studies (Haichenerber-Wildner and Michels, 1981; Landthaler et al., 1983).

Although potent agents against herpesvirus infections have become available during the last decade, the increasing clinical use of acyclovir and famiciclovir has been associated with the emergence of drug-resistant herpesvirus strains (Reusser, 1996). Moreover, the intermittent administration of acyclovir does not alter the frequency of recurrences (Whitley and Kimberlin, 1998). Owing to these facts and because of the increasing patient demand for nonchemical therapies various alternative treatment modalities have been introduced, among which the combination of neutral red with laser exposure as a photodynamic treatment modality deserves to be mentioned from the photobiologic viewpoint (Felber et al., 1973).

Whereas ultraviolet radiation, in general, alters various cutaneous cell functions, little is known about immune-modulating effects of (low-intensity) red and near infrared light on the skin. Low-intensity laser therapy has been introduced mainly for the induction of wound healing and pain therapy in the 1970s (Mester et al., 1971). Since then, a number of reports investigated a putative influence of this athermic phototherapy on the immune system and its constituents (Ohta et al., 1987; Yu et al., 1997b; Schindl et al., 1997c). These experiments, however, yielded conflicting results which can be explained in part by the different irradiation parameters used and the well-established fluence-dependence of (laser) light effects (Inoue et al., 1989a; Funk et al., 1992).

Danno and Sugie (1996) demonstrated that a weak thermal effect induced by near infrared exposure reversibly suppressed the density of Langerhans cells and the ability of the skin to induce contact hypersensitivity reactions. Inoue et al. (1989b) described suppressed tuberculin reactions in guinea pigs and a possible systemic inhibitory effect on delayed hypersensitivity reactions after a single low power laser irradiation at a fluence of 3.6 J per cm². In contrast to ultraviolet radiation which is known to have an inductive effect on herpes simplex infection (Norval and el Ghorr, 1996), the results of this study, together with findings from other authors dealing with the effect of low-intensity laser therapy for the treatment of herpes simplex (Körner et al., 1989; Perrin et al., 1997) and herpes zoster (Moore et al., 1988; Moore and Calderhead, 1991; Matsumura et al., 1993) show an immune-stimulating effect. Körner et al. (1989) used a Nd:YAG laser operated at fluences between 5 and 183 J per cm² and found no direct virus-inactivating effect on HSV-1 cultures but a 50% reduction in virus yield in cultures incubated with irradiated leukocytes. This observation could provide a possible explanation of the mechanism of the treatment effect and is backed by results from other investigators reporting on the activation and proliferation of lymphocytes (Inoue et al., 1989a; Yu et al., 1997b;...
Schindl et al., 1997c; Manteifel et al., 1997) and macrophages (Bolton et al., 1990) as well as the synthesis and expression of cytokines (Funk et al., 1992; Yu et al., 1996) following low intensities of red and near-infrared laser light. Utilizing a krypton-laser (wavelength 647 nm) at similar irradiation parameters as applied in our study (intensity, 50 mW per cm²; fluence, 4.5 J per cm²), Landthaler et al. (1983) achieved a significant prolongation of remission intervals from 30 to 73 d in patients with recurrent herpes simplex infection. Interestingly, patients with labial herpes infection showed better results than those with genital infection.

A psychologic influence on herpes infection is well established (Luby and Klinge, 1985; Biondi and Zannino, 1997) and has also been described for low-intensity laser therapy (Zimmermann, 1990). Such an influence could clearly be ruled out in our study due to the selected randomized, double-blind placebo-controlled trial design.

In conclusion, we demonstrated that a total of 10 daily irradiations by means of a low-intensity laser device significantly lowers the incidence of local recurrence of perioral herpes simplex infection. This athermic phototherapeutic procedure represents a safe, relatively cost-effective, and noninvasive treatment modality. There-fore, it may be considered as a beneficial alternate treatment versus HSV-1 and different irradiation protocols on the effects of laser therapy to evaluate the influence of the type of HSV (HSV-1 potential role of this therapy. Additionally, larger studies are needed to further quantify and compare the effects of different laser therapies, and to confirm the results obtained in our study.

REFERENCES


