Are H2 blockers effective for the treatment of verruca vulgaris?

**Evidence-Based Answer**

Probably not. Oral cimetidine, at least, is not beneficial for the treatment of common warts (SOR: A, meta-analysis).

A 2012 systematic review of 15 RCTs (N=846) evaluated the effectiveness of a variety of systemic therapies for the treatment of cutaneous warts. Oral cimetidine (25–40 mg/kg per day or 400–800 mg 3 times daily for 2–3 months) in adults and children compared with placebo was included in the review. Complete resolution was not statistically different between the groups, with cures occurring in 36% of patients in the cimetidine group compared with 22% of controls (4 trials, N=230; OR 1.9; 95% CI, 0.9–4.2). Dropout rates were high in all RCTs (20%–68%).

Another systematic review of 7 RCTs and 5 open-labeled trials evaluated the effectiveness of H2 blockers for the treatment of cutaneous warts. The 5 open-labeled trials (N=171) conducted over 2 to 4 months documented a 48% response rate for ranitidine and 81% for cimetidine; however, no control groups were used in these trials.

The first RCT with 54 patients compared cimetidine (25–40 mg/kg per day) with placebo and found no difference in resolution after 3 months (32% vs 30%; P=.85). The second RCT involving 54 patients compared 400 mg TID cimetidine with placebo over 12 weeks, with no differences in resolution (37% vs 25%; P>.05). The third RCT of 35 patients compared cimetidine (800 mg TID for 3 months) with placebo and also did not show a difference in resolution (26% vs 4.8%; P=.085). The fourth RCT included 40 patients and compared cimetidine (20–40 mg/kg for 4 months) with cimetidine plus topical treatment and showed a significant difference in the combined group (10% vs 35%; P<.001). The fifth RCT of 13 pediatric patients compared standard therapy with cimetidine (30–40 mg/kg); this study was stopped early due to lack of benefit (no data provided). The last 2 RCTs compared cimetidine with levamisole (no longer available) and did not show any difference in benefit (no data provided).

A 2005 retrospective analysis of 216 adult and pediatric patients with warts evaluated the effectiveness of cimetidine treatment. Thirty-six adults were treated with cimetidine 20 mg/kg daily and 180 pediatric patients were treated with 25 to 40 mg/kg daily for an average of 6.4 weeks. At a minimum of 15 months after completion of therapy there was an 84% success rate, defined as complete restoration of skin lines coursing throughout the entire lesion’s surface area. There was no comparison group and the authors noted that warts have been observed to resolve spontaneously within 2 years of onset.

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What is the best treatment for acetabular labral tears?

**Evidence-Based Answer**

Arthroscopic debridement of the torn acetabular labrum after failure of conservative management is associated with improved symptoms and function, with a greater effect in patients without arthritis (SOR: B, cohort trials and case series).

A systematic review of 5 observational trials lasting 2.5 to 3 years examined arthroscopic management of labral tears in the hip. These trials included patients aged 22 to 58 years (total number not provided) with no comparison groups. The data from these 5 trials were not pooled. Patient satisfaction (defined as scoring a 4 or 5 on two 5-point scales of pain and mechanical function) ranged between 67% and 91% after arthroscopic debridement of the labral tear. This review excluded patients with “severe” arthritis or “severe” acetabular dysplasia.

One prospective cohort trial of 28 patients (mean age 41 years) included in the systematic review specifically evaluated labral tears of the hip and management for patients with and without arthritis. After 1 year, patients were questioned about pain, mechanical symptoms, and ability to perform activities, with telephone and office follow-up. A scale of 1 to 5 was used and patients were specifically asked to compare their