SUMMARY
Interferons IFN have become important in the practice of dermatology. Interferons are a large family of low-molecular weight proteins and glycoproteins, naturally occurring or artificially produced by recombinant biotechnology. Their antiviral, antiproliferative, antitumoral, and immunomodulatory activities are induced by alterations in cell metabolism after binding to specific membrane receptors.

Interferon are of the following three types: α - or leukocyte-produced, β or fibroblast - produced, and γ or Immune-interferon. The interferon are divided into two main groups. The type I interferons, consisting of interferons alpha and beta, share similar structures and activities. Type II interferon, gamma, is a chemically distinct lymphokine that exhibits the most marked immune-enhancing effect of all the interferons.

Interferons have been used for the treatment of viral papillomas (e.g., verruca vulgaris and condyloma acuminatum), human immunodeficiency virus (HIV) - associated Kaposi's sarcoma and cutaneous tumors (e.g., melanoma, cutaneous T cell lymphoma, and basal cell carcinoma), and inflammatory dermatoses (e.g., Behcet's syndrome and psoriatic arthropathy). Clinical trials have been performed worldwide with various regimens and have not always led to conclusive results. In malignant melanoma a low response rate is obtained in metastatic disease with the use of interferon as a single therapeutic agent. Combined with other antitumor agents, however, interferon seems to be a useful drug. Excellent control of Behcet's disease has been obtained, and the treatment of condylomata acuminata has been effective.

This study was carried out on fourteen selected patients proved clinically and pathologically as basal cell epithelioma. Each clinically identified BCC was photographed. After giving informed consent, all patients underwent a 3-week
Summary.

Intralesional interferon alfa-2b is an effective and safe modality in the treatment of basal cell carcinoma. It may become an important part of the armamentarium of dermatologists in the treatment of basal cell carcinoma. Because of its nonsurgical approach and cosmetic result, interferon may be a much sought after therapy by many patients. The dermatologist will be in the best position to continue to guide and direct patients as to which modality of treatment will provide the best results in their specific case. Interferon will certainly have to be considered and, with time, may 'play an increasing role in the treatment of basal cell carcinoma.

treatment schedule, receiving sub-lesional injection of rIFN–α2b, (Intron-A, Schering Plough Corp., USA) three times a week. The single dose was 1.5 x 10^6 units in 0.3 ml of isotonic injection solution that contained preservative-free steril water., giving a cumulative dosage of 13.5 x 10^6 units. Our results showed that 11 of the 14 treated BCC lesions cleared completely after using IFN–α2b (Intron A) alone without further therapy (78.5%). On the other hand, three (21.5%) of the 14 treated BCCs did not improve clinically. Non-healing tumors were large > 20 x 20 mm. The site of these BCCs were occipital region, scalp and nose. Hue-like symptoms including fever, rigors, myalgia, headache, and nausea in 8 patients, local reactions at the injection site as an erythema occurring in 6 patients and marked with edema on eyelid lesion. There reactions were almost always mild or moderate and transient, and mostly occurred during the treatment period.