GROUP B INDETERMINATE

BAY 12-8039/10995: TREATMENT GROUP B: OFLOXACIN 400 MG BD/METRONIDAZOLE 400 MG BD										
SUBJECT NUMBER	AGE	TOTAL DAYS RX	CLIN EVAL DURING RX	CLIN EVAL AT TOC	CLIN EVAL AT FUP	ADVERSE EVENT	ANTIBACTERIALS		CONCOMITANT MEDICATION	
			% CLIN IMPROVEMENT	% CLIN IMPROVEMENT	% CLIN IMPROVEMENT		COCOMITANT ANTIBACTERIAL	TOTAL DOSES	CONCOMITANT MED	TOTAL DOSES
101025	45	7				DIZZINESS, NAUSEA, SY	BENZATHINE PENIC	2.4 MU	CHLOROMYCE	12 DOSES
101030	37	6				DIZZINESS, NAUSEA	BENZATHINE PENIC	2.4 MU		
101050	33	1				SYPHILIS			DEPO PROVEI	1INJ
101082	27	1							DEPO PROVEI	