INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

EFFICACY OF LIPOSOMAL AMPHOTERICIN B IN THE TREATMENT OF POST-KALA-AZAR DERMAL LEISHMANIASIS.

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INTRODUCTION: Post Kala-azar dermal leishmaniasis (PKDL) is a late cutaneous complication of untreated or partially treated visceral leishmaniasis.

OBJECTIVE: To evaluate the efficacy of lower dose liposomal Amphotericin B versus higher dose Amphotericin B in PKDL.

MATERIAL AND METHODS: Twenty four suspected patients of PKDL were diagnosed on the basis of rK39 ELISA test, diagnosis was confirmed by demonstration of LD bodies in slit- skin smear preparation by skin biopsy. Routine laboratory investigations like complete haemogram, liver function test, serum urea, creatinine, ECG were done and haemogram, LFT, blood urea and serum creatinine were repeated fortnightly till completion of treatment. They were divided in to two groups, Group A and B. Group A received amphotericin B in the dose of 0.5 mg/kg in 5% dextrose, daily for 20 infusions for 3 courses at an interval of 15 days between each course and Group B received amphotericin B in the dose of 1mg/kg in 5% dextrose on alternate days, 20 infusions for 3 courses an interval of 15 days between each course and followed up for one year.

RESULT: A total of 24 patients were enrolled, 12 in each of group A and group The initial cure rate was 91.6 % in group A and 83.3% in group B. One patient each from either group relapsed. Nephrotoxicity was the most common adverse event occurring in both the groups.

CONCLUSION: Lower dose appears to have fewer adverse effects.Group A with lower dose seems to be a better option for treating PKDL.