

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

## SAFETY AND TOLERANCE OF GLUCANTIME IN ELDERLY PATIENTS WITH CUTANEOUS LEISHMANIASIS

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**Background:** Meglumine antimoniate compounds, such as Glucantime, remain the mainstay of treatment for cutaneous leishmaniasis (CL).

**Objective:** We propose to assess the incidence, types and risk factors of intramuscular Glucantime (IMG) adverse reactions (AR) in the elderly.

**Methods:** We retrospectively reviewed medical records of all patients older than 60 years treated for CL using IMG at the dose of 60 mg/kg/ day from 2001 to 2017. All patients underwent baseline and weekly monitoring investigations, including laboratory tests and ECG.

**Results:** The study included 90 patients. The mean age was 67 years. There was a predominance of female individuals with a sex ratio of 0.52. AR were recorded in 50% of patients. There were no association between sex, age, comorbidities and AR occurrence ( $p=0.32$ , 0.7, 0.33 respectively). Stibio-intolerance events occurred in 20%, stibio-intoxication events in 25.6%, and the both type of antimony AR in 4.4%. Arthromyalgia was the most frequent stibio-intolerance complication (36.4%), followed by injection site erythema (22.7%), rash (18.2%) and asthenia (18.2%). These events occurred after an average period of 9 days. Stibio-intoxication occurred after an average period of 7 days and consists in pancreatitis (74%), hematologic disorders (18.5%), hepatic cytolysis (11.1%), cardiotoxicity (11.1%) and nephrotoxicity (7.4%). IMG was stopped in 72.7% of cases. The outcome was good in most cases. One death was recorded following an acute kidney failure.

**Conclusions:** The frequency of antimony AR in our report is higher than previous studies (17-24%). Sex and comorbidities are not predictive factors of AR. Stibio-intoxication events, mainly pancreatic, were mild and regressive after treatment cessation. Cases of pancytopenia, acute renal and hepatic failure with fatal outcome were reported. The use of IMG in elderly is associated with a high rate of AR. Therefore, the use of low dose or



alternatives therapies should be considered.

