

Trypanocides

The prophylaxis and treatment of trypanosomiasis is difficult and differs according to the strain of organism. Expert advice should therefore be obtained.

Toxoplasmosis

Most infections caused by *Toxoplasma gondii* are self-limiting, and treatment is not necessary. Exceptions are patients with eye involvement (toxoplasma choroiretinitis), and those who are immunosuppressed. Toxoplasmic encephalitis is a common complication of AIDS. The treatment of choice is a combination of pyrimethamine p. 412 and sulfadiazine p. 363, given for several weeks (expert advice **essential**). Pyrimethamine is a folate antagonist, and adverse reactions to this combination are relatively common (folinic acid supplements and weekly blood counts needed). Alternative regimens use combinations of pyrimethamine with clindamycin p. 337 or clarithromycin p. 340 or azithromycin p. 339. Long-term secondary prophylaxis is required after treatment of toxoplasmosis in immunocompromised patients; prophylaxis should continue until immunity recovers.

If toxoplasmosis is acquired in pregnancy, transplacental infection may lead to severe disease in the fetus; specialist advice should be sought on management. Spiramycin (unlicensed) (available from 'special-order' manufacturers or specialist importing companies) may reduce the risk of transmission of maternal infection to the fetus. When there is evidence of placental or fetal infection, pyrimethamine may be given with sulfadiazine and folinic acid p. 575 after the first trimester.

In neonates without signs of toxoplasmosis, but born to mothers known to have become infected, spiramycin is given while awaiting laboratory results. If toxoplasmosis is confirmed in the infant, pyrimethamine and sulfadiazine are given for 12 months, together with folinic acid.

4.1 Leishmaniasis

Other drugs used for Leishmaniasis Amphotericin, p. 387 · Pentamidine isetionate, p. 395

ANTIPROTOZOALS

Sodium stibogluconate

● INDICATIONS AND DOSE

Visceral leishmaniasis (specialist use only)

▶ BY INTRAVENOUS INJECTION, OR BY INTRAMUSCULAR INJECTION

▶ Child: 20 mg/kg daily for at least 20 days

● UNLICENSED USE

▶ With intravenous use Licensed for use in children (age range not specified by manufacturer).

● **CAUTIONS** Heart disease (withdraw if conduction disturbances occur) · mucocutaneous disease · predisposition to QT interval prolongation · treat intercurrent infection (e.g. pneumonia)

CAUTIONS, FURTHER INFORMATION

▶ Mucocutaneous disease Successful treatment of mucocutaneous leishmaniasis may induce severe inflammation around the lesions (may be life-threatening if pharyngeal or tracheal involvement)—may require corticosteroid.

● **INTERACTIONS** → Appendix 1: sodium stibogluconate

● SIDE-EFFECTS

▶ **Common or very common** Abdominal pain · appetite decreased · arthralgia · diarrhoea · headache · lethargy · malaise · myalgia · nausea · vomiting

▶ **Rare or very rare** Chest pain · chills · fever · flushing · haemorrhage · hyperhidrosis · jaundice · skin reactions · vertigo

▶ **Frequency not known** Arrhythmias · cough · pain · pancreatitis · pneumonia · QT interval prolongation · thrombosis

● **PREGNANCY** Manufacturer advises use only if potential benefit outweighs risk.

● **BREAST FEEDING** Amount probably too small to be harmful.

● **HEPATIC IMPAIRMENT** Manufacturer advises caution (limited information available; abnormalities in hepatic function may be expected in visceral leishmaniasis).

● **RENAL IMPAIRMENT** Avoid in significant impairment.

● **MONITORING REQUIREMENTS** Monitor ECG before and during treatment.

● **DIRECTIONS FOR ADMINISTRATION** Intravenous injections must be given slowly over 5 minutes (to reduce risk of local thrombosis) and stopped if coughing or substernal pain occur. Injection should be filtered immediately before administration using a filter of 5 microns or less.

● **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

Solution for injection

▶ **Pentostam** (GlaxoSmithKline UK Ltd)

Antimony pentavalent (as Sodium stibogluconate) 100 mg per 1 ml Pentostam 10g/100ml solution for injection vials | 1 vial (POM) £66.43

4.2 Malaria

Antimalarials

23-Jan-2018

Artemether with lumefantrine

Artemether with lumefantrine p. 408 is licensed for the treatment of acute uncomplicated falciparum malaria.

Artenimol with piperazine

Artenimol with piperazine phosphate p. 408 is not recommended for the first-line treatment of acute uncomplicated falciparum malaria because there is limited experience of its use in travellers who usually reside in areas where malaria is not endemic. Piperazine has a long half-life.

Atovaquone with proguanil

Atovaquone with proguanil hydrochloride p. 409 is licensed for the prophylaxis of falciparum malaria (for details, see Recommended regimens for prophylaxis against malaria p. 402) and for the treatment of acute, uncomplicated falciparum malaria.

Chloroquine

Chloroquine p. 410 is usually used with proguanil hydrochloride p. 412 for the prophylaxis of malaria in areas of the world where there is little chloroquine resistance, but this regimen may not give optimal protection (for details, see Recommended regimens for prophylaxis against malaria p. 402).

Guidelines for malaria prevention in travellers from the United Kingdom (2018) published by Public Health England state that patients already taking hydroxychloroquine sulfate p. 662 for another indication, and for whom