

COMUNICAÇÃO

MULTIPLE DRUG REGIMEN FOR SEVERE DIARRHEA ASSOCIATED WITH *CRYPTOSPORIDIUM* IN AIDS PATIENTS

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Cryptosporidium is one of the most commonly identified causes of chronic diarrhea and malabsorption in AIDS patients¹. The severity of human cryptosporidiosis in AIDS patients can be correlated with the degree of immune dysfunction that they present^{4, 5}. Several attempts at therapy of cryptosporidiosis have not been successful and this disease remains without an effective treatment^{6, 7}. This communication presents an alternative association therapy to control severe diarrhea in AIDS patients with cryptosporidiosis.

We treated one patient with diarrhea caused by *Cryptosporidium* with spiramycin without success. After introduction of co-trimoxazole and doxycyclin for prophylaxis of *Pneumocystis carinii* pneumonia and treatment of chlamydial urethritis, respectively, he had a complete recovery of symptoms.

After this first case, five consecutive patients with chronic diarrhea caused by *Cryptosporidium* were treated with a combination of spiramycin (50 mg/kg/day), doxycyclin (4 mg/kg/day) and co-trimoxazole (TMP-SMX - 25/5 mg/kg/day).

All patients had a history of diarrhea of 30-45 days duration, (mean 38 days), with 10-15 episodes/daily, and loss of more than 10% of their body weight.

Prior to treatment, all patients had only cryptosporidia identified in their stool (modified Ziehl-Neelsen staining)^{2, 3}. Stool cultures on selective media for *Salmonella*, *Shigella*, and *Campylobacter* were negative. Two patients showed progressive clinical improvement, after 5 days of treatment with a complete recovery after 10 days. Two patients had an improvement after 8 days with disappearance of symptoms after the 15th day. The last patient had persistent severe diarrhea during three weeks after

interruption of treatment. An endoscopic study and biopsy of his colon showed no abnormalities.

All five patients had a negative stool examination for *Cryptosporidium* after completing treatment, and remained asymptomatic during three months of follow-up.

The medication was well tolerated, and no significant side-effects were observed. Two patients experienced mild nausea. We conclude that this combination therapy may be useful in the treatment of cryptosporidiosis in AIDS patients but requires further evaluation.

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