Dear Editor,

We would like to acknowledge the comments regarding our article Clinical and serological evolution in chronic Chagas disease patients in a 4-year pharmacotherapy follow-up: a preliminary study, which are contained in the letter The role of benznidazole with cyanocobalamin and ascorbic acid in treating the chronic phase of Chagas disease.

Although pharmacotherapy with benznidazole is associated with adverse reactions and limited effectiveness in the chronic phase of Chagas disease, it has been used in the indeterminate phase of Chagas disease to reduce parasitemia, prevent visceral lesions and transmission. As well, observational studies have shown that benznidazole may even benefit patients in the cardiac chronic stage of the disease. Moreover, despite the large number of adverse reactions caused by benznidazole administration, it is considered safe when administered by a qualified professional, as monitoring of the treatment can prevent complications.

After reviewing the articles referenced in the letter, we have noticed that although benznidazole, when combined with both vitamins, has improved antiparasitic effects in the experimental acute phase, this study was not designed to assess the outcomes of the chronic phase of the disease. Marim et al. have recently reported that vitamin C administration reduced parasitemia, although no effect was observed regarding the number of amastigote nets in the other tissues. This phenomenon might limit the efficacy of the combined treatment in the chronic phase, as other researchers have reported no statistically significant histopathological differences in chronically infected mice that were treated with vitamin C for 180 days.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

REFERENCES


