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Research Note

COMBINED ANTIMONIAL ALLOPURINOL THERAPY IN MUCOSAL LEISHMANIASIS

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We have previously reported our results of pentavalent antimony treatment of mucosal leishmaniasis (R. N. Sampaio et al., 1985, *Lancet, I:* 1097). There has been a suggestion that such results can be improved by combined treatment with Glucantime plus Allopurinol (P. A. Kager et al., 1981, *Trans. R. Soc. Trop. Med. Hyg., 75:* 556-559; K. K. Jha, 1983, *Trans. R. Soc. Trop. Med. Hyg., 77:* 204-207). Our protocol demands at least a year of follow up because mucosal leishmaniasis is so unpredictable (P. D. Marsden, 1986, *Trans. R. Soc. Trop. Med. Hyg., 80:* 859-876). To date we have followed six patients treated with this combination who have had their mucosae assessed at least one year after treatment. All patients were previously treated with a total dose of more than 100 gms/Sb^V. Five patients received a daily dose of 20 mg Sb^V/Kg for a minimum of 45 days. One patient (Hospital No. 199934) received the same daily dose for 10-12 days in three interrupted schedules. Two patients (157497 and 199934) had previously received at least two grams total dose of Amphotericin B and had relapsed. In three patients the infecting organism was identified as *Leishmania viannia braziliensis* (Lvb) by testing cultural flagellates for characteristic isoenzymes and monoclonal antibodies (C. C. Cuba et al., 1985, *Trans. R. Soc. Trop. Med. Hyg., 79:* 500-507). The patients took 20 mg Sb^V/kilo/day of Glucantime plus 20 mg/kilo/day of Allopurinol continuously for at least 45 days. Five of the six patients were hospitalised. The results are set out in the Table.

Side effects were mainly those of prolonged antimony therapy (P. D. Marsden, 1985, *Rev. Soc. Bras. Med. Trop., 18:* 187-198). We have one 50 year old hypertensive patient not listed here who will be reported elsewhere who while being treated with this combination developed acute renal failure necessitating haemodialysis on the 14th day of treatment. Although we have reported such a complication with Glucantime alone (R. N. Sampaio et al., 1980, *Anais Bras. Dermat., 55:* 69-76) renal biopsy showed an interstitial nephritis and we suspected Allopurinol as the culprit drug (R. M. Mills, 1971, *J. Am. Med. Assoc., 216:* 799-802).

As the Table demonstrated, the results with this combined therapy in this patients group was not good and one of the only two patients considered cured still had a high immunofluorescent antibody titre after treatment indicating further follow up. While we have other patients under study who took this allopurinol Glucantime combination these results do not suggest that this combination is a promising therapeutic alternative in antimony unresponsive mucosal leishmaniasis.

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TABLE

Results of treatment of mucosal leishmaniasis with 20 mg Sb^V/Kg/day and Allopurinol 20 mg/Kg/day

Patients No.	Age	Duration of disease (Yrs)	Parasite isolation/ identification	Leishmanin skin test (mm)	IFA Before Rx	IFA After	Combination therapy duration	Result of treatment	Lenght of follow up (months)
275099	49	10	+	7 x 9	1/40	Neg	45	F	12
157497	35	13	+ Lvb	12 x 13	1/320	1/80	60	F	12
282325	61	15	+ Lvb	6 x 8	1/40	100	68	F	13
220075	75	10	+ Lvb	7 x 9	1/160	1/320	56	C	42
294533	27	7/12	+	14 x 15	1/80	1/160	48	F	12
199934	55	40	Neg	15 x 14	1/80	1/20	45	C	18

F = failure; C = cure.