

110. CLINICAL HEALING OF ANTIMONY - RESISTANT CUTANEOUS OR MUCOCUTANEOUS LEISHMANIASIS FOLLOWING THE COMBINED ADMINISTRATION OF IFN-g AND PENTAVALENT ANTIMONIALS (Sb^v)

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In a phase II open trial, combined therapy with Sb^v (10mg/kg body weight), and recombinant human IFN-g (100 µg/m² body surface area), was administered to 13 patients with diagnosis of cutaneous or mucocutaneous leishmaniasis, clearly unresponsive to antimony.

Daily intramuscular injections of both compounds were given during 30 days, but treatment could be continued up to 90 days in case of partial healing of lesions. Four of them presented with large skin ulcers, and nine had mucosal involvement as main manifestation.

The latter affecting the nose, 3 cases, nose and septum ,2 cases, nose and oral cavity, 1 case, and nose pharynx and larynx, 3 cases. Except for a case with severe involvement of the upper respiratory tract, remaining 11 patients, completing treatment, attained full resolution of lesions (91%), by the end of therapy (mean duration 40 ± 12 SD days). Ten of them were further followed up for 6 months showing no relapses. Adverse reactions were not severe, reversible in all cases, and unrelated with prolonged therapy. Main events included headache and fever, 7 cases, along with leukopenia and eosinophilia, 4 cases.

We conclude that combined treatment with suboptimal doses of Sb^v plus IFN-g constitutes an effective and low toxic therapy for antimony resistant cutaneous or mucocutaneous leishmaniasis. Beneficial effects of IFN-g may be attributed to an enhancement of macrophage microbicidal activity, synergy with Sb^v or reversion of parasite resistance to such compound, and a shift in T cell responses from harmful to protective immunity.