

Amphotericin B in Visceral Leishmaniasis

I read with interest the recent report(1) on this topic. Kala azar is still dominating North Bihar resulting in substantial morbidity and mortality. We are still following the WHO guideline of administering sodium antimony gluconate (20 mg/kg/day) for thirty to forty days. If this drug fails, pentamidine (3 to 4 mg/kg) is administered for fifteen days.

Both these drugs are not capable of curing kala azar completely in resistant cases and may have toxic effects. In peripheral areas, we often encounter drug resistant cases which are more difficult to manage. One can't predict drug resistance to sodium antimony gluconate or pentamidine.

Moreover, we do not have efficient services to observe and investigate side effects of these drugs or complications of disease in remote rural areas. In this setting, one could consider instituting amphotericin B as the primary and first line treatment to cure kala azar under supervision.

I have personal experience of treating fifty cases of Kala azar ranging in age from 1 year to 15 years using amphotericin B as the first line drug with very good response and minimal side effects.

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REFERENCE

- 1 Sahay AS, Jha TK. Amphotericin B in resistant visceral leishmaniasis. *Indian Pediatr* 1996, 33: 499-501.