Efficacy of Nitazoxanide for Cyclosporiasis in Patients with Sulfa Allergy

To the Editor—Cyclospora cayetanensis is a human parasite thought to largely af-
Diarrheal illness due to *C. cayetanensis* is usually self-limited in immunocompetent people, but it may cause prolonged symptoms if it is untreated, as occurred in our patient. The treatment of choice is trimethoprim-sulfamethoxazole [3], and ciprofloxacin has been suggested as an alternative agent. This latter recommendation stems from a randomized trial that compared ciprofloxacin treatment with trimethoprim-sulfamethoxazole treatment in HIV-infected patients who had *Isospora belli* or *Cyclospora* infection, and both agents were found to be effective [4]. However, there is significant anecdotal evidence of treatment failure with ciprofloxacin.

Nitazoxanide, a newer agent used primarily to treat cryptosporidiosis in patients with HIV infection, has been suggested as a potential alternative treatment. Nitazoxanide is a well-tolerated thiazolidine compound with activity against many intestinal parasites [5]. It was first introduced in Central America in 1996 and has been available in the United States since 2002 [6]. In addition to its activity against a wide variety of intestinal parasites, including *C. cayetanensis*, nitazoxanide also has activity against *Clostridium* and *Bacteroides* species. The exact mechanism of action for the drug is unknown, but it is thought to act through inhibition of the organism’s pyruvate ferredoxin oxidoreductase enzyme [6]. Successful treatment of patients with *C. cayetanensis* infection using nitazoxanide has only been reported for a small number of patients [7].

Although *Cyclospora* species are often missed in clinical laboratories, modified acid-fast staining of the patient’s stool specimen revealed the multiple oocysts of *C. cayetanensis*. When her diarrhea did not improve several days later, she was seen in the infectious diseases clinic, where, because of a severe sulfa allergy, she commenced a regimen of nitazoxanide treatment [2]. After 7 days of treatment, her symptoms improved. The findings of follow-up stool examinations were normal. A food source of cyclosporiasis was not determined for our patient, and no other cases were reported related to her infection; however, she did comment on a recent change in her diet: incorporation of large amounts of fresh produce, including berries.

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