Fluconazole Effectiveness Against Leishmania (Viannia) braziliensis: Is the Evidence Enough?

To the Editor—The recent article by Sousa et al [1] describing their experience treating a considerable number of Brazilian patients with parasitologically confirmed cutaneous leishmaniasis (CL) offers further valuable evidence of the potential of fluconazole as an effective antileishmanial agent. However, currently available evidence does not seem to support some of their statements and conclusions.

Whereas Leishmania (Viannia) braziliensis undeniably represents the predominant species of the parasite in most of Brazil and existing data incriminates it as the only causative agent of CL in the vast majority of patients, molecular characterization by means of monoclonal antibodies and enzyme electrophoresis on Leishmania isolated from human as well as domestic and wild reservoir hosts of CL seen in the northern part of Ceará State has also shown the presence of Leishmania (Leishmania) amazonensis [2, 3].

Because neither molecular nor genetic characterization of the causative parasites involved in this series of patients was attempted, the authors’ assertion that all treated cases were due to *L. braziliensis* is not sustainable. Furthermore, the 2 references provided to support the statement that *L. braziliensis* has been the only species identified from patients with CL in the past 20 years in Ceará State [4, 5] only reflect data collected from patients with a particular clinical form of the disease observed in the area, which is characterized by extensive lymphadenopathy and associated with this species of the parasite.

The potential confusion between the clinical presentations of CL caused by *L. amazonensis* and *L. braziliensis*, coupled with the overlapping distribution of both species in this region, poses diagnostic problems. Although patients with CL caused by species of the subgenera *Viannia* and *Leishmania* generally have similar clinical presentations, the clinical evolution and response to chemotherapy may differ for CL caused by the 2 subgenera. Thus, approaches allowing the discrimination between the subgenera *Viannia* and *Leishmania* are relevant.

On the other hand, we strongly agree with the suggestion that higher doses of oral fluconazole (8 mg/kg per day) may be necessary to cure patients with CL because, as shown by the authors and others [1, 6] and in our own experience (unpublished data), lower doses of the compound (3–5 mg/kg per day) are associated with a significant failure rate. However, more information is necessary before we can conclude on the actual effectiveness of fluconazole against the subgenus *Viannia*.

Note

Potential conflicts of interest. Both authors: No potential conflicts of interest.

Both authors have submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Conflicts that the editors consider relevant to the content of the manuscript have been disclosed.

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