Comment on: Effect of antiretroviral protease inhibitors alone, and in combination with paromomycin, on the excystation, invasion and in vitro development of Cryptosporidium parvum

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Keywords: cryptosporidiosis, nitazoxanide

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Sir,

I would like to comment on the paper by Hommer et al.,1 to correct an erroneous statement in the portion of the Introduction meant to justify the need for this work. After quoting a 7-year-old study and a 6-year-old reference book, the article states quite flatly that no effective treatment for cryptosporidiosis is currently available. In fact, multiple studies,2–6 both open-label and double-blind placebo-controlled, have been published showing the efficacy of nitazoxanide, both in immune-competent and immune-suppressed populations. It has been approved and marketed, as Alinia, for several years now in Central and South America and has been approved by the US FDA for the treatment of cryptosporidiosis in children.

References


Reply

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Sir,

We thank Dr Dugue for his interest in our recent publication.1 It was not our intention to justify our study by the statement in the Introduction that no effective treatment for cryptosporidiosis is currently available. The objective of the study was to test a direct effect of several protease inhibitors used in the treatment of AIDS patients as part of HAART on parasite development in vitro.

We are in agreement with Dr Dugue that the recent approval of nitazoxanide for the treatment of cryptosporidiosis in children by the US Food and Drug Administration is a substantial improvement in the situation and we hope that the drug will also be approved for adults, and especially AIDS patients, in the near future.

Reference


BB-3497, a peptide deformylase inhibitor, is active against Mycobacterium tuberculosis

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Sir,

Bacterial peptide deformylase (PDF) belongs to a subfamily of metalloproteases catalysing the removal of the N-terminal formyl