Sir,

Leishmaniasis is a major public health issue, threatening around 350 million people in 88 countries, caused by many species of the *Leishmania* parasite and presents in cutaneous, mucosal or visceral forms. Although there are alternative treatments, pentavalent antimonials, introduced about 50 years ago, remain the drug of first choice for all forms of leishmaniasis.1 Disadvantages of antimonials include; the parenteral mode of administration, the long duration of therapy and the adverse reactions.2 The wide variety of side effects attributed to this drug are well described in the literature, ranging from simple adverse symptoms, such as; headache, myalgia, fever, fatigue, bodyaches, electrocardiographic abnormalities, raised aminotransferase levels to serious effects such as hepatitis, pancreatitis, renal failure and cardiopathy.3-5 In our clinical practice, we frequently noticed development of fever during treatment with meglumine antimonate. It was not associated with other infective causes clinically and pathologically and also resolved spontaneously. Reduced compliance lowering overall cure rate and unnecessary detailed investigation causing a drain on cost effectiveness was a frequent outcome. Literature review did not reveal any study, characterizing this frequently seen side effect. This letter describes a study, designed to document the frequency of the adverse effect that is, “Glucantime fever” in patients on intramuscular meglumine antimonate therapy for cutaneous leishmaniasis.

Fifty five consecutive hospitalized patients of cutaneous leishmaniasis were enrolled from July 2001 to January 2004 in PNS Shifa Hospital, Karachi. Each patient was started on injection glucantime in dose of 20 mg/kg body weight which was continued for 28 days. Body temperature and development of fever was regularly monitored. Cases with no clinical and laboratory evidence of any other cause of fever and also with spontaneous resolution were labeled as having Glucantime fever. This fever developed in 30 (54.55%) cases. Fever developed during the initial 10 days in 25 (83.3%) patients, between 10th and 20th day in 4 (13.3%) and in the last 8 days of therapy in 1 (3.3%) patient. The mean body temperature was 100.3°F±.9523 with a range of 99.0°F to 102.0°F. The duration of fever ranged 1-4 days (mean 1.87± .937).

The pathophysiology of fever in this study may be related to the drug (drug fever), infected formulation or release of protozoal degradation product as seen in Jerish Haxheimer reaction. All of these remain to be speculative and need further elucidation. Pyrexia in the patients of cutaneous leishmaniasis being treated with meglumine antimonate is a very frequent occurrence, developing in more than 50% of cases. It can develop at any stage of therapy but most commonly in the initial 10 days. It is self-limiting and does not require the discontinuation of therapy. Extensive investigations to find the cause of fever should not be performed in such a clinical scenario. Randomized control trial at larger number of patients is recommended to confirm or refute this observation. Efforts should also be made to delineate the aetiopathogenesis of glucantime fever.

REFERENCES


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