

MANAGEMENT OF A SECOND VISCERAL LEISHMANIA RECURRENCE IN A HIV PATIENT WITH MILTEFOSINE: A CASE REPORT

M.D.L.R. GARCIA OSUNA¹, A. MERCHÁN¹, E. CHILET RODRIGO¹, M.A. ALLENDE BANDRES¹, M. ARENERE MENDOZA¹, I. SANJOAQUIN CONDE², M.J. CRUSELLS CANALES², M.A. ALCACERA LOPEZ¹, E. FERNANDEZ ALONSO¹, T. SALVADOR GOMEZ¹.

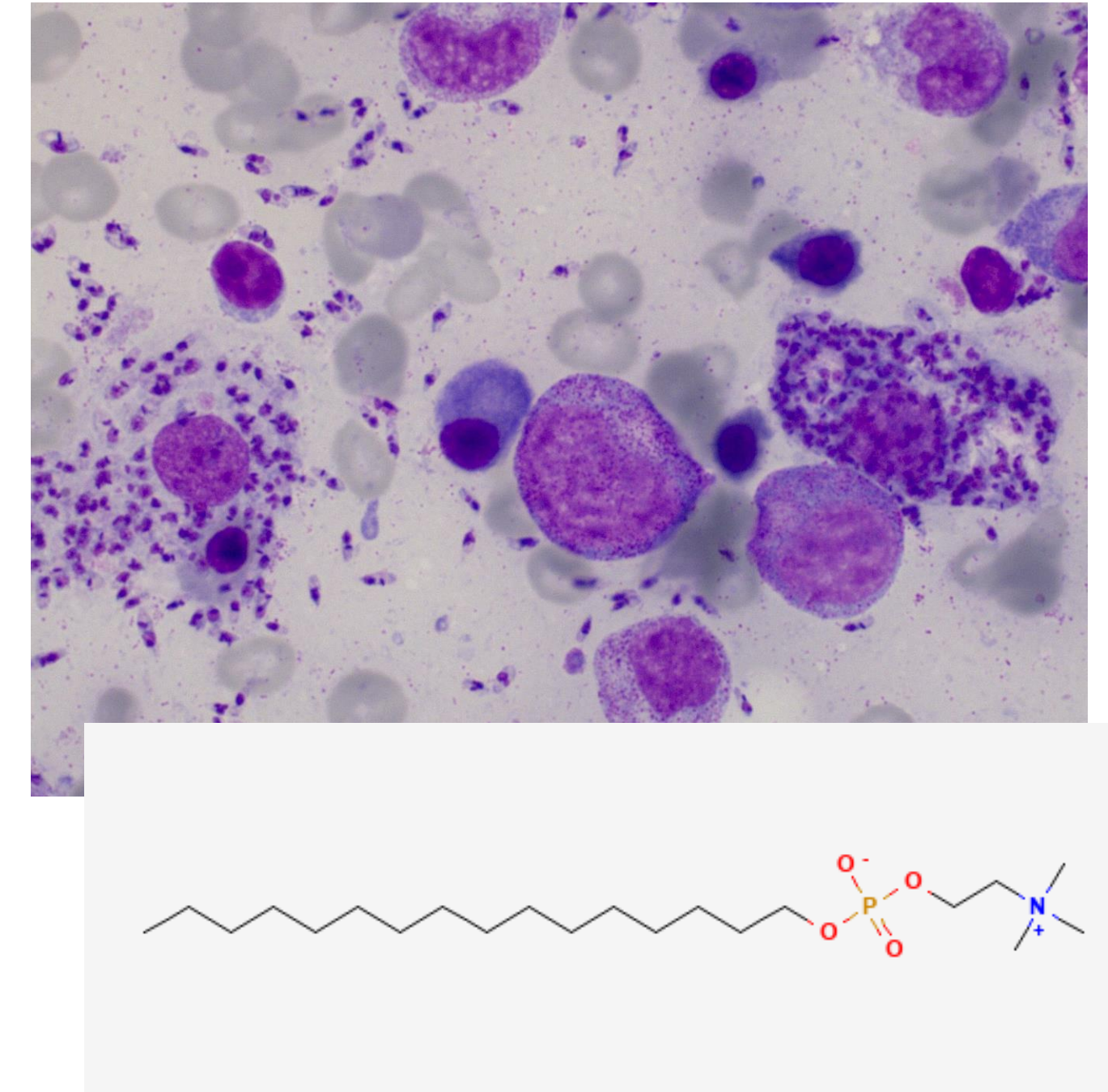
¹HOSPITAL CLINICO UNIVERSITARIO LOZANO BLESA, PHARMACY SERVICE, ZARAGOZA, SPAIN.
²HOSPITAL CLINICO UNIVERSITARIO LOZANO BLESA, INFECTIOUS DISEASES, ZARAGOZA, SPAIN.
mrgarciao@salud.aragon.es



AIM AND OBJECTIVES

Visceral leishmaniasis (VL) or Kala-Azar is an infectious disease with significant prevalence in our region, particularly among patients with human immunodeficiency virus (HIV) infection. If effective immunological reconstitution isn't achieved, they experience recurrences.

Miltefosine is an analogue of phosphatidylcholine found in cell membranes inducing apoptosis-like cell death by the interaction with phospholipids and steroids in parasitic cell membranes and inhibition of cytochrome c oxidase.

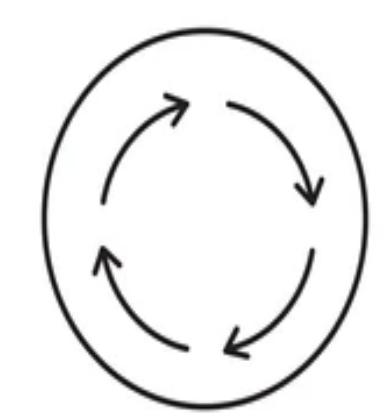


MATERIAL AND METHODS

- ❖ 48-year-old male living in a rural area of Spain since 2004.
- ❖ 2016 → diagnosed with AIDS (no medical follow-up known).
- ❖ August 2020 → admitted to our hospital for cerebral toxoplasmosis and VL infection → started treatment for AIDS with Bictegravir/Emtricitabine/Tenofovir alafenamide and VL was first treated with liposomal amphotericin B at an induction dose of 4mg/kg followed by monthly doses of 3mg/kg (3 of 5 doses were given, lack of adherence).



- ❖ June 2021 → presented a VL recurrence (despite adding Darunavir/Cobicistat to HVI treatment) treated with liposomal amphotericin B 4mg/kg for 5 days followed by 3mg/kg weekly doses (given 4 of 5 doses, lack of adherence).



- ❖ February 2024 → second recurrence of VL was confirmed → treated with liposomal amphotericin B 5mg/kg single dose plus Miltefosine 100mg/24h for 7 days administrated (MENZA guidelines¹ recommendation).

RESULTS

- ✓ Clinical improvement was achieved with exceptional tolerance to treatment.
 - ⚠ except for creatinine's increment from 0,9 mg/dl to 1,79 mg/dl due to Miltefosine.
- ✓ Stop Miltefosine on the seventh day, change HIV treatment to Dolutegravir/Lamivudine, and to continue liposomal Amphotericin B as prophylactic treatment 3mg/kg every 4 weeks.
- ✓ The infectious condition was successfully resolved, renal function was recovered, and HIV infection was controlled with undetectable viral load and 151 CD4/mm³.

CONCLUSION AND RELEVANCE

Our experience contributes additional evidence indicating that Miltefosine should be used for seconds VL recurrences in patients with HIV infection. Renal function should be monitored closely and ensure treatment adherence. Nevertheless, further studies involving a larger patient population are necessary to establish more precise conclusions.

¹Mensa International. Mensa Guide [Mobile application]. Mensa International; 2024. Available from: <https://apps.apple.com/es/app/guía-mensa/id1205990848>.

