

# USE OF IVERMECTINE FOR STRONGYLOIDOSIS: AN APPROACH TO CLINICAL PRACTICE

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## BACKGROUND

*Strongyloides stercoralis* is one of the most common parasites in tropical areas. Nowadays, the treatment of such parasite is based on ivermectine. However, ivermectine is not commercialized in Spain. Hospital pharmacists are responsible for applying this treatment to patients, only after the elaboration of an exhaustive report. In this article, we have reviewed all the reports as well as classified the information in order to present our clinical practice.

## PURPOSE

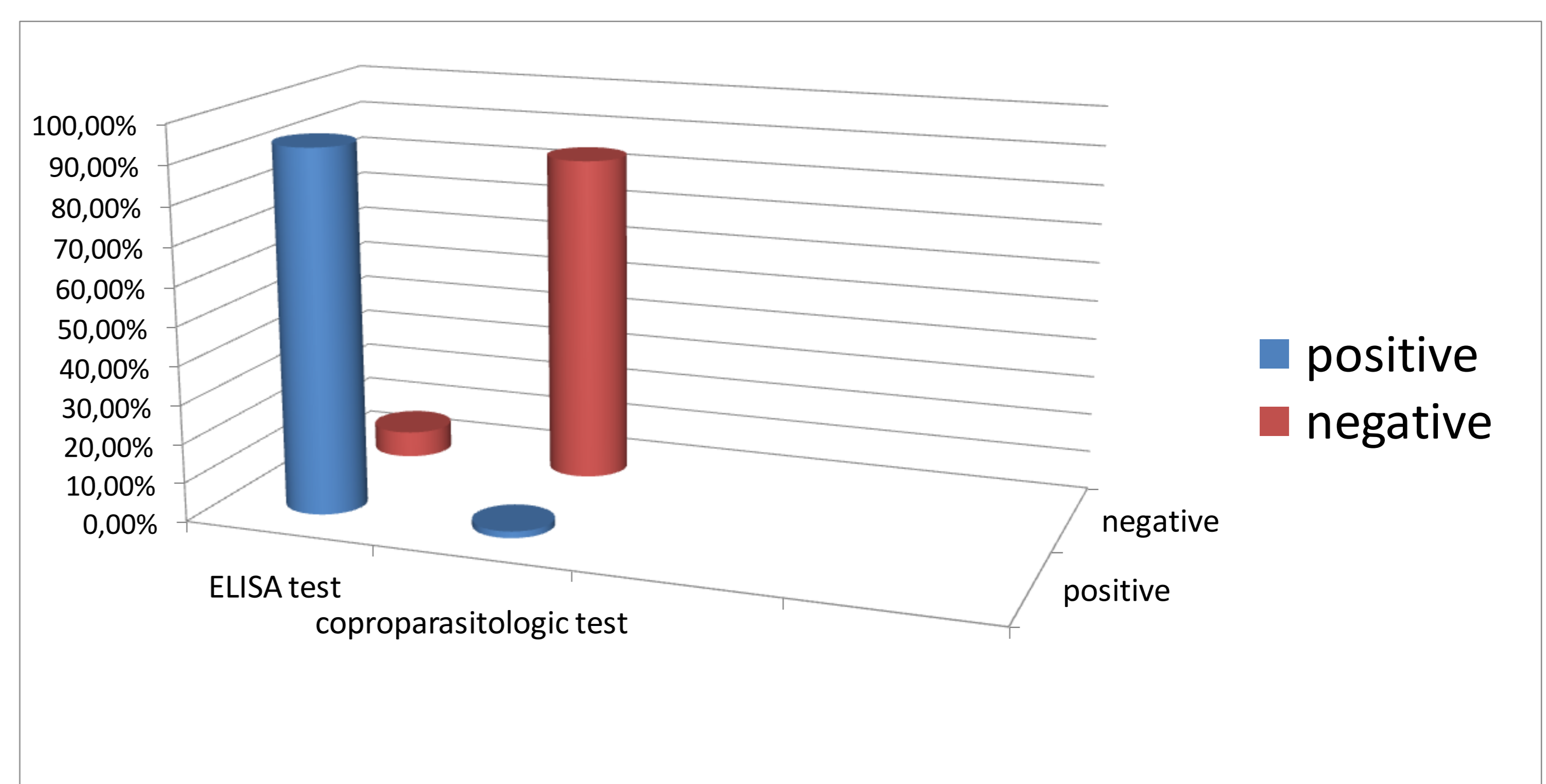
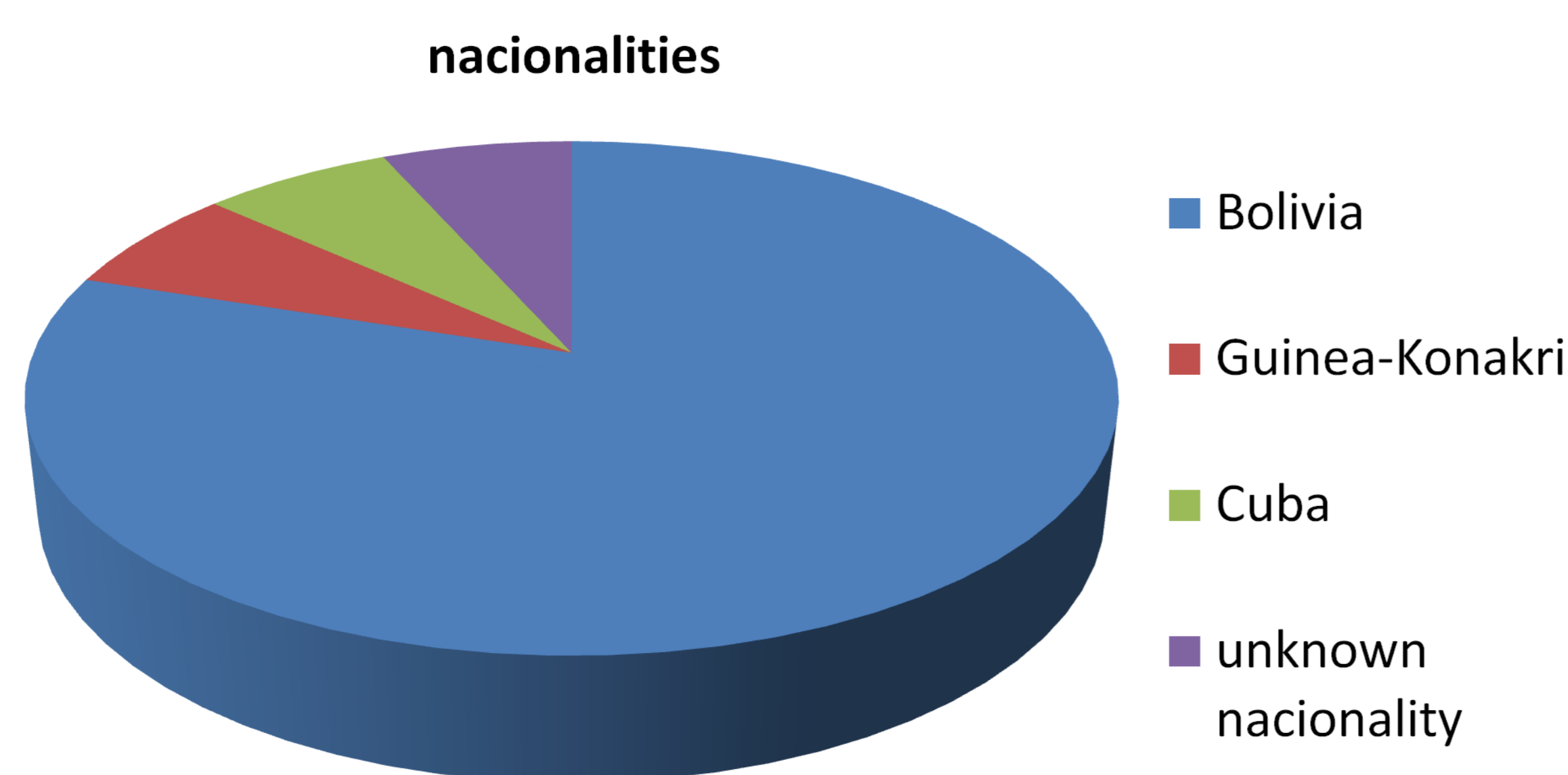
To present our clinical experience regarding the treatment of the strongyloidosis.

## MATERIAL AND METHODS

Observational descriptive study. Dates of patients were obtained from their clinical history. Examined variables: age, sex, nationality, doses, diagnostic methods (ELISA and coproparasitologic test), coinfections, eosinophilia and immunosuppressed patients.

## RESULTS

Ivermectine was started to be used in February 2012. 15 patients were analysed - 8 men and 7 women. The average age was 36. Nationality: 12 patients from Bolivia, 1 from Guinea-Konakri, 1 from Cuba and 1 with unknown nationality. Posology: 1 oral dose of 200 mcg/kg/day of ivermectin during two days in 100% of patients. Both, ELISA test and coproparasitologic test, were applied in 100% and 86% respectively. ELISA test result was positive in 93.3% patients, whereas coproparasitologic test result was negative in 84.3%. Coinfections: chagas, toxocariasis, tuberculosis, schistosomiasis, intestinal amebiasis, uncinariasis and himinolepis. Before the treatment, the average of eosinophilia was 15.99%. However, after the treatment, it decreased to 4.67%. No patient was diagnosed with VIH-1 nor treated with corticosteroids.



## CONCLUSION

The decrease of eosinophilic cells reveals that ivermectine is effective for the treatment of strongyloidosis. As our study shows, most of the patients carry the coexistence of other parasitologic diseases also transmitted by fecal-oral cycle. Therefore, pharmacists could play an important role in the prevention of this type of diseases both, by ensuring an appropriate use of this drug as well as by providing some useful advices on healthy practices.