

## LETTER TO THE EDITOR

### EVALUATION OF THREE CHEMOTHERAPEUTIC SCHEMES WITH MEGLUMINE ANTIMONIATE IN THE TREATMENT OF VISCERAL LEISHMANIASIS IN THE STATE OF PARÁ, BRAZIL.

*Sir,*

I was concerned to read in the second number of this year in the Revista do Instituto de Medicina Tropical de São Paulo (p.177-181) of a trial of glucantime in kala azar where bolus intravenous doses of 40mg Sb<sup>5</sup>/kg were used in two of the three therapeutic schemes employed (SILVEIRA et al. 1993). This is a dangerous dose and the lack of side effects is probably explained by the polymerisation and deterioration of the glucantime employed.

At present no glucantime regimen can be compared with another since neither the lot number nor the osmolarity are controlled, nor are the ampoules stored in the dark at 4°C. Recently a masters in chemistry thesis at the University of Brasília (FRANCO, 1992) showed not only variation in the pentavalent antimony content of individual ampoules but also up to 19% of the antimony existed in the much more toxic trivalent form.

With the difficulties in standardisation of this

product little wonder that Bayer sold their patent for solustibosan (MARSDEN, 1985).

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