

Treating Cutaneous Leishmaniasis in Rural Brazil: Compliance Clinic

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There is a need to treat the neglected disease Cutaneous Leishmaniasis in Buriticupu, Brazil. Our approach to this need is to propose a plan for a clinic treating Cutaneous Leishmaniasis through patient compliance.

Cutaneous Leishmaniasis: Overview

- •Caused by the *Leishmania* parasite
- About 20 species of the parasite
- •Transmitted by sand flies; breed in organic waste (feces) mosquito nets ineffective
- •Scarring, skin infections, ulcers, skin erosions heal slowly

American Cutaneous Leishmaniasis (ACL): Brazil

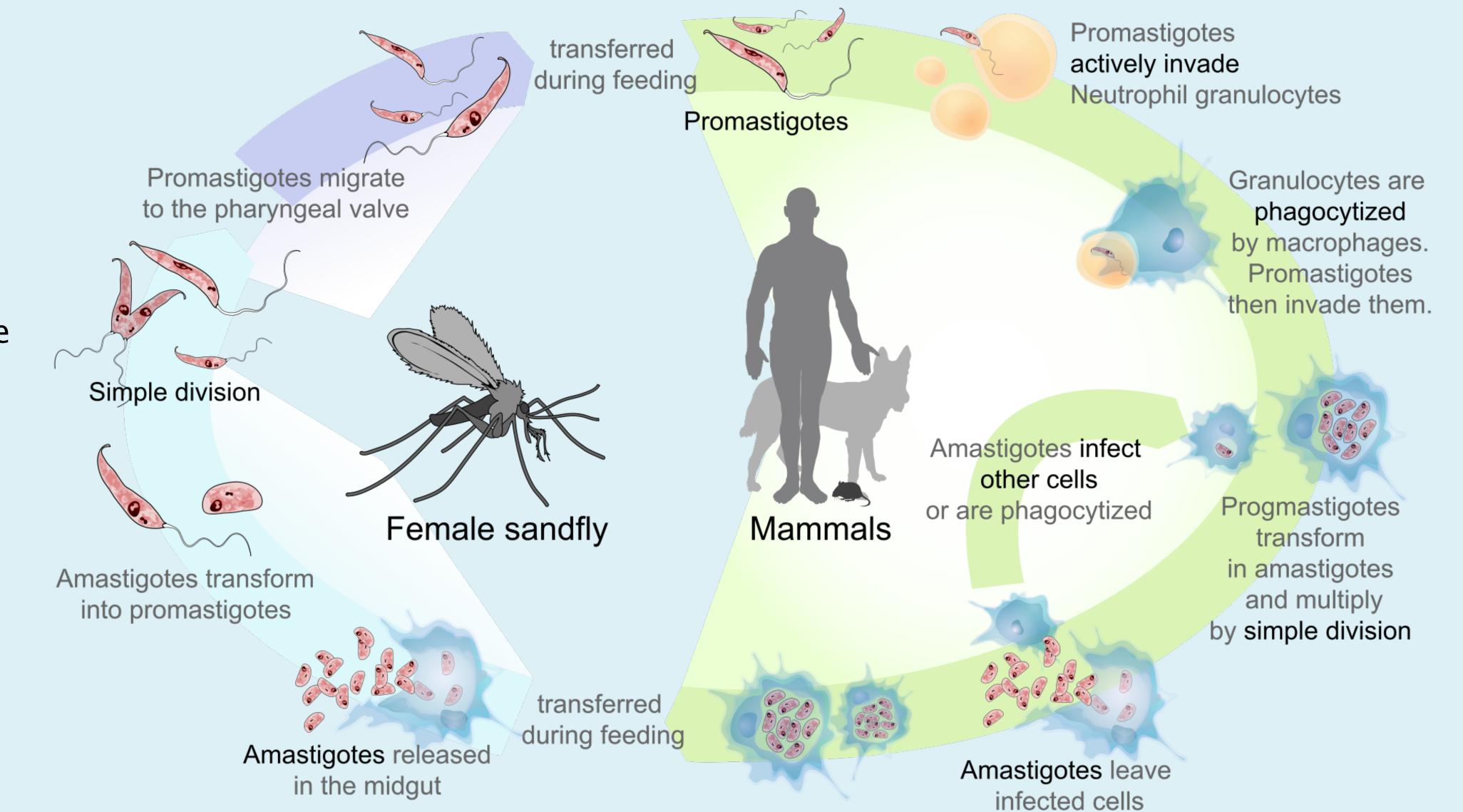
- •Caused by parasite Leishmania braziliensis
- •Sore begins at the bite; lesions spread to other parts of the body and face
- Males have higher exposure rate

Belgium

•Co-infection with HIV is an emerging threat

Treatment

Medication Name	Effectiveness	Dosage
Pentavalent antimony (Glucantime and Pentostam)	94% Cure rate	20 (mg/kg)/Day for 20 days
Amphotericin B (Fungizone)	Reserved for antimony failure	0.5 (mg/kg)/Day for 8 weeks
Pentamidine isethionate (Pentam 300)	Toxic Effects	2 (mg/kg) every other day for 7 days



Orphan (Neglected) Disease:

- 1. A rare disease that affects fewer than 200,000 people
- 2.A common disease that is being ignored because it is more prevalent in developing countries

Facts and Figures:

- •Endemic in 88 countries
- •350 million people at risk
- •12 million people infected
- •1 million new cases annually
- •Cases in Brazil are increasing:
 - ■1985: 10.45 cases/100,000 people
 - **2**000: 18.63 cases/100,000 people

Labor

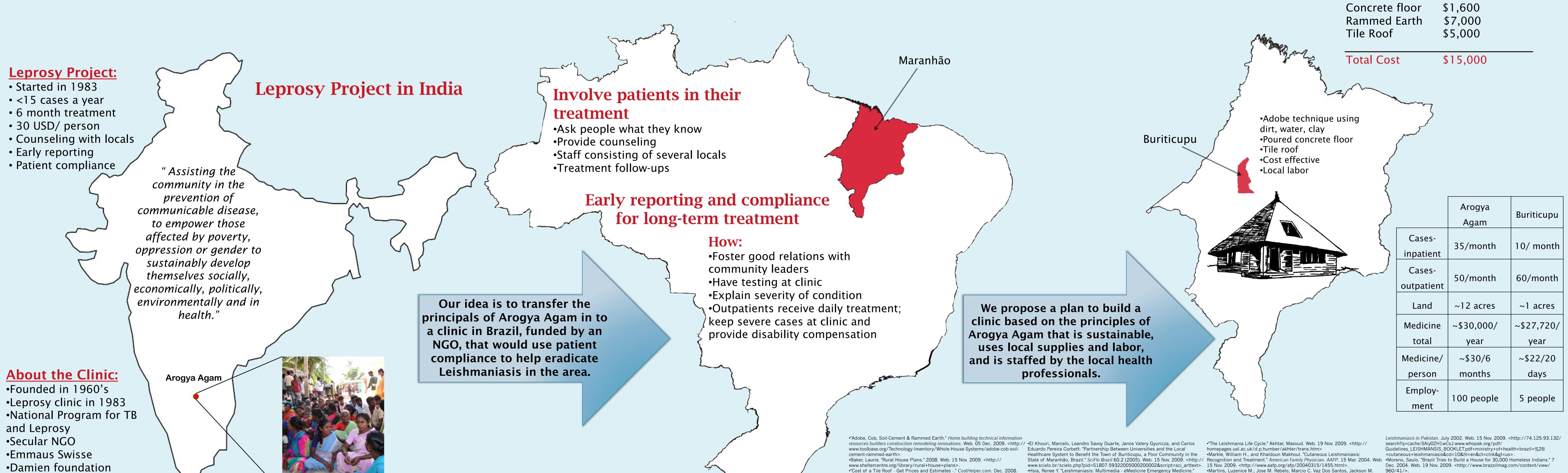
\$700/ month x 2

•"WHO | Control of Neglected Tropical Diseases." The Disease and Its Epidemic

- •15% patients have severe forms that need frequent and lengthy treatment
- •3-5% of patients with ACL develop Mucocutaneous Leishmaniasis

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