

## TOWARD AN APPROACH FOR CUTANEOUS LEISHMANIA TREATMENT

by Mohammed Wael Daboul

### comment:

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Cutaneous leishmaniasis is a major health problem in some parts of the world including Middle East countries. Afghanistan, Iran, Iraq, Syria, Kuwait, Lebanon, Jordan, Saudi Arabia, Sudan, Libya are known an endemic area for leishmaniasis. The disease is caused by *L.tropica* and transmitted by the sandfly, *Phlebotomus* species. Migration and displacement of people lead to increasing numbers of new cases annually. In most cases, lesions are located on the limbs and face. In case of outbreaks, lesions may be larger and multiple (1-3)

Treatment may be divided in two groups in cutaneous leishmaniasis depends on the extension of lesions; topical application in local lesions and oral or parenteral administration in extensive lesions. Most cutaneous sores will slowly resolve spontaneously providing lifelong immunity. Surgical excision and cryotherapy may be applied for small lesions. For larger lesions, intralesional injection of pentavalent antimony is suggested. Alternative treatments include topical paromomycin ointment and oral allopurinol plus probenecid and oral miltefosine. If these treatments fail, the next option is parenteral antimony, oral fluconazole, Amphotericin B, pentamidine. Many of these have serious adverse effects (2-5).

A new therapeutical approach is carried out by Daboul M W in a limited number of cases with cutaneous leishmaniasis by local application. The author used a topical ointment named DAB-1 in seven cases. The chemical compound and ingredients of DAB-1 are not given by the author and it is mentioned that this ointment is a natural substance. Some knowledge would be given in the text; is it hand

made formula? Is it marketed in Syria? In this study, it is noted that this topical agent healed inflamed and ulcerated lesions and cleared phagocytic and extracellular amastigotes from the lesions. It seems this topical agent might be useful in cutaneous leishmaniasis. Although there are many unexplained and unknown things in the paper about the DAB-1, this compound might be useful as an alternative topical therapy to the conventional topical therapies. It needs more future studies!

### REFERENCES

1. Tropical diseases and zoonoses: Cutaneous leishmaniasis country profiles. <http://www.emro.who.int/zoonoses/information-resources-leishmaniasis/> ( Access date: December 07, 2012)
2. Martin-Rabadan M, Bouza E: Blood and tissue protozoa. In: Cohen J, Opal SM, Powderly WG (Eds). *Infectious Diseases*, Third edition, China: Mosby-Elsevier, 2010:1892-901.
3. Magill JA: Leishmania species: Visceral (Kala-Azar), cutaneous, and mucosal leishmaniasis. In: Mandell GL, Bennett JE, Dolin R (Eds). *Mandell, Douglas and Bennett's Principles and Practice of Infectious Diseases*, seventh edition, Philadelphia: Churchill-Livingstone-Elsevier, 2010:3463-80.
4. Ferahbaş A, Mistik S, Utaş S, Yaman O, Canoz O, Doganay M, et al: Cutaneous lupoid leishmaniasis: a case report. *Cutis*. 2006;77:25-8.
5. van Thiel PP, Leenstra T, Kager PA, de Vries HJ, van Vugt M, van der Meide WF, et al: Miltefosine treatment of Leishmania major infection: An observational study involving Dutch Military Personnel returning from northern Afghanistan. *Clin Infect Dis*. 2010;50:80-3.