Drug Combination Promising for Enteric Parasite Infections

By Jill Stein

PARIS (Reuters Health) Nov 01 - A short-course of a novel drug combination is effective as first-line and salvage therapy for difficult-to-treat enteric parasite infections, researchers reported at the 15th United European Gastroenterology Week (UEGW).

Dr. Antony Wettstein, a gastroenterologist and endoscopist at the Centre for Digestive Diseases in Sydney, Australia, pointed out that "the presence of enteric parasites is often overlooked as a significant contributor in patients presenting with irritable bowel syndrome-like gastrointestinal symptoms."

He presented results of combination treatment in 73 patients with diarrhea, bloating and nausea who were positive for either Blastocystis hominis (Bh), Dientamoeba fragilis (Df), or both.

Patients received a 10-day combination of secnidazole (400 mg tds), furazolidone (100 mg tds), and nitazoxanide (500 mg bid) -- with added doxycycline (50 mg bid) for Bh+Df infection.

Results showed that 41 (82%) of 50 treatment-naive patients achieved cure confirmed by negative stool test results 4 weeks after completing treatment, and 19 (82.6%) of 23 patients who had failed prior therapy with resistant infections also achieved cure with negative stool test confirmation.

Symptoms largely resolved upon completing treatment. Among the 60 patients who achieved parasite eradication, 48 experienced immediate resolution or improvement in GI symptoms post-treatment. Persisting symptoms in the remaining 12 patients were due to other pre-existing GI conditions.

Treatment was well tolerated.

Dr. Wettstein cautioned that a possible drawback to the study is that only patients with concomitant conditions or those whose symptoms did not resolve with treatment returned for follow-up consultations.
"While all patients treated with the novel combination provided stool culture tests at follow-up, about a third of patients did not return for further investigations," he explained. "Thus, while an accurate count of symptom resolution cannot be determined, it can be assumed that the patients who did not return to seek further consultation experienced improvement and/or resolution of symptoms."

In view of the favorable results with combination therapy coupled with the limitations of monotherapy, he said, combination therapy should be considered as a first-line option in patients with these intestinal parasite infections.