

SHORT COMMUNICATIONS

ROLE OF KETOCONAZOLE IN ORIENTAL SORE.

K K Singh, Sanjeev Kumar, V B Singh, L Mohan, R D Mukhija

Thirty patients of oriental sore had received ketoconazole as treatment. The dose was 400mg/day in divided doses. The duration of treatment ranged from 14 to 40 days with the mean of 31.6 days. Twenty eight patients (93.33%) had shown complete healing. Two patients (6.66%) did not show response. Ulcerative variety had complete response in all cases, whereas nodular variety had the same in 10 (83.33%) cases.

Key Words : Oriental sore, Ketoconazole

Introduction

Oriental sore (cutaneous leishmaniasis, Delhi boil) is a chronic progressive granulomatous disease caused by *Leishmania tropica* which is transmitted through sandflies (commonly *Phlebotomus papatasi*). The disease commonly occurs in warm countries. It has a relatively long incubation period i.e., 2 weeks to more than a year. It heals with ugly scarring, if remains untreated.

Three distinctive forms, wet, dry and chronic lupoid have been described. Antimonials like Glucantime (meglumine antimonate) and Stibanate (sodium stibogluconate) are used intramuscularly or intravenously as the treatment.¹

Recently dapson² and ketoconazole³ have been tried successfully. In the present series, an attempt has been made to assess the role of ketoconazole in oriental sore.

From the Department of Dermatology, S P Medical College, Bikaner - 334 001, and B R D Medical College, Gorakhpur - 273 013, India

Address correspondence to : Dr K K Singh, Department of Dermatology, B R D Medical College, Gorakhpur - 273 013.

Materials and Methods

Thirty patients of oriental sore had undergone therapeutic trial with ketoconazole. Diagnosis of each and every case was established by smear examination for LD (*Leishmania Donovanii*) bodies. Liver function tests were found normal in all cases before giving ketoconazole. The study comprised of age group ranging from 2 years to 45 years and of both sexes (M:F=1.3:1). Children below 2 years and pregnant women were excluded from the study. Ketoconazole was given 400 mg per day in divided doses. The treatment was stopped and patients were declared cured following LD bodies negativity.

Ten cases of oriental sore were also assessed as controls.

Results

Out of 30 cases of oriental sore, 29 (93.33%) had shown complete healing, whereas no noticeable response was observed in 2(6.66%) cases. The duration of treatment ranged from 14 to 40 days with the mean of 31.6 days.

The details of response of ketoconazole in 2 varieties are given in brief in table I. The only side effect of ketoconazole observed was the jaundice in 1 patient but improvement in the same patient was remarkable following cessation of ketoconazole therapy.

Table I Effect of ketoconazole in different varieties of cutaneous leishmaniasis

	Responded	Not responded
Nodular	10 (83.33%)	2(16.66%)
Ulcerative	18(100.0%)	-
Controls	-	10(100.0%)

Comments

Ketoconazole, an imidazole derivative is effective against most of the fungi and yeast. It has also been used successfully in the treatment of leishmaniasis earlier.^{3,4} Ketoconazole has been shown to possess antileishmanial activity in human macrophage cultures

intected with parasites. Leishmania contain large amounts of ergosterol and ketoconazole probably acts against these protozoa by interfering with ergosterol synthesis.⁴ The inhibition of ergosterol synthesis is due in part to the ability of the ketoconazole to inhibit demethylation of lanosterol, a precursor of ergosterol.⁵

References

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