Guidelines for treatment of Post-kala-azar dermal leishmaniasis (based on WHO Technical Report Series 949)

According to the WHO Report , these Guidelines are valid for Bangladesh, India, Nepal.

Miltefosine

Miltefosine is a relatively safe oral drug for the treatment of PKDL. Miltefosine is the preferred first-line drug.

The inclusion, exclusion and withdrawal criteria for use of miltefosine are available in the NVBDCP Guidelines on the Use of Miltefosine.

Dosage schedule:

After enrolment , oral miltefosine treatment is administered as per following dosage schedule:

i. Adults (>12 years) weighing more than 25 kg:

   - 100 mg miltefosine daily as one capsule (50 mg) in the morning and one capsule in the evening, after meals for 12 weeks

ii. Adults (>12 years) weighing (less than 25 kg):

   - 50 mg miltefosine daily as one capsule (50 mg) in the morning, after meals for 12 weeks

iii. Children (2-11 years):

   - Miltefosine will be given at 2.5 mg/kg once daily after meals for 12 weeks

The drug is not to be used in the case of children below 2 years of age, pregnant and lactating women and women of reproductive age who refuse to use contraceptives during the treatment period and two months after completion of treatment and in HIV positive patients.

Duration of treatment:

For the treatment of PKDL, miltefosine is given in the dosages given above for a period of **12 weeks**.

Adverse Reaction :

Adverse reactions to miltefosine are mostly mild. The treating physician should monitor and watch for any adverse reactions. However, 98% of the patients are not likely to present with any adverse drug reaction. Even of those who report gastrointestinal reactions, 90% will have vomiting only once a month**. Should any skin rashes or gastro-intestinal symptoms develop the doctor may consider stoppage of the drug and refer the patient to higher treatment centre.** A monitoring of renal and hepatic functions is recommended wherever feasible as about 1% patients may develop nephrotoxicity or hepatotoxicity.

Amphotericin B

The second line drug Amphotericin B is recommended in the following cases:

- Patient not responding to the first-line of drug or the drug was discontinued due to toxic effect
- Women during pregnancy
- Women who are breast-feeding their babies
- Children less than two years of age.
- PKDL patient with liver or kidney disease

Dosage: 1 mg per kg. body weight per day

Route: Through intravenous infusion in 5 per cent dextrose after mixing the drug in water for injection, very slowly in 6 to 8 hours.

Contraindications: Kidney disease, severe liver and heart disease.
Precautions:

- Stop the drug when signs of renal failure and those of hypokalaemia appear.
- Make available emergency drugs to guard against hypersensitivity reactions.
- Drugs are also responsible for renal and cardiac toxicity. Therefore, the treatment of the patients under strict supervision and on indoor basis should be undertaken.

Duration of treatment:

For the treatment of PKDL, Amphotericin B is given in the above dose for upto 60-80 doses over 4 months.

For further details on treatment with miltefosine and amphotericin B, kindly refer to the NVBDCP Guidelines on Diagnosis and Treatment of Kala-azar and NVBDCP Guidelines on the Use of Miltefosine.