ON CONSERVATIVE TREATMENT OF HUMAN HYDATIDOSIS AS A COMBINATION OF ALBENDAZOLE AND AN IMMUNOMODULATOR (ISOPRINOSIN, RESPIVAX) AND CLINICAL FOLLOW-UP

Vuchev Dimitar, Popova - Daskalova Galya
Medical University, Chair of Infectious diseases, Parasitology and Tropical medicine, Plovdiv, Bulgaria

Abstract:

Background: In Bulgaria the morbidity rate of hydatid disease showed an increase over the last two decades. The most important medical problems concern adequate treatment without recurrence after making an accurate diagnosis and subsequent clinical follow-up. Since the introduction of benzimidazole carbamate derivatives - mebendazole in the 80s and albendazole in the 90s as a conservative treatment, therapeutic options have expanded. No serious side effects of immunomodulators were noted. No recurrences of the disease were observed during the follow-up. Clinical symptoms (abdominal discomfort in liver hydatidosis, systemic and hemorrhagic in lung hydatidosis) resolved quickly. Most of the patients with pulmonary echinococcosis eliminated the cyst content and the residual membranes through the spirometry, but in some patients cyst degeneration was noted on X-ray. In all patients with liver hydatidosis degeneration stages in the cysts were noted, including significant deformation, size reduction and disappearance of hydatid cysts.

Methods: The immunomodulators (Isoprinosin in liver hydatidosis, Respivax in lung hydatidosis) were administered with an immunomodulator (Isoprinosin in liver hydatidosis, Respivax in lung hydatidosis) to achieve better clinical effects.

Results: No serious side effects of immunomodulators were noted. No recurrences of the disease were observed during the follow-up. Significant deformations in cysts were noted, including significant deformation, size reduction and disappearance of hydatid cysts.

Conclusion: Based on the accumulated data it might be concluded that combination therapy of albendazole and an immunomodulator led to more rapid and better results - averagely within 2-3 months for pulmonary hydatidosis and 6 months for liver hydatidosis.

Material and Methods:

The study included 115 patients with hydatidosis. One part (42 cases) were treated as inpatients and the rest as outpatients. Patients were divided into 3 groups:

1. Patients treated postoperatively - 39 cases with liver hydatidosis and 5 cases with pulmonary hydatidosis.
2. Patients treated with chemotherapy by PAIR - 10 cases with liver hydatidosis.
3. Patients treated with albendazole plus immunomodulator - 25 cases with liver hydatid disease and 3 cases with pulmonary hydatidosis.

Introduction:

In Bulgaria the morbidity of human hydatidosis has increased significantly (0.73‰, 346 cases in 2012) over the last two decades. The most important medical problem concerns adequate treatment without recurrence after making an accurate diagnosis and subsequent clinical follow-up. Based on the accumulated data it might be concluded that combination therapy of albendazole and an immunomodulator led to more rapid and better results - averagely within 2-3 months for pulmonary hydatidosis and 6 months for liver hydatidosis.

Purpose:

The aim of the study was to determine the therapeutic effect of combined therapy with albendazole and immunomodulators in patients with liver and pulmonary hydatidosis. Therapy was done as follows:

1. Postoperative treatment of patients with liver and pulmonary hydatid disease.
2. Conservative treatment accompanying PAIR in patients with liver hydatidosis.
3. Conservative treatment of patients with inoperable liver and pulmonary hydatid disease.

Conclusion:

Based on the accumulated data it might be concluded that combination therapy with albendazole and an immunomodulator led to more rapid and pronounced effect averagely within 2-3 months for pulmonary hydatidosis and 6 months for liver hydatidosis. Clinical symptoms (abdominal discomfort in liver hydatidosis, systemic and hemorrhagic in pulmonary hydatidosis) resolved quickly. Patients recovered quickly after surgery or PAIR. No side effects of albendazole were observed in all of them, including disappearance of the cysts in 18 (42%) patients. Significant deformations and size reduction of the cysts were observed in X-ray. Treatment continued for a maximum of 6 months with slight increase in serum levels of 2-3 mg/l. After treatment the patients were followed by blood tests, serological tests and imaging.

References:


Before treatment

After treatment

References: