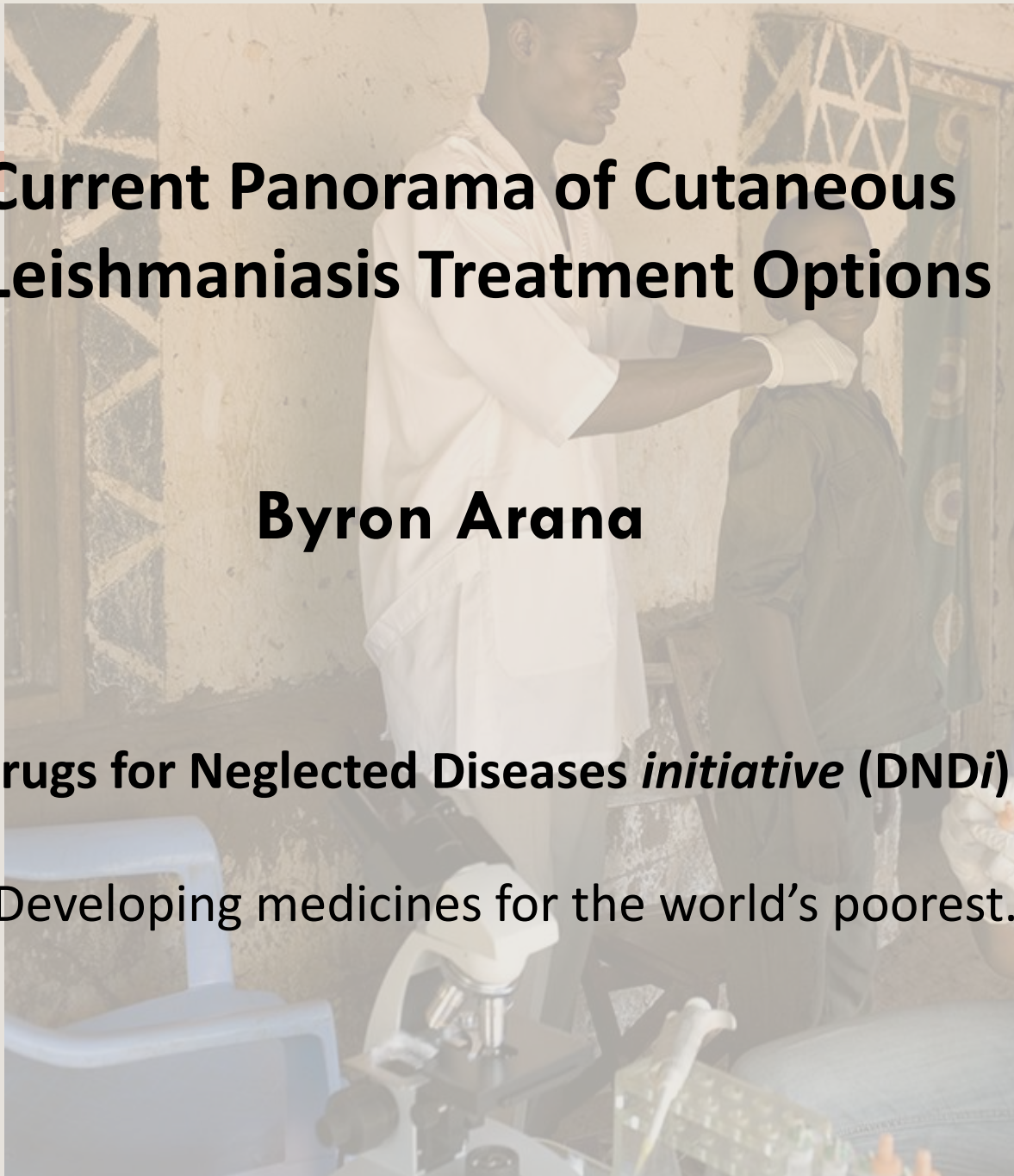


Current Panorama of Cutaneous Leishmaniasis Treatment Options

Byron Arana

Drugs for Neglected Diseases *initiative* (DNDi)

Developing medicines for the world's poorest.



Spectrum of CL lesions and Tx. Options

Diseases Severity



No Tx



Local topical



Systemic oral



Syst. Parenteral

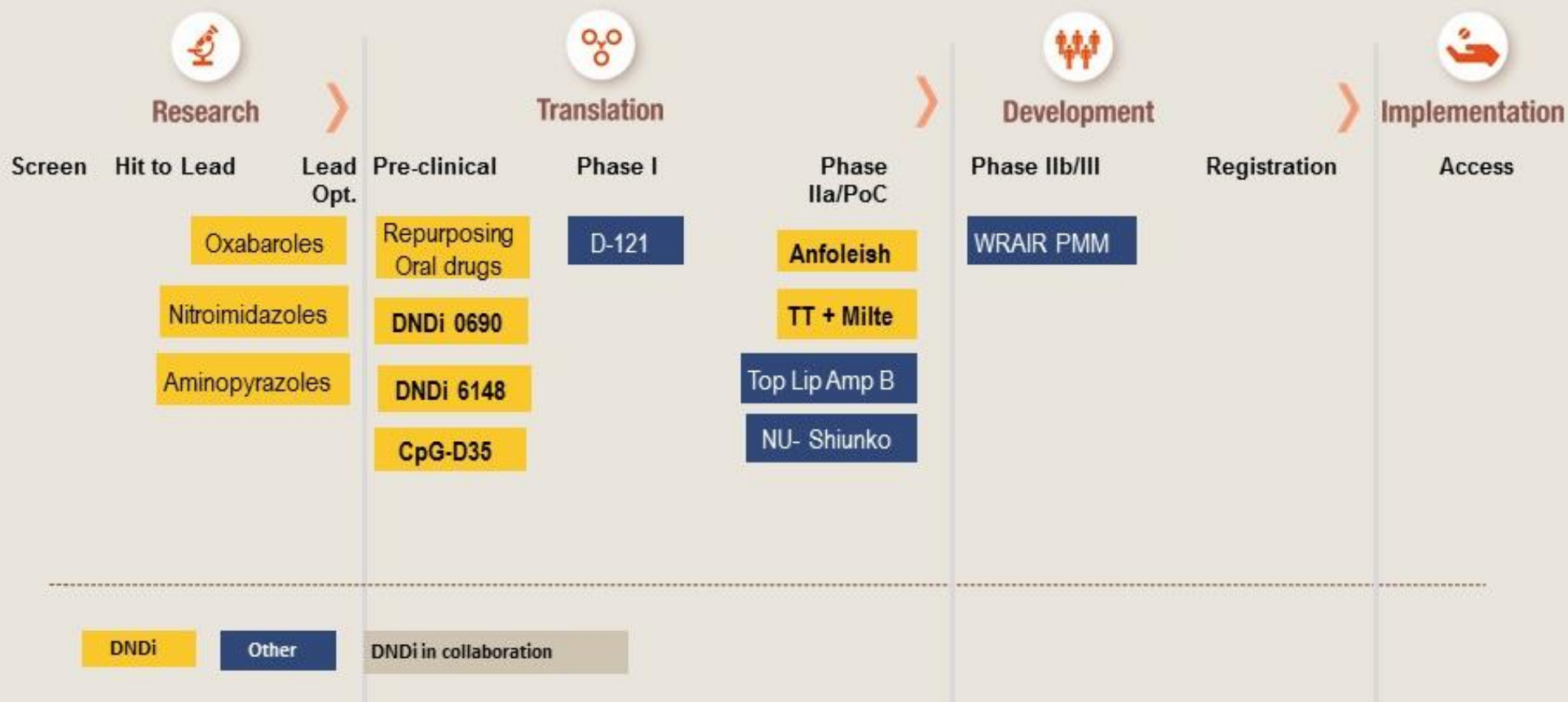


Combinations

Limitations of CL Treatment Options

Systemic	Pentavalent antimonials	20 day IV/IM treatment , painful injections High toxicity: pancreatitis, hepatitis and cardiotoxicity (arrhythmias)
	Miltefosine	The only approved oral treatment for CL 28 days treatment, low compliance, prompt to develop resistance Teratogenic, GI toxicity, hepato- & renal toxicity Cost, availability
	Pentamidine	Painful injections Renal and cardiac toxicity, hyperglycemia, B/P alterations Mainly for <i>L. guyanensis</i>
Topical	PMM + MBCI	Not available anymore Variable efficacy, local AEs G-III
	Intralesional antimonials (Mainly OW)	Painful injections, 1-2 per week for up 5 -12 weeks Usually used in combination with liquid nitrogen Only for patients with 1-2 lesions
	Liquid Nitrogen (Mainly OW)	Only available at few facilities due to storage problems 1-2 applications per week for up 5 -12 weeks Usually used in combination with liquid nitrogen Only for patients with 1-2 lesions, potential cosmetic problems
	Thermotherapy	1-2 Applications 2 nd G burns, Only for patients with 1-4 lesions Local anaesthesia, potential cosmetic problems

CL Landscape / DNDi Activities 2016



DNDi's CL Objective

To achieve short, safe, non-invasive, efficacious, affordable and field-friendly treatments for CL or at least for lesions caused by *L. tropica* and *L. braziliensis*.

