Abstract

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Efficacy of Itraconazole in a Leukaemic Patient with Disseminated Aspergillosis Refractory to Amphotericin B

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Abstract

Invasive aspergillosis in patients with persistent neutropenia is refractory to treatment. Even if the patient recovers from the fungal infection, with an increase of white blood cell count (WBC), invasive aspergillosis may recur with new granulocytopenic episodes. This abstract describes a recent case that provides evidence of the efficacy of itraconazole in a neutropenic patient. A 32-year-old man with acute myeloblastic leukaemia developed invasive aspergillosis during post-chemotherapy aplasia. Infiltrates in the right lung and left occipital region were observed on chest radiography and brain CT scanning, respectively. *Aspergillus fumigatus* was detected in lung and brain biopsy samples. Intravenous amphotericin B was started on 10 December 1988. During treatment, WBC rose progressively to more than $6 \times 10^9/l$ ($6,000/mm^3$), and complete haematological remission was achieved. After a total dose of 1,750 mg was administered, a moderate reduction of the lesions was obtained. Persistence of aspergillosis at both sites of infection, however, was shown by imaging procedures, and by histology and culture of biopsy samples. Oral itraconazole, 400 mg/day, was therefore started (23 February 1989). Both foci cleared within 5 months of treatment despite repeated courses of cancer chemotherapy. The patient remained on itraconazole during the following year and invasive aspergillosis did not recur despite a relapse of the leukaemia (November 1989), induction therapy (2 courses causing aplasia for 20 and 10 days, respectively) and bone marrow transplantation (March 1990). During 22 days of aplasia due to conditioning for bone marrow transplantation, itraconazole dissolved in cyclodextrin was given intravenously without side-effects. The patient is now doing well and no relapse of leukaemia or invasive aspergillosis has occurred. This case provides evidence that itraconazole may be an alternative treatment to amphotericin B for invasive aspergillosis and is effective in neutropenic patients.