

### Local treatment of cutaneous leishmaniasis

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Sir, Working in the northern regions of Nicaragua, in the last 3 years, I had to face the important problem of cutaneous and mucocutaneous leishmaniasis, a seriously underestimated disease in Nicaragua up to now. More than once we had to find a treatment without having any antimonial available. We therefore looked for therapeutic alternatives as found in the literature (pyrimethamine, metronidazole, heat etc.), but not always with satisfactory results.

With others I tried to develop a new therapeutic approach to the disease. Any treatment should be: culturally acceptable and not misleading, easy to use, effective, and as cheap as possible. People in this area are used to putting on wounds and ulcers the powder of crushed sulphathiazole tablets which they can buy almost anywhere. Local treatment of cutaneous leishmaniasis (infiltrations of antimonials, chloroquine etc.) is well known, as long as there is only one localization. So I suggested, in patients with only one ulcerous localization, the *local* use of metronidazole, a well known antiprotozoal drug, in the form of powder obtained from crushed tablets (exactly as people are used to doing with sulphathiazole). Of course, I strongly recommended the cleaning of the ulcer with soap and water before every application.

I obtained interesting results, but their analysis is seriously limited by the difficulties of a proper follow up because of geographical, social, and even actual historical conditions. Of more than 100 patients treated, only 24 came back for follow up. In 8 cases the drug did not show any effect. In 2 cases we observed a transformation of the ulcer to verrucous or cauliflower form. In 4 cases we observed a definite healing process of the lesion. In 10 cases we observed the cicatrization of the ulcer.

In 6 of these patients the healing of the primary lesion did not prevent the appearance of new metastatic localizations.

These data cannot claim to be of scientific value. It is only a working hypothesis that could be taken into consideration. Perhaps someone with better working conditions than I had could obtain results of significant value.

The use of metronidazole in the form of a cream or ointment for topical use could represent a better vehicle to be used even in dry lesions or after the leishmania ulcer has closed.

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