P10-001. Indian visceral leishmaniasis cured by one dose of AmBisome
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Visceral leishmaniasis (VL) is endemic in India and accounts for approximately half of the world’s burden. Over the last 15 years there has been increasing refractoriness to treatment with pentavalent antimony (Sb) with the result that more than half the VL patients either do not respond, or relapse after Sb therapy. In our previous multicentric trial with liposomal amphotericin B (AmBisome), a total of 7.5 mg/kg of the drug, given over 5 days, induced definite cure in 93% of our VL patients. In the current trial, the safety and efficacy of a single infusion of 7.5 mg/kg of AmBisome is being studied. 203 immunocompetent patients (97 adults and 106 children) with parasitologically proven VL (by spleen or bone marrow aspirate) were enrolled at four centers. Pregnant or breastfeeding women and HIV positive patients were excluded. An AmBisome infusion 7.5 mg/kg body weight was given over one hour on Day 1. A post-treatment parasitological and laboratory evaluation was made on day 30. Three patients did not turn up, and thus only 200 patients were evaluable at this interim screening. 192 of 203 (94.6%) were cured on day 30, however 8 showed scanty parasites in their smears. 4 of these has excellent clinical, laboratory and parasitological improvement on day 30 and they continue to improve. The remaining 4 patients have been given high dose AmBisome (25 mg/kg) infusion as rescue therapy. For evaluation of definitive cure these patients are being followed for six months after treatment. Preliminary results suggest that a single treatment of 7.5 mg/kg AmBisome is effective in treatment of VL in India, with significant reduction in hospital cost, and occupancy.

P10-002. The first description of an oesophageal candidosis by B. von Langenbeck in 1839
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In 1839 the young private lecturer Bernhard (von) Langenbeck (1810 – 1887) published the first description of an oesophageal candidosis. I present his original and in English translated paper entitled: “Finding of fungion the mucous membrane of the gullet of a typhoid fever corpse” (Germ.) in : Neue Notizen aus dem Gebiete der Natur- und Heilkunde (Froriep) 1839, 12, 146-7. Langenbeck found “a thick membrane coating, which covered above all the whole inner surface of the gullet from the pharynx to the cardia. The pseudomembrane consisted of an immense number of in confusion grown fungi”. There are interesting further particulars in Langenbeck’s description and discussion. In this time Langenbeck was at Göttingen. Later he went to Kiel and Berlin and became one of the most famous surgeons of the 19th century. He sponsored the founding of the German Surgical Society and the “Archiv fur Klinische Chirurgie”. In 1864 he was ennobled. Some of his assistants were Th. Billroth, R.U. Kroenlein, F. Von Esmarch, and T. Trendelenburg.

P10-003. Lymphoscintigraphic assessment of lymphatic vascular system in chromoblastomycosis patients
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Chromoblastomycosis is a chronic fungal infection of the skin subcutaneous tissue caused by dematiaceous fungi. The initial lesion is often a warty papule that slowly expands over years and it can involve the entire limb. On the main complications is the local lymphedema, which may be aggravated by secondary bacterial infection. Due to this complication we proposed to study the lymphatic vascular system of chromoblastomycosis patients using the lymphoscintigraphy method. Our studied group consisted of seven patients. Excepts for one patient who had lesions on the upper limb the other six had lesions on the lower limb. All of them were treated with itraconazole (100-400 mg daily) and cryotherapy with liquid nitrogen. In this study the following conclusions were drawn:
• The lymphoscintigraphy showed to be an easy and safe method to evaluate qualitatively the lymphatic system of the involved limbs in chromoblastomycosis.
• The lymphoscintigraphic pattern was proportional to the degree of lymphedema.
• The parasite may not affect the lymphatic system directly. Since in former patients a 3-4 years of specific treatment a second lymphoscintigraphy was performed and showed no improvement of the lymphoscintigraphic pattern.
• The lymphatic system alterations may be due to the repeated secondary bacterial infections, which are very common in these patients and to the traumatic effect of the cryotherapy with liquid nitrogen.

P10-005. The effect of methoxsalen-ointment and UV-A on yeasts
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Ointment containing 0.005% Methoxsalen (8-MOP) was tested on Saccharomyces cerevisiae and Candida albicans with doses of 0, 2, 5, and 8 J/cm² UV-A (maximum 365 nm) to ascertain the morphological and biological effect of this treatment on these yeasts. There was no definite difference visible in the tested yeasts and the controls by light-microscopy, but on Sabouraud-Agar, there was a distinct reduction of colonies in the tested yeasts. This effect was correlating with the increased exposure to UV-A light. The results suggest good intracellular and intra-nuclear permeation of topically applied 8-MOP-ointment. Yeasts, especially Saccharomyces cerevisiae, are shown to be suitable for checking the efficacy of individually prepared 8-MOP-containing preparations. These tests on yeasts might also serve as a basis for future photobiological investigations.