MUCORMYCOSIS IN PATIENTS WITH COMPLICATED CIRRHOSIS

Dear Sir,

Abbas et al presented a case series of mucormycosis in patients with cirrhosis. They correctly noted that amphotericin B is the cornerstone of antimicrobial therapy; however, its use is often limited by its serious adverse effects. Also, patients with mucormycosis often require weeks, if not months, of therapy: this is a disadvantage for a medication that is both expensive and available only intravenously. It is therefore surprising that the role of posaconazole in mucormycosis was not discussed.

Posaconazole is a new oral triazole with broad antifungal activity, including Aspergillus and Candida species, phaeohyphomycetes, non-Aspergillus hyalohyphomycetes and zygomycetes (the fungi that cause mucormycosis). A recent study has examined the outcome of mucormycosis in patients who took posaconazole as salvage therapy, in which 17 patients had microbiologically-proven mucormycosis; of these, 12 (71%) had clinical success with posaconazole.

Abbas et al presented patients with underlying cirrhosis. Posaconazole is predominantly metabolised by the liver through glucoronidation. It also causes abnormal liver function tests in 1%-5% of patients. The product information recommends that posaconazole be used with caution in the setting of hepatic impairment. Such a vague recommendation probably reflects the paucity of clinical data on this issue; however, at this stage, it is not contraindicated in hepatic impairment, nor should the dose be altered. In fact, a case report of posaconazole use for candidiasis in the setting of cirrhosis has been published, although the patient died, posaconazole was not the cause of death.

In conclusion, posaconazole is an oral antifungal agent with some efficacy against mucormycosis. It probably should be reserved for patients who fail or cannot tolerate amphotericin B. While it should be used cautiously in those with hepatic impairment, this is currently not a contraindication to its use.

Yours sincerely,

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