

WHEN AN INEXPENSIVE TREATMENT BECAME EXPENSIVE

Garbino J, University Hospital of Geneva, Geneva, Switzerland

We report one case of oropharyngeal and oesophageal candidiasis non responsive to conventional treatment in a 43 year old male patient with AIDS.

C. albicans and *C. glabrata* were isolated from this patient and found to be resistant to fluconazole and itraconazole in vitro. Voriconazole therapy was initiated, but discontinued after nine months of treatment because the patient developed a severe papular erythema. A skin biopsy showed a lichenoid dermatitis.

Due to a new recurrence of severe oropharyngeal and oesophageal candidiasis the patient was admitted at the hospital for treatment with amphotericin B deoxycholate 50 mg/d iv in 24 hours continuous infusion. The treatment was stopped three days later because of renal impairment.

The patient was switched to caspofungin administered once daily, intravenously, with an initial loading dose of 70 mg followed by 50 mg/day. A one week treatment with caspofungin was completed, until resolution of all signs and symptoms. The creatinine levels returned to normal values four days after the end of treatment.

Whilst the cost of one-week treatment with amphotericin B is equivalent to 628 points, treatment with caspofungin of the same duration is equivalent to 5360 points. However, the cost of three hospitalization days for amphotericin B administration increased the costs by 3450 points, and the patient continued hospitalized due to renal impairment during four more days (4600 points). Hence, the total cost of antifungal treatment for this patient was equivalent to 8678 points. This is almost 60% higher than complete treatment with caspofungin. In addition to this, the patient had a significantly lower quality of life due to hospitalization.

This case study highlights the need for effective, less toxic and, in some cases a more cost-effective antifungal treatment as caspofungin.