

ITRACONAZOLE IN THE THERAPY OF CANDIDOSIS OF URO-GENITAL SYSTEM AND/OR ORAL CAVITY AND THROAT MUCOSA IN A DAILY DOSE OF 100 mg

S. Urbanowski, Z. Gwiedziniński and E. Nierebińska

ABSTRACT

The results of a clinical study on the effectiveness and tolerability of itraconazole used in oral therapy of candidosis in a single dose of 100 mg daily were presented.

Investigations were performed in 3 groups: 20 persons with candidosis of the uro-genital system, 18 persons with candidosis of the oral cavity and throat mucosa, 10 persons with candidosis of the uro-genital system coexisting with candidosis of oral cavity and throat mucosa. All strains of yeast-like fungi isolated from patients were susceptible to itraconazole. The values of MIC were from 0,01 to 20,0 ug/ml. In three groups of patients results and duration of treatment were: 1st group - 90%, from 4 to 8 days; 2nd group - 88,9%, from 4 days to 10 weeks; 3rd group - 90%, from 4 days to 12 weeks. Two weeks after the end of the therapy the recurrence of the disease was observed in 4 persons (8,3%). In 2 patients (4,2%), transient adverse reactions - nausea and stomach ache were observed. No changes in laboratory tests (Aspat, Alat, bilirubin) were noticed. It was concluded that itraconazole applied in a single dose of 100 mg daily is effective and safe.

In the authors' opinion therapy should be continued until negative results of clinical and mycological studies of all morbid yeast foci.

KEY WORDS

candidosis, uro-genital system, oral cavity, throat, mucosa, Itraconazole

INTRODUCTION

Fungi of the genus *Candida* are frequent causes of infections of the skin and mucous membranes. The most common of these organisms is *C. albicans*, but other species as *C. tropicalis*, *C. guilliermondii*, and *C. parapsilosis*, may also cause infection (1).

These organisms, especially *C. albicans* are common in the microflora of the mouth, throat, gastrointestinal

tract, urethra and/or vagina, they appear as pathogen only under a variety of circumstances.

Candida infections of the skin and mucous membranes had been exclusively treated topically until a period of ten years ago. Indeed, only the availability of orally active ketoconazole made it possible in the early 1980s to start oral treatment for vaginal and oral candidosis (2). Recently, new oral therapy with itraconazole and fluconazole have

