Terbinafine Effectiveness in Ketoconazole-Resistant Mucocutaneous Candidiasis in Polyglandular Autoimmune Syndrome Type I

Sir,

I would like to highlight the response of terbinafine in the treatment of mucocutaneous candidiasis of the previously reported case of polyglandular autoimmune syndrome type 1 by Khan GQ et al (JAPI 2001;49:140-41). Mucocutaneous candidiasis of the same patient showed resistance to ketoconazole which is the recommended antifungal agent for this disorder.1

Polyglandular autoimmune syndrome (PGA) type 1 is an autosomal recessive disorder of childhood, of which mucocutaneous candidiasis is the first major manifestation to appear and ketoconazole is the usual therapy.1,2 The present case was treated initially with ketoconazole (400 mg/day) for four weeks. In view of no response to this antifungal agent, griseofulvin (500 mg/day) was administered for further six weeks on advice of dermatologists but again the candidiasis proved unresponsive. No therapy was given for next eight months. Then the patient was put on oral terbinafine (250 mg twice daily) as a therapeutic trial for further four weeks and an excellent response to this drug was noticed. The skin lesions disappeared completely and no further recurrence of candidiasis has been found till date. Terbinafine is an allylamine with a broad spectrum of antifungal activity in addition to cutaneous candidiasis.3 This drug proved effective in treatment of mucocutaneous candidiasis in type 1 PG syndrome, which was resistant to ketoconazole.

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REFERENCES