Abstract

Pentavalent antimony (Sbv) compounds have been used in the treatment of kala azar for over 60 years. Their introduction was preceded by the use, for a few years, of SbIII compounds, especially tartar emetic. Although the exact usage of Sbv varies from country to country, with correct use, cure rates of over 90% can, in most countries, be expected. There is little problem with toxicity, though occasional unexplained deaths that do not appear to be directly due to Sbv do occur during treatment. The main second line drugs, pentamidine and amphotericin, are less effective and relatively toxic. Other second line treatments that have been used in resistant kala azar in Kenya include allopurinol, diminazene aceturate, and Sbv liposomes. Splenectomy has been used as a last resort