Prolonged Albendazole Therapy for Neurocysticercosis in Children

We would like to share our views regarding the recent publication in the journal on therapy duration in neurocysticercosis [1]. The authors reported that 14-day albendazole therapy is as effective as 28-day treatment in achieving radiological resolution at six-month follow up [1]. However, they stated that the high rate of calcification in both groups indicates the need for further evaluation with a larger study and a longer follow up [1]. In the accompanying commentary [2], Garg and Sharma raised an interesting question on the optimum duration of albendazole for neurocysticercosis in children. They underscored the need for additional thorough, randomized trials for anti-helminthic therapy in children, addressing its duration and whether it could be further shortened, as well as for long-term outcomes such as eventual seizure recurrence, cognition, and quality of life-based outcomes that follow anti-helminthic therapy [2].

The appropriate regimen for treatment of cysticercosis in children is still an vexing issue. The baseline co-morbidity of the patients is one of several aspects that may be taken into account while deciding the medication duration. In Indochina, cysticercosis is an endemic disease. We feel that irrespective of symptoms, all patients should take albendazole (15 mg/kg/day for two weeks, then 15 mg/kg/week) [3,4]. Steroid therapy should be used concurrently with the initiation of an antiparasitic drug for a period of two weeks [3,4]. It is advisable to discontinue taking the medication if there are no seizures while using it, and the treatment should be continued until the patient is 25 years old [3,4]. In the event of an epileptic episode before the age of 25 or following the termination of medication at that age; a lifetime of drug use is preferred [2]. Clinical follow-up in Indochina has not revealed any instances of albendazole side effects that persisted over the course of a lifetime. Long-term follow-up of 13 cases in a recent Southeast Asian publication revealed that prolonged duration albendazole therapy is effective and safe for the management of pediatric neurocysticercosis [4]. Nonetheless, research on this topic is currently limited and confined to Southeast Asia. There is yet to be a large published clinical trial. Further research into this topic would be very interesting.

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AUTHOR'S REPLY

We thank the authors for their interest in our research article comparing 14 days and 28 days albendazole therapy for neurocysticercosis in children [1]. Although, we are looking for a shorter duration of albendazole therapy for neurocysticercosis, concerns of calcification in follow-up imaging with possible need for long term anti-seizure medications, as noted in our study, are a point of concern. However, our study had limited sample size.

The experience of 13 children treated with prolonged duration of albendazole therapy (15 mg/kg/day for 2 weeks followed by weekly doses till 25 years of age) is interesting [2]. The published experience lacks information pertaining to demographics of enrolled participants, number of lesions, activity of lesion, nutrition of enrolled participants, and documentation of follow-up imaging findings [2]. Despite these limitations, it is an idea worth pursuing and exploring further, considering high residual calcification among our treated patients. Further research could explore long term outcome in terms of seizure recurrence, and radiological resolution with prolonged duration of albendazole therapy for treatment of neurocysticercosis in children.

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