

Amphotericin B, **posaconazole**, and aggressive surgical resection are the hallmarks of **mucormycosis** treatment. While amphotericin is typically administered intravenously, less is known about the use of intrathecal amphotericin B ¹⁾.

Cladophialophora bantiana tends to be resistant to **amphotericin B**. Accordingly, Al-Abdely et al. evaluated amphotericin B and three triazoles—posaconazole, itraconazole, and fluconazole—for treatment of *C. bantiana* infection in mice. In immunosuppressed ICR mice infected intravenously, posaconazole, itraconazole, and amphotericin B prolonged survival. This improvement in survival corresponded with a reduction in brain fungal concentrations for mice which were given itraconazole and posaconazole, but not amphotericin B. In nonimmunosuppressed BALB/c mice infected intracerebrally, posaconazole showed dose-dependent responses in survival and reduction of brain tissue counts. These responses were observed for short, delayed, and prolonged therapy. Although **posaconazole** prolonged the survival of mice with reductions in brain fungal counts, it did not sterilize brain tissue with continuous therapy for 8 weeks. They concluded that posaconazole shows promise for the treatment of *C. bantiana* brain infections ²⁾.

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Grannan BL, Yanamadala V, Venteicher AS, Walcott BP, Barr JC. Use of external ventriculostomy and intrathecal anti-fungal treatment in cerebral mucormycotic abscess. *J Clin Neurosci*. 2014 May 19. pii: S0967-5868(14)00167-2. doi: 10.1016/j.jocn.2014.01.008. [Epub ahead of print] PubMed PMID: 24852901.

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Al-Abdely HM, Najvar LK, Bocanegra R, Graybill JR. Antifungal therapy of experimental cerebral phaeohyphomycosis due to *Cladophialophora bantiana*. *Antimicrob Agents Chemother*. 2005 May;49(5):1701-7. PubMed PMID: 15855484; PubMed Central PMCID: PMC1087650.

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