Echinococcosis: instruction for drug therapy and monitoring

For therapy with **Albendazole** (Zentel 400mg) or **Mebendazole** (100 mg; 500mg)

- Start with Albendazole (Zentel) 200 mg twice daily: Zentel 400 mg ½ - 0 – ½ or
- Start with Mebendazole (Vermox) 500 mg 2 times daily: Vermox 500 mg 1 – 0 – 1
  up to 40-50 mg/kg/day, split into three doses (max 6g/d).

To ensure adequate intestinal absorption the drug has to be taken with a fat-rich meal. In case of co-medication an interaction check must be performed. In cholestasis, side effects are more common and reduction of initial dosage should be considered.

**Therapy with benzimidazoles is always serum-level-based.**

**Side effects:**
The most common side effects are: elevation of transaminases, proteinuria, transient hair loss, gastrointestinal disturbances, leukopenia and neurologic symptoms, including sleeplessness and vertigo. Risk for side effects rise with overdosing, so this drug-therapy is serum-level-based.

**Recommendations for laboratory tests with starting drug therapy:**

- Baseline lab values
- 1, 4 and 12 weeks after starting therapy the following lab values are necessary to rule out side effects and for dose finding:
  - AST, ALT, AP, Bilirubin, Creatinine, blood count, Albendazolsulfoxid-serum-level (or in case of Mebendazole-therapy: Mebendazole-serum levels) 4h post medication intake
- Routine follow-up 6 months after starting therapy, if no side-effects occur and serum levels are in the therapeutic range.
- In case of side effects please contact expert

**Therapeutic range** (4 hours post medication-intake):

- Albendazole: 1-5 umol/l (max 10 umol/l)
- Mebendazole: 200-max. 800 nmol/l