

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 $\frac{1}{2}$ - 0 - $\frac{1}{2}$ 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 $\mu\text{mol/l}$ (max 10 $\mu\text{mol/l}$)
- Mebendazole: 200-max. 800 nmol/l