Pyronaridiné was effective and well tolerated in African patients with acute, uncomplicated falciparum malaria


Objective
To compare the effectiveness of oral pyronaridiné with chloroquine for acute, uncomplicated falciparum malaria in African adults.

Design
Randomised controlled trial with 14-day follow-up.

Setting
Urban outpatient clinic in Yaoundé, Cameroon, an area with a high rate of resistant malaria and of hypendemic chloroquine-resistant falciparum malaria.

Patients
96 adult African patients (age range 15 to 64 y, 56% women) who had acute falciparum malaria, defined as > 5000 asexual parasites per μL, and fever within the past 24 hours or a temperature > 37.5 °C at the time of consultation. Exclusion criteria were signs and symptoms of severe and complicated malaria, recent self-medication, pregnancy, or mixed malaria infections. 81 patients (84%) were included in the on-active-treatment analysis.

Main results
40 patients (100%) in the pyronaridiné group were considered a treatment success at day 14 compared with 24 patients (59%) in the chloroquine group (P < 0.001). (This absolute risk improvement (ARI) of 41% means that 2 patients would need to be treated (NNT) with pyronaridiné (rather than chloroquen) to have 1 additional treatment success, 95% CI 2 to 4; the relative risk improvement (RRI) was 71%, CI 36% to 128%.)

Pyronaridiné led to 100% parasite clearance by day 14 compared with 44% clearance in the chloroquine group (P < 0.001) (ARI 56%; NNT 2, CI 1 to 2; RRI 128%, CI 69% to 231%)..

Pyronaridiné is to be considered for international registration. At U.S. $3 per dose, the cost of manufacturing pyronaridiné will have to be reduced for it ever to be an option in many African countries (1).

References

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Commentary
Malarial illness is common in areas where infection with Plasmodium falciparum malaria is widespread. Symptoms range from mild and non-specific to acute life-threatening episodes. Health care workers in endemic malarial areas often give antimalarial drugs for any fever-related symptoms. This policy appeared effective when the parasite responded to chloroquine, a cheap and safe antimalarial agent. However, with the spread of chloroquine-resistant parasites, many countries have changed to sulphadoxine-pyrimethamine, but parasite resistance to this combination already exists. Alternative treatments have limitations (1). This study by Ringwald and colleagues shows the effectiveness of pyronaridiné compared with chloroquine in an African country. This study is important for those concerned with evaluating new antimalarial drugs for the treatment of malaria in the face of existing and potential resistance to current drugs.
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