Treatment of refractory Babesia microti infection with atovaquone-proguanil in an HIV-infected patient: case report.

Vyas JM, Telford SR, Robbins GK.

Division of Infectious Diseases, Department of Medicine, Massachusetts General Hospital, Boston, MA 02114, USA. jvyas@partners.org

A patient with acquired immune deficiency syndrome presented with babesiosis 6 months after presumed tick exposure. Despite initial treatment with azithromycin and atovaquone, followed by quinine and clindamycin, he experienced an increasing parasite load. Finally, red blood cell exchange transfusion, anti-Babesia therapy, and the addition of atovaquone-proguanil to the treatment regimen led to symptomatic improvement and elimination of parasitemia. Low-level parasitemia recurred 20 weeks later and was eradicated by administration of atovaquone-proguanil monotherapy. Atovaquone-proguanil appears to have activity against babesiosis and should be studied as a potential therapy for patients with refractory babesiosis.

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