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Short Report

Arteether, a ginghaosu derivative, in toxoplasmosis

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Toxoplasmic encephalitis is a common and lifethreatening occurrence in patients with acquired immunodeficiency syndrome (AIDS). The current treatment of choice is the combination of pyrimethamine and sulfadiazine. This combination, however, while being highly effective against the disease, has the inconvenience of being associated with a high incidence of side effects which often require withdrawal of therapy. Therefore, there is an urgent need for newer and safer therapy for this disease.

Arteether is an ethyl ether derivative of qinghaosu (QHS) (Brossi et al., 1988). QHS is a naturally occurring sesquiterpene lactone which has been isolated from the traditional Chinese herb Artemisia annua (KLAYMAN, 1985), the structure of which includes a peroxide ring. QHS has been found active in in vitro and in vivo models against Plasmodium (PETERS et al., 1986), and in vitro against Naegleria fowleri (COOKE et al., 1987). Interestingly, QHS crosses the blood-brain barrier and is also effective against cerebral malaria (LI et al., 1984). Because Toxoplasma gondii is also a protozoon, we tested the activity of QHS against this parasite using an in vitro and in vivo model. Unelicited mouse peritoneal macrophages were used to test the anti-Toxoplasma activity of arteether as previously described (CHANG & PECHÈRE, 1988). Macrophage monolayers were infected with T. gondii for 1 h, washed twice, and incubated for 18 h with media containing arteether in concentrations from 0.01 to 400 µg/ml. Preliminary results suggested that arteether had some inhibitory effect on Toxoplasma replication by diminishing the number of infected cells and the number of Toxoplasma per 100 cells in concentrations as low as 0.1 µg/ ml. Further experiments showed, however, that these results were not reproducible. We have no explanation for this, as these macrophages were obtained from pathogen-free and Toxoplasma serologically negative mice. Moreover, arteether exerted no inhibitory activity on the incorporation of [3H]uracil by intracellular T. gondii in concentrations from 0.01 to 400 µg/ml. We emphasize, therefore, that both systems are complementary and must be used together, when possible, for assessing the in vitro activity of compounds against T. gondii.

Swiss-Webster female mice were infected intraperitoneally with 5×10³ tachyzoites of the highly virulent RH strain of T. gondii (CHANG & PECHÈRE, 1987). 24

h later, arteether was administered subcutaneously at daily doses of 1, 10, 25, 50, 100, 200, 400 and 600 mg/kg for 5 d. All untreated control mice died 7 ± 1 d after challenge, as did all mice treated with up to 100 mg/kg. With 200 mg/kg there was an increase in survival, 20% of mice living until the 15th day after challenge, but all died of toxoplasmosis on the 16th day, as demonstrated by autopsy. Mice treated with 400 and 600 mg/kg, however, presented acute signs of toxicity after the 2nd day of therapy. Therapy was therefore stopped on this day, and all the mice receiving 400 mg/kg died 10 d after challenge; all those receiving 600 mg/kg died 4 d after challenge. As positive controls, infected mice were treated orally with 330 mg/kg of roxithromycin for 5 d $(SD_{50}=336 \text{ mg/kg}\times5 \text{ d}; Chang \& Pechère, 1987),$ which afforded 71.4% protection, or with A-56268, a new macrolide, at a dose of 300 mg/kg for 9 d, which afforded 100% protection (CHANG et al., 1988).

The results of this investigation suggest that arteether would not be useful in the treatment of toxoplasmosis.

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