TOXOPLASMOSIS *(Toxoplasma gondii)*

	Drug	Adult dosage	Pediatric dosage
Drug of choice:[1]	Pyrimethamine[2]	25-100 mg/d PO x 3-4 wks	2 mg/kg/d PO x 2d, then 1 mg/kg/d (max. 25 mg/d) x 4 wks[3]
	plus		
	sulfadiazine[4]	1-1.5 g PO qid x 3-4 wks	100-200 mg/kg/d PO x 3-4 wks

1. To treat CNS toxoplasmosis in HIV-infected patients, some clinicians have used pyrimethamine 50-100 mg/d (after a loading dose of 200 mg) with sulfadiazine and, when sulfonamide sensitivity developed, have given clindamycin 1.8-2.4 g/d in divided doses instead of the sulfonamide. Treatment is usually given for at least 4-6 weeks. Atovaquone (1500 mg PO bid) plus pyrimethamine (200 mg loading dose, followed by 75 mg/d PO) for 6 weeks appears to be an effective alternative in sulfa-intolerant patients (K Chirgwin et al, Clin Infect Dis 2002; 34:1243). Atovaquone must be taken with a meal to enhance absorption. Treatment is followed by chronic suppression with lower dosage regimens of the same drugs. For primary prophylaxis in HIV patients with <100 x 10^6/L CD4 cells, either trimethoprim-sulfamethoxazole, pyrimethamine with dapsone, or atovaquone with or without pyrimethamine can be used. Primary or secondary prophylaxis may be discontinued when the CD4 count increases to >200 x 10^6/L for >3mos (MMWR Morb Mortal Wkly Rep 2004; 53 [RR15]:1). In ocular toxoplasmosis with macular involvement, corticosteroids are recommended in addition to antiparasitic therapy for an anti-inflammatory effect. In one randomized single-blind study, trimethoprim/sulfamethoxazole was reported to be as effective as pyrimethamine/sulfadiazine for treatment of ocular toxoplasmosis (M Soheilian et al, Ophthalmology 2005; 112:1876). Women who develop toxoplasmosis during the first trimester of pregnancy should be treated with spiramycin (3-4 g/d). After the first trimester, if there is no documented transmission to the fetus, spiramycin can be continued until term. If transmission has occurred *in utero*, therapy with pyrimethamine and sulfadiazine should be started (JG Montoya and O Liesenfeld, Lancet 2004; 363:1965). Pyrimethamine is a potential teratogen and should be used only after the first trimester.
2. Plus leucovorin 10-25 mg with each dose of pyrimethamine. Pyrimethamine should be taken with food to minimize gastrointestinal adverse effects.
3. Congenitally infected newborns should be treated with pyrimethamine every 2 or 3 days and a sulfonamide daily for about one year (JS Remington and G Desmonts in JS Remington and JO Klein, eds, *Infectious Disease of the Fetus and Newborn Infant*, 6th ed, Philadelphia:Saunders, 2006, page 1038).
4. Sulfadiazine should be taken on an empty stomach with adequate water.

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