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Leishmaniasis is a disease caused by the protozoan parasites belonging to the genus Leishmania. There are an estimated 12 million humans infected, with an incidence of 0.5 million cases of the visceral form of the disease and 1.5 to 2.0 million cases of the cutaneous form of the disease.[1] Ninety

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Although this class of drugs has been used for over 60 years for leishmaniasis treatment, it is only in the past 2 years that the mechanisms of action and resistance have been identified, related to drug metabolism, thiol metabolism, and drug efflux. With the introduction of new therapies, including miltefosine in 2002 and paromomycin in 2005-2006, it is essential that there be a strategy to prevent the emergence of resistance to new drugs: combination therapy, monitoring of therapy, and

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IV Molecular features of drug-resistant Leishmania.- 10 Genetic expression and drug resistance, the role of proteomics. Patricia Cuervo, Jose Batista de Jesus .- 11 The role of ABC transporters in drug-resistant Leishmania.

Evaluating drug resistance in visceral leishmaniasis: the ...

For decades antimonials were the drugs of choice for the treatment of visceral leishmaniasis (VL), but the recent emergence of resistance has made them redundant as first-line therapy in the endemic VL region in the Indian subcontinent.

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Drug-Resistant Leishmania and Functional Analysis of Leishmania Membrane (Non-ABC) Transporters Involved in Drug Resistance by Adriano C. Coelho & Paulo C. Cotrim, and Scott Landfear summarizes laboratory discoveries on the

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Drug Resistance in Leishmania Parasites: pp.431-449; Alicia Ponte-Sucre, Emilia D az , Maritza Padr n-Nieves. Central to the concept of host-parasite interaction is the idea that adaptation to

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INTRODUCTION. Leishmaniasis is a disease complex caused by 17 different species of protozoan parasites

belonging to the genus Leishmania. The parasites are transmitted between mammalian hosts by phlebotomine sandflies.

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However, clinical resistance to this class of drug is a major impediment to treatment. Amphotericin B, pentamidine, and miltefosine offer significant promise in the treatment of VL and CL.