

MEFLOQUINE PROPHYLAXIS: AN AFRICAN EXPERIENCE

Chemo Prophylaxis in Kenya (Larium and Mefloquine)

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Adverse reactions to Mefloquine prophylaxis, observed in East Africa, are actually more frequent than reported in the Western World.

This discrepancy is due probably to the fact that signs of toxicity appear quite sometime after commencement of prophylaxis, with peaks occurring in the 3rd week and during the second month. Many patients are unaware that these symptoms may be attributed to the drug, and, once back home, do not report them unless medico issues have arisen in the meantime. The general view held by health professionals in Europe and the United States of America, that Mefloquine is a safe and effective prophylaxis, is, heretofore, not shared by us.

Our aim is to draw attention to these facts and, in so doing, provoke a shift in opinion as to the safety of the drug, as well as to provide diagnostic and therapeutical pointers.

Of 90 consecutive patients with Mefloquine toxicity who presented in our practice in Nairobi Hospital, 26 had gastrointestinal disturbances, consisting of vomiting, diarrhoea, nausea and epigastralgiae.

Twenty three had nervous system pathology; some bizarre and never experienced before, ranging from migraine, laxitude, tingling, dizziness, loss of balance and vertigo to motion sickness. Two had a myastenic syndrome, whereby they were, intermittently, unable to walk or feed for hours before normalization of muscle function. Eight cases of epilepsy were documented, five in known epileptics otherwise well controlled on therapy, and 3 being first time cases.

Twenty four had mental disturbances including anxiety, insomnia, nightmares and unreasonable fears. Three of these patients had major psychotic reactions, necessitating hospitalization, sedation and subsequent repatriation. One of these three sustained fractures when he jumped off a cliff to escape imagined attack. Five of the patients exhibited paranoid behaviours. Hospitalization often worsened the condition, causing, for example, racial phobias, as some patients refused to be nursed by African personnel.

Thirteen patients complained of respiratory ailments including shortness of breath, cough, bronchospasm and frank asthma with no previous history. Two patients required admission for moderate ARDS, one of whom needed mechanical ventilation for a short period.

Dermatological problems were reported by 4 patients, two complaining of wide spread bruising after unrecollectable trauma. Two patients suffered from extensive itchy macular rash, more pronounced in the sweat areas, lasting for two weeks and unresponsive to anti-histamines.