

Cefotaxime treatment of *Haemophilus ducreyi* infection in Kenya.

Plummer, FA; Maggwa, N; D'Costa, LJ; Nsanze, H; Karasira, P; Maclean, IW; Ronald, AR

<http://hinari-gw.who.int/whalecomwww.ncbi.nlm.nih.gov/whalecom0/pubmed/6098034>

<http://erepository.uonbi.ac.ke:8080/xmlui/handle/123456789/31234>

Date: 1984-12

Abstract:

The authors conducted a double-blind randomized clinical trial comparing single-dose cefotaxime (1 g im) plus daily placebo injections with cefotaxime (1 g im on each of three days). Each regimen was given with probenecid (1 g orally) for the treatment of chancroid. Twenty *Haemophilus ducreyi* culture-positive men received the single-dose cefotaxime regimen; in eight patients ulcers or buboes failed to respond to therapy. Nineteen *H. ducreyi* culture-positive men received cefotaxime on each of three days; *H. ducreyi* was eradicated from all patients, but one had a continuing ulcer and another had a bubo that failed to respond. Thus cefotaxime (1 g im daily for three days) plus probenecid (1 g orally) is effective therapy for chancroid. The lack of efficacy for chancroid of the single-dose cefotaxime regimen is surprising, given the remarkable susceptibility of *H. ducreyi* to cefotaxime; presumably the half-life of cefotaxime is too short for predictable eradication of *H. ducreyi* from the ulcer with a single-dose regimen.