

Suramin ^f	Trypanosomiasis	<i>Frequent:</i> immediate: fever, urticaria, nausea, vomiting, hypotension; delayed (up to 24 h): exfoliative dermatitis, stomatitis, paresthesias, photophobia, renal dysfunction <i>Occasional:</i> nephrotoxicity, adrenal toxicity, optic atrophy, anaphylaxis	No major interactions	Not assigned	No information
Tetracyclines	Balantidiasis, <i>D. fragilis</i> infection, malaria; lymphatic filariasis (doxycycline)	<i>Frequent:</i> GI disturbances <i>Occasional:</i> photosensitivity dermatitis <i>Rare:</i> exfoliative dermatitis, esophagitis, hepatotoxicity	Warfarin: effect prolonged by tetracyclines	D	Yes

^aBased on U.S. Food and Drug Administration (FDA) pregnancy categories of A–D, X. ^bApproved by the FDA for this indication. ^cNot believed to be harmful. ^dUse in pregnancy is recommended by international organizations outside the United States. ^eOnly AmBisome has been approved by the FDA for this indication. ^fAvailable through the CDC. ^gOnly artemether (in combination with lumefantrine) and artesunate have been approved by the FDA for this indication. ^hAvailable through the manufacturer.
Abbreviations: ACTH, adrenocorticotrophic hormone; AV, atrioventricular; CNS, central nervous system; ECG, electrocardiogram; G6PD, glucose 6-phosphate dehydrogenase; GI, gastrointestinal; MAO, monoamine oxidase.

Albendazole Like all benzimidazoles, albendazole acts by selectively binding to free β -tubulin in nematodes, inhibiting the polymerization of tubulin and the microtubule-dependent uptake of glucose. Irreversible damage occurs in gastrointestinal (GI) cells of the nematodes, resulting in starvation, death, and expulsion by the host. This fundamental disruption of cellular metabolism offers treatment for a wide range of parasitic diseases.

Albendazole is poorly absorbed from the GI tract, a feature that is advantageous for the treatment of intestinal helminths but not for that of tissue helminth infections (e.g., hydatid disease and neurocysticercosis), which requires that a sufficient amount of active drug reach the site of infection. Administration with a high-fat meal (~40 g) increases the drug's absorption by up to five-fold. The metabolite albendazole sulfoxide is responsible for the drug's therapeutic effect outside the gut lumen. Albendazole sulfoxide crosses the blood–brain barrier, reaching a level significantly higher than that achieved in plasma. The high concentrations of albendazole sulfoxide attained in cerebrospinal fluid (CSF) may explain the efficacy of albendazole in the treatment of neurocysticercosis.

Albendazole is extensively metabolized in the liver, but there are few data regarding the drug's use in patients with hepatic disease. Single-dose albendazole therapy in humans is largely without side effects (overall frequency, $\leq 1\%$). More prolonged courses (e.g., as administered for cystic and alveolar echinococcal disease) have been associated with liver function abnormalities and bone marrow toxicity. Thus, when prolonged use is anticipated, the drug should be administered in treatment cycles of 28 days interrupted by 14-day