

Misleading Report on Artesunate Resistance

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Commentary

Artemisinin resistance is defined as a delayed clearance after treatment with an artemisinin-based combination therapy or artesunate [1]. The case reported in the article does not meet the WHO classification. It is not specified if the patient was positive at day 3 and if any K13 mutation (marker of artemisinin resistance) was detected at day 0. It is also not clear whether at day of failure it was new infection or recrudescence since details of genotyping are not given. Finally the patient responded to ACT with a rapid clearance of parasitaemia within 24 hours which is not in favour of artemisinin resistance.

Treatment failures with artesunate monotherapy are well-known after 5 days of treatment. These treatment failures are mainly due to insufficient treatment using a drug with very short half-life. According to National Policy artesunate monotherapy should not be given except in cases of severe malaria where injectables are required [2]. Therefore, in this case the treatment of uncomplicated malaria is irrational. Though weight was not provided, it is probable that the patient was under dosed and inadequate dosing of artesunate could also explain the late treatment failure.

It is also suggested that during the review of such articles, proper examination of facts should be undertaken by an expert researcher or

programme manager from the country because such observations have national and international implications to the objective of Global Technical Strategy (GTS) for Malaria Elimination [3]. In addition, quality control (internal as well as external) is another important issue which needs to be taken care for such studies having programmatic implications [4].

This case cannot be considered as artesunate resistance as there are number of limitations in the report. Moreover, such report and title can raise false alarm and is misleading. The article should be retracted.

References

1. Status report on artemisinin resistance (2014).
2. Borrmann S, Adegnika AA, Missinou MA, Binder RK, Issifou S, et al. (2003) Short course artesunate treatment of uncomplicated Plasmodium falciparum malaria in Gabon. *Antimicrob Agents Chemother* 47: 901-904.
3. Ittarat W, Pickard AL, Rattanasinganchan P, Wilairatana P, Looareesuwan S, et al. (2003) Recrudescence in artesunate-treated patients with falciparum malaria is dependent on parasite burden not on parasite factors. *Am J Trop Med Hyg* 68: 147-152.
4. Guidelines for diagnosis and treatment of malaria in India (2014).