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Letter to the Editor

Clinical trial for toxoplasmic lymphadenitis

Acute acquired toxoplasmosis (AAT) has traditionally been considered an oligosymptomatic and self-limited infection in previously healthy patients. Immunocompetent individuals with AAT are usually not treated unless presenting severe or persistent symptoms.[1] However, severe acute disseminated AAT in immunocompetent patients has been reported in association with new virulent strains of *Toxoplasma gondii*.[2,3] Despite the fact that the treatment of toxoplasmosis is well established when associated with immunodeficiency,[4] there are controversies concerning treatment in AAT and ocular disease.

We read with great interest a recently released ahead-of-print paper on a double-blind randomized clinical trial of co-trimoxazole for the treatment of toxoplasmic lymphadenitis.[5] This pioneering work raises the question of the therapeutic management of AAT patients and sheds new light on the subject. Our group has been concerned with the indications for the treatment of AAT and recently proposed a morbidity scale associated with long-lasting disease.[6]

With regard to the paper by Alavi and Alavi,[5] as patients were randomized to the analysis groups and as toxoplasmosis presents a broad range of clinical manifestations, bias could have been introduced if more severe cases were eventually included in the placebo group . This would be avoided by means of a stratification severity scale of infection, randomized in both groups. Criticism could be raised regarding the study endpoints, based only on clinical signs (absence of palpable lymph nodes) and serologic data (IgM levels <6 IU), instead of clinical morbidity parameters.[6]

We agree with the authors that there is a need for large-scale multicenter studies. There is a lack of studies analyzing treatment indications as well as therapeutic regimens. Co-trimoxazole has an easy-to-use dosage compared to the more complex and adverse-effect-prone sulfadiazine/pyrimethamine/folinic acid regimen.

We look forward to future clinical trials in toxoplasmosis, not only in AAT, but also in ocular and prenatal infection, for which we currently have more questions than answers.

Conflict of interest: No conflict of interest to declare.

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