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Letter to the Editor

Efficacy of benznidazole treatment in advanced chronic digestive Chagas disease



Eficacia del tratamiento con benznidazol en la enfermedad de Chagas crónica digestiva avanzada

Dear Editor,

We read with great interest the article entitled “Persistent constipation. A case report”, recently published in your journal.¹ This case illustrates the complexity of managing Chagas disease in its advanced chronic phase, particularly in older patients with significant visceral involvement, and invites us to reflect on the challenges and limitations of treatment with benznidazole in these circumstances.

Benznidazole is currently recommended in cases of acute Chagas disease, congenital infections or reactivations related to immunosuppression, as well as in chronic infections in children and women of childbearing potential.² However, evidence regarding its efficacy in chronic disease progression is limited. Several clinical trials have shown that benznidazole does not significantly prevent disease progression or death in patients with advanced Chagas cardiomyopathy.³ Although there is even less available data on its impact on gastrointestinal disease in Chagas, extrapolating the results in patients with advanced cardiac involvement, we can deduce that its utility in the progression of gastrointestinal disease would also be limited.

The case reported also raises a common clinical challenge: balancing the potential benefits of antiparasitic treatment with the associated risks, particularly in older patients with irreversible organ damage. Available evidence suggests that, in the advanced chronic phase, treatment with benznidazole has limitations not only in terms of efficacy⁴ but also in terms of its tolerance. A recent meta-analysis suggests that adverse effects, especially dermatological, gastrointestinal and neurological, are more common and severe in older patients.⁵

For all these reasons, current guidelines recommend personalising the therapeutic strategy in patients with advanced Chagas disease. Factors such as age, general clinical condition and the potential impact of treatment on quality of life must be carefully considered to ensure a personalised and safe approach. In line with the recommendations of the World Health Organization, treatment in the chronic phase should be prioritised in patients with a lower risk of adverse events and a higher likelihood of therapeutic response.² This approach makes it possible to optimise the benefits of treatment and minimise its risks, especially in vulnerable populations, such as older adults with irreversible organic damage.

This case also highlights the importance of early diagnosis and screening in at-risk populations. The prolonged period since the

onset of constipation in this patient raises the question of whether a timely diagnosis of Chagas disease, before the appearance of obvious symptoms, would have allowed early treatment to be started and prevented progression to advanced stages with irreversible organic damage. Identifying and treating the infection in its early stages is essential to improve the clinical prognosis and prevent severe complications in these patients.

To offer patients with chronic Chagas disease the best therapeutic option, comprehensive approaches that combine symptomatic management with treatments tailored to each patient's specific needs must be developed. Furthermore, it is crucial to promote research aimed at identifying biomarkers that can better predict response to treatment and design safer and more effective regimens, especially for the most vulnerable populations.

As the authors of the case report pointed out, “every late diagnosis is a lost opportunity”.¹ Cases like this invite us to reflect on the importance of optimising care and diagnosis to improve outcomes in patients with advanced Chagas disease.

Declaration of Generative AI and AI-assisted technologies in the writing process

During the preparation of this work the authors used ChatGPT to correct spelling and grammatical errors and to improve the clarity and readability of the article. After using this tool/service, the authors reviewed and edited the content as necessary and take full responsibility for the contents of the publication.

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Experience in the Canary Islands of an HIV screening strategy in hospital emergency departments: Results of the “Deja tu huella” program

Experiencia en Canarias de una estrategia de cribado de VIH en los servicios de urgencias hospitalarios: resultados del programa “Deja tu huella”



Dear Editor,

We read with interest the study by Hernández-Febles et al.,¹ in which they describe the experience in a Canary Islands hospital where the request for HIV serology was made standard for 16 months, with 6407 tests and the diagnosis of 18 new cases (0.3%). Late diagnosis and occult infection are two problems that are still prevalent here in Spain, and so we believe it is of great importance to have strategies such as those shared in this article.

Since 2021, the Sociedad Española de Medicina de Urgencias y Emergencias (SEMES) [Spanish Society of Emergency Medicine] has been implementing the “Deja tu huella” (DTH) [Leave your mark] programme in hospital Accident and Emergency (A&E) departments, in which it recommends requesting an HIV serology in six specific circumstances: sexually transmitted infections; community-acquired pneumonia; herpes zoster; chemsex; mononucleosis syndrome; and post-exposure prophylaxis.² The project seeks to minimise missed diagnostic opportunities, which remains a problem in our healthcare setting.³ From January 2021 to June 2024, 170,256 serologies were performed, and 1997 new cases of HIV infection were diagnosed (positive rate of 1.17%). Currently, 161 hospitals are participating in the programme throughout Spain.

In the Autonomous Region of the Canary Islands, eight of the nine public hospitals now participate in this initiative, after gradually joining over the past few years. Table 1 shows the results obtained, with 13,168 serologies and 124 new infections, which represents 28.7% of the new diagnoses made in the Canary Islands.⁴ The weight of A&E diagnoses compared to the overall number of diagnoses underscores the importance that A&E departments can

have in the fight against HIV. From 2022 to 2023, the number of serologies performed tripled, despite the fact that only one new centre was incorporated into the project. The reason is the implementation of automated alerts in the electronic medical records of the A&E, to prevent a patient who meets the requirements from going unnoticed in a busy department such as A&E, and avoid lost opportunities.

We also want to point out that the DTH project has been evaluated in recent years through various scientific studies, which have led to the recent publication of new recommendations.⁵ First, although the DTH programme has achieved good results, there is still room for improvement in adherence to the established recommendations,⁶ which has led to the incorporation of information on how to establish or make pre-configured computer alerts, such as those implemented in the Canary Islands. Second, we have found that half of the serologies and new diagnoses are in centres not included in the DTH, due to a cultural change in A&E physicians, which makes them more sensitive to thinking about HIV. The reasons for requesting and its level of efficiency were analysed⁷ and, based on the results, three new situations were included: thrombocytopenia; fever without known aetiology after assessment in A&E; and migrants. The third recommendation comes from the fact that nursing participation has increased serology requests by 20%.⁸ so it is recommended to include this group directly in the programme, both in each hospital and in the coordination of the programme. Fourth, the DTH programme is being carried out with an opt-in strategy, but the document discusses the legal viability and strategic advantages that an opt-out strategy may have to increase the number of new diagnoses, an issue widely debated in the literature.⁹ Fifth and last, in different studies carried out in A&E departments on HCV screening, the conclusion was that active infection is higher among the population treated in A&E than in the general population. Consequently, following the guidelines of a consensus document recently published by SEMES,¹⁰ it has been decided to include the request for HCV when requesting HIV.

In conclusion, any strategy aimed at diagnosing the hidden fraction of HIV and early diagnosis is positive for the general population, by interrupting the chains of transmission, and for the patients

Table 1
Results of the “Deja tu huella”[Leave your mark] programme in the Canary Islands.

| Year | Participating hospitals | Serologies performed | New diagnoses | Positivity rate % | New diagnoses made in the Canary Islands | Rate of new diagnoses in the A&E compared to the overall rate % |
|-------|-------------------------|----------------------|---------------|-------------------|--|---|
| 2022 | 5 | 3699 | 50 | 1.35 | 193 | 25.9 |
| 2023 | 6 | 9469 | 74 | 0.78 | 238 | 31.1 |
| Total | 6 | 13,168 | 124 | 0.94 | 431 | 28.7 |

DTH: *Deja tu huella*[Leave your mark]; A&E: Accident and Emergency department.