

HISTOPLASMOSIS

ACUTE PULMONARY

Mild-Mod	Tx unnecessary		
	Itraconazole		For sx >1mo
Mod-Severe	Lipid AmpB	3-5 mg/kg IV QD 1-2 wks	
	Itraconazole (followed by)	200mg TID x3D then 200mg BID x12wks	
	Deoxy Amp B	0.7-1.0 mg/kg IV QD	Alt for pts who are at low risk for nephrotoxicity
	Methylpredni-solone	0.5-1.0 mg/kg IV	During first 2 weeks of therapy For pts who develop respiratory complications (hypoxemia or significant resp. distress)

CHRONIC PULMONARY

Itraconazole	200mg x3 QD for 3 days, then 1-2 QD for a year	Take with food or soda Obtain levels after 2 weeks to ensure proper drug exposure
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BLASTOMYCOSIS

PULMONARY

Mild-Mod	PO Itraconazole	200 mg TID x3 days then 200 mg 1-2/day x6-12 months
	Amp	If hepatotoxic with Itraconazole
Mod-Severe	Lipid Amp B	3-5 mg/kg QD for 1-2 weeks
	Alt: AmB Deoxy	0.7-1 mg/kg QD for 1-2 weeks

IMMUNOCOMPROMISED PTS

Immunosup. or AIDS pt	Lipid Amp B	3-5 mg/kg QD
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BLASTOMYCOSIS (cont)

	Alt: AmB Deoxy	0.7-1 mg/kg QD x 1-2 weeks or until improvement noted
	Step down: Itraconazole	200 mg QD
PREGNANT	Lipid Amp B	3-5 mg/kg QD{nl}} AVOID: azoles
NEWBORN	AmB Deoxy	1.0 mg/kg QD
CHILDREN (severe)		
Mild-Mod	PO Itraconazole	10 mg/kg QD (max of 400 mg QD) x 6-12 months
Severe	AmB Deoxy	0.7-1.0 mg/kg QD
	Alt: Lipid Amp B (initial)	3-5 mg/kg QD
	Step Down: PO Itraconazole	10 mg/kg QD (max 400 mg QD)

Note: Lifelong suppressive therapy with PO Itraconazole 200 mg QD if immunosuppression can't be reversed or if pt experience relapse

COCCIDIODOMYCOSIS

CHRONIC CAVITARY PNEUMONIA	Fluconazole Itraconazole
EXTRAPULMARY	Fluconazole Itraconazole
BONE AND JOINT	Azoles Severe? Amp B

