



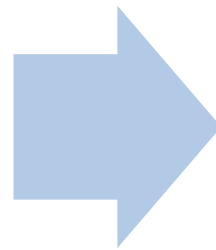
# Treatment of toxoplasmosis in pregnancy

By / Basma Ibrahim Abd El Aziz

If infection is acquired **before 18 weeks** of gestation  
And fetal infection is **not** suspected or diagnosed



Spiramycin



Macrolid antibiotic that decrease transmission of infection to fetus effectively when initiated within 8 weeks of seroconversion

**Therapeutic abortion is not recommended :**

- Early treatment can prevent fetal infection as tachyzoites take **4-8** weeks to cross placenta

If infection is acquired at or after 18 weeks of gestation  
And fetal infection is suspected or diagnosed by amniocentesis



Pyrimethamine + sulfadiazine +leucovorin

### **Mechanism of action**

- Inhibition dihydrofolate reductase
- Inhibition synthesis of DNA and RNA

### **Adverse effects :**

- Category **C** drugs : cause teratogenic effects in the first trimester .
- Bone marrow suppression
  - Folic acid antagonist .

### **Precautions**

- Not used in the first trimester
- Regular CBC
- Leucovorin Ca supplement .

# Notes

- If there is allergy to sulfa , sulfadiazine can be replaced by *clindamycin*.
- Another alternative to the standard triple scheme is :  
*trimethoprim + sulfamethoxazole*
- All drugs should be continued until *delivery*
- All drugs active only against *tachyzoites*

Pregnant woman is suspected or confirmed to have acquired acute toxoplasmosis during gestation

Acquisition of infection at <18 weeks of gestation<sup>a</sup>

Acquisition of infection at ≥18 weeks of gestation<sup>a</sup>

- Spiramycin
- AF PCR at ≥18 weeks of gestation or as soon thereafter as feasible
- Fetal ultrasonography should be performed (every 4 weeks until delivery)

- Pyrimethamine + sulfadiazine + folinic acid
- AF PCR at ≥18 weeks of gestation or as soon thereafter as feasible
- Fetal ultrasonography should be performed (every 4 weeks until delivery)

AF PCR negative and no fetal ultrasonographic abnormalities

AF PCR positive and/or fetal ultrasonographic findings suggestive of CT

AF PCR negative and no fetal ultrasonographic abnormalities

- Continue spiramycin until delivery
- Continue monthly fetal ultrasonography until delivery

- Pyrimethamine + sulfadiazine + folinic acid until delivery
- Continue monthly fetal ultrasonography until delivery

- Consider switch to spiramycin OR continue with pyrimethamine + sulfadiazine + folinic acid until delivery
- Continue monthly fetal ultrasonography until delivery
- (However, a negative AF PCR for maternal infections acquired late in pregnancy, especially in the third trimester, cannot completely exclude fetal infection, and treatment with pyrimethamine/sulfadiazine/folinic acid may need to be continued).

To Sum  
Up