

Comparison of the Efficacies of Various Formulations of Amphotericin B against Murine Visceral Leishmaniasis

A. B. MULLEN,^{1,2} K. C. CARTER,^{1*} AND A. J. BAILLIE²

Departments of Immunology¹ and Pharmaceutical Sciences,² University of Strathclyde, Glasgow, Scotland, United Kingdom

Received 7 April 1997/Returned for modification 25 April 1997/Accepted 16 July 1997

The antileishmanial efficacies of four proprietary amphotericin B (AmB) formulations (Fungizone, AmBisome, Abelcet, and Amphocil) and an experimental nonionic surfactant vesicle (NIV) formulation were compared in a murine model of acute visceral leishmaniasis. By a multiple-dosing regimen, groups of *Leishmania donovani*-infected BALB/c mice were treated (2.5 mg of AmB per kg of body weight) on days 7 to 11 postinfection with one of the AmB formulations, and parasite burdens were determined on day 18 postinfection. All of the formulations caused significant suppression parasite burdens in spleens ($P < 0.01$ to 0.0005) and livers ($P < 0.0005$) compared with those in the spleens and livers of the controls. In addition, a significant suppression of parasite burdens in bone marrow ($P < 0.0005$) compared to the burdens in the bone marrow of the controls was obtained for all the formulations except Abelcet, which was inactive at this site. On the basis of their overall efficacies (activity against liver, spleen, and bone marrow parasites), the formulations could be ranked as follows: Amphocil = AmBisome > AmB-NIV > Abelcet >> Fungizone. On the basis of spectrophotometric measurements, AmB was shown to exist in a predominantly aggregated state in all of the formulations. Although incubation in 50% serum altered the degree of aggregation, the AmB remained predominantly aggregated, indicating that the AmB-lipid complex in all of the formulations was physically stable. The results of the study showed that antiparasitic efficacy is associated positively with the degree of AmB aggregation in the presence of serum.

Amphotericin B (AmB) is a macrolide polyene antibiotic derived from *Streptomyces nodosus* (9). Introduced in 1958, AmB remains the “gold standard” drug of choice for the treatment of systemic fungal infections and has also been used against antimony-resistant visceral leishmaniasis (3). The fungicidal and leishmanicidal activities of AmB are closely related to its unusual chemical structure, which is characterized by the hydrophilic polyhydroxyl and hydrophobic polyene faces on the long axis (approximately 25 Å) of the molecule. The resulting amphipathic properties provide the driving force for various types of self-association of AmB molecules, and in the environment of a cell membrane, a Van der Waals interaction between the hydrophobic polyene faces of AmB and membrane sterols results in the formation of molecular aggregates of AmB intercalated with sterol. The hydrophilic polyhydroxyl faces of AmB are oriented toward the center of the resultant barrel-like aggregate which, by virtue of repulsion between the opposed hydrophilic faces, is in the form of a water-filled pore (19). Membrane barrier function is compromised, with the loss of intracellular contents and ultimately cell death.

The selectivity of AmB is based on its preferential interaction with 24-substituted sterols, such as ergosterol and episterol, which are found in fungal and *Leishmania* cells, respectively; however, damage to host cell membranes is common since AmB will also associate with cholesterol. The membrane activity of AmB underlies its chronic toxic effects of anaphylaxis, cardiac arrhythmias, anemias, and nephrotoxicity. Of

these, nephrotoxicity is the most common side effect which limits therapy (20).

Recently, three novel lipid-based AmB formulations (AmBisome, Abelcet, and Amphocil) have been introduced. By modifying the in vivo distribution of AmB, these formulations have lower toxicities than that of the conventional formulation, Fungizone. The deleterious effects of AmB on nontarget membranes are attributable to the formation of micellar aggregates which interact with cholesterol (1, 17) to cause membrane damage. Monomeric AmB is much less toxic but retains its fungicidal activity. It would appear that the lipid-based formulations are less toxic because they release AmB slowly in vivo and suppress the formation of micellar AmB. The clinical advantage of these new formulations is that compared to Fungizone, higher AmB doses can be tolerated. AmBisome (7, 13), Amphocil (10, 11), and Abelcet (22) have been used against human visceral leishmaniasis (VL).

In the present study the antileishmanial activities of four proprietary AmB formulations (Fungizone, AmBisome, Abelcet, and Amphocil) and an experimental nonionic surfactant vesicle (NIV) formulation were compared in an experimental murine model of VL.

MATERIALS AND METHODS

Materials. AmB was obtained from Bristol-Meyers Squibb, Moreton, United Kingdom. Proprietary AmB formulations (AmBisome, Abelcet, Amphocil, and Fungizone) were purchased direct from wholesalers. The nonionic surfactant tetraethylene glycol mono-*n*-hexadecylether was purchased from Chesham Chemicals Ltd., Herrow, United Kingdom. Dicetyl phosphate and ash-free cholesterol were obtained from Sigma, and all other reagents were of analytical grade.

Animals and parasites. Age-matched, 8- to 10-week-old, in-house-inbred female BALB/c mice were used throughout the study. *Leishmania donovani* MHOM/ET/67:LV82 was maintained (4) by serial passage through in-house-bred Golden Syrian hamsters (*Mesocricetus auratus*). Mice were infected by

* Corresponding author. Mailing address: Department of Immunology, The Todd Centre, 31 Taylor St., Glasgow, Scotland G4 0NR, United Kingdom. Phone: 141-552-4400, extension 3823. Fax: 141-552-6674. E-mail: k.carter@strath.ac.uk.

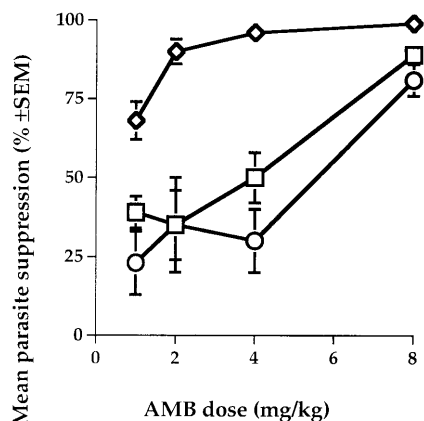


FIG. 1. Effect of a single dose of AmBisome on the parasite burdens in the spleen (□), liver (◇), and bone marrow (○) of BALB/c mice infected with *L. donovani*. Infected mice ($n = 5$) were treated on day 7 postinfection with AmBisome (1 to 8 mg of AmB/kg), and on day 14 postinfection, parasite burdens in the livers, spleens, and bone marrow of control and drug-treated mice were determined. Parasite suppression (mean \pm SEM percent) was calculated by comparing each experimental parasite burden value with the relevant mean control value.

intravenous injection (via the tail vein with no anesthetic) with 1×10^7 to 2×10^7 *L. donovani* amastigotes (4). The day of parasite administration to the mice was designated day 0 of the experiment.

Preparation of AmB-NIV. AmB was solubilized by the formation of an AmB-hydroxypropyl- γ -cyclodextrin (1:100; wt/wt) complex by the method of Rajagopalan et al. (18). Briefly, a solution of 100 mg of hydroxypropyl- γ -cyclodextrin per ml was adjusted to pH 12 with 1 M sodium hydroxide solution, the required quantity of AmB (1 mg/ml) was dissolved in this solution, and the pH of the AmB-hydroxypropyl- γ -cyclodextrin solution was readjusted to 7.6 ± 0.1 with 2 M phosphoric acid. Mono-*n*-hexadecyl ether tetraethylene glycol, cholesterol, and dicetyl phosphate in a 3:3:1 molar ratio were melted by heating at 130°C. The molten lipid mixture was then cooled to 70°C and was hydrated with the AmB-hydroxypropyl- γ -cyclodextrin solution complex to give a lipid concentration of 30 μ mol/ml. The suspension was then homogenized (Silverson, Chesham, United Kingdom) at 70°C for 15 min.

The proprietary formulations were prepared in accordance with the manufacturers' instructions and were diluted prior to use with 5% dextrose (wt/vol) to give a final AmB concentration of 1 mg of AmB/ml. These AmB formulations and AmB-NIV were sized by photon correlation spectroscopy with a Malvern Zetasizer 4 instrument (Malvern Instruments Ltd., Malvern, United Kingdom).

Aggregation state of AmB. The aggregation state of the AmB in the various formulations was determined by the spectrophotometric method of Barwicz et al. (1) and Legrand et al. (17). A ratio of A_{348}/A_{409} of ≥ 2 or ≤ 0.25 indicated the presence of AmB in predominantly the aggregated or the monomeric state, respectively. The effect of serum on AmB aggregation state was studied in vitro by incubating the formulations in a solution of 50% (vol/vol) fetal calf serum in 5% (wt/vol) dextrose. Samples were analyzed spectrophotometrically after 60 min.

Drug treatment and determination of parasite numbers. Groups of infected mice ($n = 5$) were treated via the tail vein (without anesthetic) on day 7 or days 7 to 11 postinfection with 50- μ l volumes of phosphate-buffered saline (controls) or an AmB formulation (1 to 8 mg of AmB/kg of body weight). On day 14 or 18 postinfection, parasite burdens in the liver, spleen, and bone marrow of control and drug-treated mice were determined (4). Leishman-Donovan units (LDU) were calculated per organ for the liver and spleen by the formula (2) LDU = amastigote number per 1,000 host cell nuclei \times organ weight (in grams).

Presentation and statistical analysis of data. Parasite suppression (mean percent \pm standard error of the mean [SEM]) at a particular site was determined by comparing each experimental value of the parasite burden with the relevant mean value for the controls. Parasite burdens were analyzed by Student's unpaired *t* test with the \log_{10} -transformed data (LDU/organ for spleen and liver and number of parasites/1,000 host cell nuclei for the bone marrow).

RESULTS

Preliminary studies indicated that although a single dose of AmBisome at up to 8 mg of AmB/kg gave good suppression of liver parasite numbers, activity against spleen and bone marrow parasites was low (Fig. 1), suggesting that a multiple-dosing regimen would be more effective.

TABLE 1. Comparison of the efficacy of multiple dosing with different AmB formulations in a murine model of acute VL^a

Formulation	Mean \pm SEM % suppression		
	Spleen	Liver	Bone marrow
AmBisome	86 \pm 3 ^b	99.5 \pm 0.2 ^b	73 \pm 6 ^b
Amphocil	96 \pm 2 ^{b,g}	100 \pm 0 ^{b,g}	77 \pm 6 ^{b,g}
Abelcet	62 \pm 10 ^{c,e}	90 \pm 3 ^{b,f}	26 \pm 11 ^{d,e}
AmB-NIV	79 \pm 4 ^{b,f}	89 \pm 2 ^{b,f}	74 \pm 7 ^{b,g}

^a Each treatment group (formulation treated and controls) comprised five mice, and each mouse received five doses.

^b $P < 0.0005$ compared with controls.

^c $P < 0.01$ compared with controls.

^d Not significant, compared with controls.

^e $P < 0.005$ compared with AmBisome.

^f $P < 0.0005$ compared with AmBisome.

^g P not significant compared with AmBisome.

All of the AmB formulations were active in this acute murine model of VL (Table 1). There was significant suppression of parasite burdens in spleen ($P < 0.01$ to 0.0005), liver ($P < 0.0005$), and bone marrow ($P < 0.0005$) compared with the parasite burdens in the tissue of the controls. The exception was Abelcet, which was inactive against the parasite in bone marrow. On the basis of overall antiparasitic efficacy (activity against parasites in liver, spleen, and bone marrow), there was no significant difference between Amphocil and AmBisome, and the formulations could be ranked as follows: Amphocil = AmBisome > AmB-NIV > Abelcet. Fungizone was omitted from the multiple-dosing studies since it was toxic at the dose level used.

The mean hydrodynamic diameters of the formulations were calculated. Abelcet suspensions had the largest mean diameter (2,196 \pm 138.6 nm), while the four other formulations were of comparable size (AmBisome, 100.7 \pm 2.5 nm; Amphocil, 147.1 \pm 10 nm; Fungizone, 218.3 \pm 111.3 nm; AmB-NIV, 236.8 \pm 9.9 nm). The mean diameters obtained for the non-spherical (ribbon-like [Abelcet], disk-like [Amphocil]) and spherical (AmBisome) formulations were in agreement with the values in the literature (21).

All of the AmB formulations had an A_{348}/A_{409} ratio ≥ 1.3 (Table 2) when measured in 5% dextrose solution, indicating that AmB existed predominantly in an aggregated state. Amphocil gave the highest ratio, and Abelcet gave the lowest ratio. Incubation in 50% serum altered the A_{348}/A_{409} ratio for all AmB formulations (Table 2), and interestingly, Amphocil exhibited the most pronounced serum-induced change and Abelcet exhibited the least serum-induced change. All of the A_{348}/A_{409} ratios of the formulations after incubation in serum values were still indicative of AmB aggregation. Excluding Fungizone, there was a direct relationship between the A_{348}/A_{409} ratio and the overall ranking of antileishmanial activity (Table 2).

TABLE 2. Ratio of A_{348}/A_{409} for different AmB formulations in the presence and absence of serum

Formulation	A_{348}/A_{409} (5% dextrose)	A_{348}/A_{409} (50% serum)	Antileishmanial activity ranking
Amphocil	9.1	5.5	1
AmBisome	4.8	5.4	1
AmB-NIV	1.8	2.0	2
Abelcet	1.3	1.3	3
Fungizone	2.9	3.7	NT ^a

^a NT, not tested.

DISCUSSION

If it is assumed that the antiparasitic activities of these AmB formulations depend on the delivery of the drug to the infected phagocytes of the mononuclear phagocytic system (MPS), the efficacy ranking Amphocil = AmBisome > AmB-NIV > Abelcet represents the ability of the different formulations to deliver AmB to the parasites.

It must also be assumed that these formulations are transported via the systemic circulation from the site of administration (tail vein) to the infected target tissues of the MPS. It is apparent that efficacy differences among these particulate formulations is dependent on the behaviors of the particles en route to the MPS. Thus, low efficacy would be the result of partial loss of the AmB payload due to exchange interactions with blood lipoprotein. Similarly, uptake by non-MPS tissue such as the large capillary beds of the lung, which the particles must traverse before they gain access to the arterial vessels leading to the MPS, would compromise efficacy.

The antileishmanial activities of the AmB formulations were similar to those of various sodium stibogluconate formulations (4–6) in that liver parasites were most susceptible and bone marrow parasites were the least susceptible to drug therapy. It is well established (21) that the uptake of vesicular systems by the various parts of the MPS (spleen, liver, and bone marrow) is a function of particle size. The low activity of Abelcet against bone marrow parasites is a consequence of its large particle size ($2,196 \pm 138.6$ nm) which favors uptake by the liver and spleen at the expense of uptake by the bone marrow. Although AmB-NIV, AmBisome, and Amphocil suspensions had comparable sizes, the activity of AmB-NIV in the spleen and liver was significantly lower than those of the other two formulations, yet in bone marrow all three were equally active. This suggests that differences in AmB entrapment or in the composition of the lipid complex, or both, also influence antileishmanial activity.

The results of this study suggest that antiparasitic efficacy is also associated with a high A_{348}/A_{409} ratio since both Amphocil and AmBisome, which were the most effective formulations, had the highest absorbance ratios in both dextrose solution and serum. The high A_{348}/A_{409} ratio observed for all of the formulations was to be expected since AmB in vesicles, discs, micelles, and ribbons is aggregated. However, the significance of the magnitude of the A_{348}/A_{409} ratio after incubation in serum is as a predictor of the strength of the association between AmB and the lipid components of a formulation in vivo. A stable AmB-lipid complex would be more likely to resist opsonic challenge in the systemic circulation and deliver the AmB to the MPS. Although all of the lipid formulations were susceptible to challenge with serum, the major part of the AmB remained aggregated.

A_{348}/A_{409} values for the commercially available formulations are unavailable in the literature. However, from spectra provided by Janoff et al. (14) for an experimental Abelcet-like formulation, an A_{348}/A_{409} ratio of 5.9 can be calculated. Although this is higher than the value found in this study, it confirms the aggregated state of AmB. The difference between the values for Abelcet and the values for the experimental formulation of Janoff et al. (14) may be attributable to processing differences, which have been shown to affect the AmB aggregation state (14).

Available pharmacokinetic data on the proprietary formulations of AmB indicate that each has a different maximum concentration in serum, half-life, clearance, and volume of distribution (15). Dose-dependent variations in pharmacokinetic parameters occur due to the nonlinear behavior of AmB

at doses higher than 50 mg (9). Janknegt et al. (15) reported that the area under the plasma concentration-versus-time curve (AUC) after administration of the same AmB dose was highest for AmBisome, while Amphocil and Abelcet had two- and fivefold lower AUCs, respectively. The low antiparasitic activity of Abelcet is not at variance with these observations. However, in the present study AmBisome and Amphocil had comparable antiparasitic activities, despite the twofold difference in their AUCs (15).

With a model of acute VL in BALB/c mice, Gangneux et al. (12) showed that AmBisome and Abelcet formulations (up to 12 mg of AmB/kg) were better tolerated than Fungizone or AmB emulsified with 20% Intralipid (0.8 to 1.2 mg of AmB/kg). Six 12-mg/kg doses of AmB as AmBisome or Abelcet (total cumulative dose, 72 mg of AmB/kg) eradicated *Leishmania infantum* from the lungs, liver, and spleen, an effect that was maintained throughout the 14-week follow-up study. In the present study, the lower cumulative dose of 12.5 mg of AmB/kg in the form of AmBisome and Amphocil significantly suppressed liver ($99.5\% \pm 0.2\%$ and 100% , respectively) and splenic ($86\% \pm 3\%$ and $96\% \pm 2\%$, respectively) *L. donovani* burdens, indicating that parasite eradication occurs at lower cumulative doses than those used by Gangneux et al. (12). Unfortunately Gangneux et al. (12) did not examine bone marrow burdens, which precludes further comparison, but the fact that the liver was not recolonized at 14 weeks posttreatment suggests that the parasites in bone marrow were suppressed.

The future role of AmB-lipid formulations in the treatment of *Leishmania* infections will remain uncertain until the cost-effectiveness of such treatments can be established. At present, on a drug weight basis, the three AmB-lipid formulations are some 22 to 74 times more expensive than Fungizone. In a single-center study, AmBisome was shown to be as cost-effective as Fungizone in the treatment of systemic mycoses in liver transplant patients (23). No such data exist in the literature for any of the other formulations in the treatment of *Leishmania* infection. However, given the cost of AmB-lipid formulations, they are unlikely to become standard antileishmanial agents in the developing countries. In Western Europe, liposomal AmB is of proven value against VL in human immunodeficiency virus-infected individuals (16, 24), although relapses following apparently successful treatment have been observed (8).

In summary, the results of this study indicated that Amphocil and AmBisome are equally effective and, of the formulations tested, are the most active against *L. donovani* in the murine model of acute VL. Recent studies on the clinical use of these types of AmB formulation indicate, however, that in humans, Abelcet has good antileishmanial activity. It should be stressed that the present study considered only one dosing regimen in a murine model of acute VL and did not take into account the maximum tolerated AmB dose for each formulation and the various alternative dosage schedules, which could have a profound effect on efficacy. In addition, Amphocil and Abelcet are, at present, significantly cheaper than AmBisome, and cost-effectiveness is an important consideration. Studies with both humans and animals confirm the superiority of the lipid formulations of AmB over Fungizone and emphasize the importance of efficient drug delivery in therapy for VL.

ACKNOWLEDGMENTS

K. C. Carter is a Royal Society University Research Fellow. This investigation received financial support from the UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases.

REFERENCES

1. Barwicz, J., S. Christian, and I. Gruda. 1992. Effects of the aggregation state of amphotericin B on its toxicity to mice. *Antimicrob. Agents Chemother.* **36**:2310–2315.
2. Bradley, D. J., and J. Kirkley. 1977. Regulation of *Leishmania* populations within the host. I. The variable course of *Leishmania donovani* infections in mice. *Clin. Exp. Immunol.* **30**:119–129.
3. Bryceson, A. 1987. Therapy in man, p. 847–907. In W. Peters and R. Killick-Kendrick (ed.), *The leishmaniasis in biology and medicine*, vol. II. Academic Press Inc. (London), Ltd., London, United Kingdom.
4. Carter, K. C., A. J. Baillie, J. Alexander, and T. F. Dolan. 1988. The therapeutic effect of sodium stibogluconate in BALB/c mice infected with *Leishmania donovani* is organ dependent. *J. Pharm. Pharmacol.* **40**:370–373.
5. Carter, K. C., T. F. Dolan, A. J. Baillie, and J. Alexander. 1989. The limitations of carrier mediated sodium stibogluconate chemotherapy in a BALB/c mouse model of visceral leishmaniasis, p. 215–226. In G. Lopez-Berestein and I. J. Fiddler (ed.), *Liposomes in the therapy of infectious diseases and cancer*. Alan R. Liss Inc., New York, N.Y.
6. Carter, K. C., T. F. Dolan, J. Alexander, A. J. Baillie, and C. McColgan. 1989. Visceral leishmaniasis: drug carrier system characteristics and the ability to clear parasites from the liver, spleen and bone marrow in *Leishmania donovani* infected BALB/c mice. *J. Pharm. Pharmacol.* **41**:87–91.
7. Davidson, R. N., S. L. Croft, A. Scott, M. Maini, A. H. Moody, and A. D. M. Bryceson. 1991. Liposomal amphotericin B in drug resistant visceral leishmaniasis. *Lancet* **337**:1061–1062.
8. Davidson, R. N., and R. J. N. Russo. 1994. Relapse of visceral leishmaniasis in patients who were coinfecting with human immunodeficiency virus and who received treatment with liposomal amphotericin B. *Clin. Infect. Dis.* **19**:560.
9. Deneshmed, T. K., and D. W. Warnock. 1983. Clinical pharmacokinetics of antifungal drugs. *Clin. Pharmacokinet.* **8**:17–42.
10. Dietze, R., E. P. Milan, J. D. Berman, M. Gorgl, A. Falqueto, T. F. Feitosa, K. G. Luz, F. A. B. Suassuna, L. A. C. Marinho, and G. Ksionski. 1993. Treatment of Brazilian kala-azar with a short course of Amphocil (amphotericin-B dispersion cholesterol). *Clin. Infect. Dis.* **17**:981–986.
11. Dietze, R., S. M. S. Fagundes, E. F. Brito, E. P. Milan, T. F. Feitosa, F. A. B. Suassuna, G. Fonschiffrey, G. Ksionski, and J. Dember. 1995. Kala-azar in Brazil with Amphocil® (amphotericin-B cholesterol dispersion) for 5 days. *Trans. R. Soc. Trop. Med. Hyg.* **89**:309–311.
12. Gangneux, J.-P., A. Sulahian, J.-F. Y. Garin, and F. Derouin. 1996. Lipid formulations of amphotericin B in the treatment of experimental visceral leishmaniasis due to *Leishmania infantum*. *Trans. R. Soc. Trop. Med. Hyg.* **90**:574–577.
13. Hashim, F. A., A. G. Khalil, A. Ismail, and A. M. El Hassan. 1995. Apparently successful treatment of two cases of post kala-azar dermal leishmaniasis with liposomal amphotericin B. *Trans. R. Soc. Trop. Med. Hyg.* **89**:440.
14. Janoff, A. F., L. T. Boni, M. C. Popescu, S. R. Minchley, P. R. Cullis, T. D. Madden, T. Taraschi, S. M. Gruner, E. Shyamsunder, M. W. Tate, R. Mendelsohn, and D. Bonner. 1988. Unusual lipid structures selectively reduce the toxicity of amphotericin B. *Proc. Natl. Acad. Sci. USA* **85**:6122–6126.
15. Janknegt, R., S. de Marie, I. A. J. M. Bakker-Woudenberg, and D. J. A. Crommelin. 1992. Liposomal and lipid formulations of amphotericin B—clinical pharmacokinetics. *Clin. Pharmacokinet.* **23**:279–291.
16. Laguna, F., F. L. Torre-Cisneros, V. Moreno, J. L. Villanueva, and E. Valencia. 1995. Efficacy of intermittent liposomal amphotericin B in the treatment of visceral leishmaniasis in patients infected with human immunodeficiency virus. *Clin. Infect. Dis.* **21**:711–712.
17. Legrand, P., E. A. Romero, B. E. Cohen, and J. Bolard. 1992. Effects of aggregation and solvent on the toxicity of amphotericin B to human erythrocytes. *Antimicrob. Agents Chemother.* **36**:2518–2522.
18. Rajagopalan, N., S. C. Chen, and W.-S. Chow. 1986. A study of the inclusion complex of amphotericin-B with γ -cyclodextrin. *Int. J. Pharm.* **29**:161–168.
19. Ramos, H., E. Valdivieso, M. Gamargo, F. Dagger, and B. E. Cohen. 1996. Amphotericin B kills unicellular leishmaniasis by forming aqueous pores permeable to small cations and anions. *J. Membr.* **152**:65–75.
20. Sawaya, B. P., J. P. Briggs, and J. Schnermann. 1995. Amphotericin B nephrotoxicity: the adverse consequences of altered membrane properties. *J. Am. Soc. Nephrol.* **6**:154–164.
21. Senior, J. 1987. Fate and behaviour of liposomes *in vivo*: a review of controlling factors. *Crit. Rev. Ther. Drug. Carrier Syst.* **3**:123–193.
22. Sundar, S., and H. W. Murray. 1996. Cure of antimony-unresponsive Indian visceral leishmaniasis with amphotericin-B lipid complex. *J. Infect. Dis.* **173**:762–765.
23. Tollemar, J., and O. Ringden. 1995. Lipid formulations of amphotericin B. Less toxicity but at what economic cost? *Drug Safety* **13**:207–218.
24. Torre-Cisneros, J., and J. N. Villanueva. 1995. Efficacy of liposomal amphotericin-B in the treatment of visceral leishmaniasis patients coinfecting with the human-immunodeficiency-virus. *Clin. Inf. Dis.* **20**:191.