Letter to the Editor
Therapy of Human Ehrlichiosis Reconsidered

We read with interest the article by Brouqui and Raoult regarding the in vitro susceptibility of Ehrlichia sennetsu to antibiotics (2). We are, however, somewhat disturbed by their conclusion that "tetracyclines should be proposed as first-choice therapy in humans with ehrlichiosis." This recommendation is extrapolated from their data regarding the in vitro efficacy of antibiotics against E. sennetsu. The etiologic agent of human ehrlichiosis observed in the United States has not been isolated, although it has been inferred, based on serologic and histologic data, to be Ehrlichia canis or a closely related Ehrlichia species. Clinical cures of human ehrlichiosis have been reportedly achieved following therapy with chloramphenicol as well as tetracycline (1, 3, 4).

REFERENCES

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Author’s Reply
The letter of Barton regarding our recommendation that tetracycline appears to be the drug of choice for the treatment of human ehrlichiosis is based on anecdotal reports involving two children (2). As for sennetsu fever, which is the only human ehrlichiosis fully identified, the results of mouse model experimentation were in agreement with our in vitro data (4), and our general recommendation is in accord with that of McDade (6). As for Ehrlichia canis infection in dogs, tetracyclines are currently recommended in particular because both the disease and the use of chloramphenicol could lead to severe bone marrow damage (1). As Barton points out, the causative organism of human ehrlichiosis in the United States has not yet been isolated, and we did not recommend treating this disease by extrapolating data from the antibiotic testing of another species. We just wanted to make people aware of the fact that the only human Ehrlichia isolate was resistant to chloramphenicol. Finally, our recommendation for treatment of sennetsu fever is in accord with the recommendation of Fishbein et al. (3) for human ehrlichiosis in the United States and with the fact that in the first described case, tetracycline was used after the patient had failed to respond to chloramphenicol (5). In fact, tetracycline is generally preferentially used, and only when it is highly contraindicated should another compound be prescribed.

REFERENCES

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