INTRODUCTION

Nowadays there is not, a specific and satisfactory treatment for Acanthamoeba keratitis (AK). Aminoglicosides (Neomicin) was the first drug used in the medical AK treatment, imidazoles and triazols (Itraconazole) associated to debridement are used too for the treatment in the decade of 80 (1), we add to medical treatment a new topical aminoglicoside Netilmicin 0.3% in ophthalmic droops and oral itraconazole at regular dose 100 mgs/12 hs.

AIMS

The description of a gentle, low cost and available in Mexico, medical treatment for AK, in cases with an early diagnosis.

PATIENTS AND METHODS

We describe two cases of early clinical and culture proven diagnostic of AK, in two young females, in one case with the infection in both corneas (three eyes in total), treated with topic droops of Netilmicin 0.3% (Netira SCIFI Laboratory Italy), two droops each two hours during 48 hours (day and night) and Itraconazole (Nizoral Jenessen laboratory Netherlands) by mouth 100 mgs/12 hs / 15-30 days. After the first 48 hours, the droops of Netilmicin, was administered 4 times a day, for the time as was needed until a healed cornea was achieved (3 to 4 months).

RESULTS

The 3 Acanthamoeba strains was obtained from cornea scrap cultures, and identified; A royreba (T4) in case 1 (in both eyes), and Acanthamoeba castellanii in case 2. The Acanthamoeba cultures for diagnosis, where made in MMA with a layer of live Enterobacter aerogenes. Table No 1 shows the summary of clinical records and evolution.

CONCLUSION

In countries where there are not the classic drugs suggested for the treatment of AK, we need to look for others alternatives in the medical treatment with the best results for the patient in cases of AK. This new treatment was proven in two patients with early AK diagnosis.

BIBLIOGRAPHY