

## Preface

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The major goal of *Opportunistic Infections: Treatment and Prophylaxis* is to guide clinicians who provide care for patients suffering from an underlying immunodeficiency that may significantly weaken their immune defenses and will complicate the effective treatment of opportunistic infections. In spite of a wealth of isolated data, no single text exists in which all the essential information about various infectious opportunistic infections. Although I make no claim to completeness, it is my hope that the present book will fulfill that need. To achieve this goal, I have endeavored to integrate both results from large-scale clinical trials and trials involving small numbers of patients, as well as reports of single cases—mindful that such an approach has its limitations.

*Opportunistic Infections: Treatment and Prophylaxis* is organized into four major parts: bacterial, viral, parasitic, and fungal diseases affecting the immunocompromised population. Each part surveys individual infections caused not only by well-known etiologic agents, but also by new and emerging species often taxonomically closely related to a major disease-producing microorganism and until recently not considered to be human pathogens (*Candida* spp. and nontuberculous mycobacteria, for example). For the sake of uniformity, within each part, the species have been arranged according to their taxonomic characteristics.

As the title of the book suggests, the array of diseases included has been broadened to encompass not only opportunistic infections exclusively associated with immunocompromised patients, but also infections commonly benign and self-resolving while affecting immunocompetent hosts, but becoming fulminant or disseminated, and very often life-threatening, in immunosuppressed individuals.

In contrast to normal hosts, where many infectious diseases are usually self-limited, in immunocompromised patients, such infections have the potential of becoming serious illnesses characterized by high morbidity and mortality rates. There are also the opportunistic infections that occur almost exclusively in immunocompromised hosts. Usually widely distributed in the environment, opportunistic pathogens rarely cause serious illness in normal hosts. In this context, it is important to note that prompt and correct diagnosis of a disseminated infection may become crucial as a result of overt differences in the susceptibility to anti-infectious drugs of sometimes closely related opportunistic pathogens. For example, while both *Pseudallescheria boydii* and *Scedosporium prolificans* have been recognized as causes of opportunistic hyalohyphomycoses in immunocompromised patients, diagnosis of disseminated disease caused by *S. prolificans* has been difficult to attain, since its spectrum and symptoms strongly resemble those of pseudallescheriasis and pulmonary aspergillosis. However, early positive identification of *S. prolificans* may prove to be essential because of its extreme drug tolerance and the related poor prognosis of disseminated disease caused by this fungal pathogen.

The information contained in *Opportunistic Infections: Treatment and Prophylaxis* includes—in addition to well-planned, large-scale clinical trials—reports of individual cases or treatment of small numbers of patients. When comparing large-scale clinical trials with therapies of individual cases, a multicenter clinical therapy involving large patient cohorts is unquestionably by far the better means of evaluating the therapeutic efficacy of a drug. A large-scale clinical trial provides the necessary information, clinical experience, as well as the perspective and direction needed for future research. On the other hand, clinical data involving limited numbers of patients or individuals, when well documented, may become useful in evaluating the therapeutic efficacy of a drug that might otherwise go unnoticed by those involved in drug research and development or in clinical practice. However, even with its benefits, such information, because of its limited scope, should be viewed with caution when evaluating the therapeutic efficacy and/or adverse toxicity of a therapeutic modality. Inevitably, in such cases, individual authors will differ and will include their specific (sometimes divergent or controversial) interpretations. It should also be emphasized that in some cases of rare or emerging infections, just the small number of patients and/or their distant geographic distribution would preclude any large-scale clinical trials, thereby leaving reports on treatment of individual cases as the only available data. In addition, there are also those unique cases of immunocompromised patients where an underlying condition may profoundly influence and/or even predicate the treatment of infection.

We trust that in its entirety, the information contained in *Opportunistic Infections: Treatment and Prophylaxis* represents a balanced and accurate account of the current status of opportunistic infections, and will serve as a useful resource for both clinicians and established investigators, as well as for new researchers in the field of drug development and treatment. It will also be especially helpful to those health care practitioners who do not have easy access to medical libraries and journals. We hope, too, that this book will facilitate further understanding of those areas of drug development and treatment that are still not well understood. Our aim is to encourage both scientists and clinicians to explore new avenues in their search for novel, safer, and more effective therapeutic modalities against infectious diseases in immunocompromised patients.

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