

TREATMENT OF *MYCOBACTERIUM ULCERANS* DISEASE (BURULI ULCER)

GUIDANCE FOR
HEALTH WORKERS



World Health
Organization

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PREFACE

This document is intended to guide health workers in areas where *Mycobacterium ulcerans* disease (Buruli ulcer) occurs, and also those in nonendemic areas, in providing optimal management on the basis of up-to-date knowledge and experience about specific antibiotics and complementary modes of treatment.

Antibiotics are established as first-line therapy for Buruli ulcer; the combination of rifampicin and streptomycin given for 8 weeks is effective in healing small lesions without surgery. The optimal combination of antibiotics and their mode of delivery are still being explored, however, and the role of surgery is evolving as it becomes more readily available and accessible in endemic countries.

The current WHO recommendations for treatment are:

- a combination of specific antibiotics for 8 weeks as first-line treatment for all forms of active disease;
- wound care;
- prevention of disability; and
- surgery to remove necrotic tissue, cover large skin defects and correct deformities.

This document, which covers both antibiotics and other treatments, is based on information from field implementation of the first guidance on the role of antibiotics issued by WHO in 2004 [1], studies on antibiotic treatment, extensive clinical experience and expert opinion. The guidance is intended to help health workers in affected areas to better manage patients with Buruli ulcer. It will also help those in nonendemic countries or districts confronted with patients who have acquired the infection after travel to endemic areas. Implementation of this guidance will require considerable clinical judgement and close monitoring of patients to ensure the best possible treatment outcome. Early detection and early antibiotic treatment are essential for obtaining the best results and minimizing the disabilities associated with Buruli ulcer.

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