

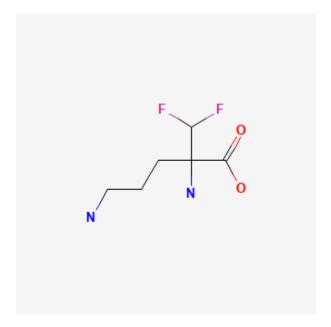
**NLM Citation:** Drugs and Lactation Database (LactMed®) [Internet]. Bethesda (MD): National Institute of Child Health and Human Development; 2006-. Eflornithine. [Updated 2021 Dec 20]. **Bookshelf URL:** https://www.ncbi.nlm.nih.gov/books/



### **Eflornithine**

Revised: December 20, 2021.

CASRN: 70052-12-9



# **Drug Levels and Effects**

## **Summary of Use during Lactation**

Maternal intravenous effornithine 400 mg/kg daily for 7 days did not cause any adverse serious effects in breastfed infants. After topical application, effornithine is poorly absorbed so it is not likely to reach the bloodstream of the infant or cause any adverse effects in breastfed infants.

### **Drug Levels**

Maternal Levels. Relevant published information was not found as of the revision date.

Infant Levels. Relevant published information was not found as of the revision date.

**Disclaimer:** Information presented in this database is not meant as a substitute for professional judgment. You should consult your healthcare provider for breastfeeding advice related to your particular situation. The U.S. government does not warrant or assume any liability or responsibility for the accuracy or completeness of the information on this Site.

Attribution Statement: LactMed is a registered trademark of the U.S. Department of Health and Human Services.

#### **Effects in Breastfed Infants**

A cohort of 33 infants who were breastfed (extent not stated) by hospitalized mothers taking nifurtimox was followed in the Democratic Republic of the Congo. Thirty mothers took a full course of 30 doses of oral nifurtimox 15 mg/kg daily and all received 14 doses of intravenous eflornithine 400 mg/kg daily for 7 days for human African trypanosomiasis. (sleeping sickness). Nursing mothers also took a median of 4 other concomitant medications, including amoxicillin, ciprofloxacin, metronidazole, trimethoprim-sulfamethoxazole, aspirin, and diclofenac (1 patient each); hydrocortisone, promethazine and quinine (2 patients each); levamisole (6 patients); sulfadoxine-pyrimethamine (8 patients); dipyrone (13 patients); acetaminophen (16 patients); and mebendazole (17 patients). No serious adverse events were reported in any of the breastfed infants.[1-3]

#### **Effects on Lactation and Breastmilk**

Relevant published information was not found as of the revision date.

#### References

- Schmid C, Kuemmerle A, Blum J, et al. In-hospital safety in field conditions of nifurtimox effornithine combination therapy (NECT) for T. b. gambiense sleeping sickness. PLoS Negl Trop Dis. 2012;6:e1920. PubMed PMID: 23209861.
- 2. Kuemmerle A, Schmid C, Kande V, et al. Prescription of concomitant medications in patients treated with nifurtimox effornithine combination therapy (NECT) for T.b. gambiense second stage sleeping sickness in the Democratic Republic of the Congo. PLoS Negl Trop Dis. 2020;14:e0008028. PubMed PMID: 31986140.
- 3. Kuemmerle A, Schmid C, Bernhard S, et al. Effectiveness of nifurtimox effornithine combination therapy (NECT) in T. b. gambiense second stage sleeping sickness patients in the Democratic Republic of Congo: Report from a field study. PLoS Negl Trop Dis. 2021;15:e0009903. PubMed PMID: 34748572.

### **Substance Identification**

### **Substance Name**

Eflornithine

### **CAS Registry Number**

70052-12-9

# **Drug Class**

**Breast Feeding** 

Lactation

Antiparasitic Agents

**Antiprotozoal Agents** 

**Enzyme Inhibitors** 

Trypanocidal Agents