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[Intervention Review]

Mannitol and other osmotic diuretics as adjuncts for treating cerebral malaria

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ABSTRACT

Background

The main treatment for cerebral malaria is parenteral antimalarials. Mannitol and urea are used as adjunct therapy for cerebral malaria, but the World Health Organization does not recommend them.

Objectives

To compare mannitol or urea to placebo or no treatment for treating children and adults with cerebral malaria.

Search methods

We searched the Cochrane Infectious Diseases Group Specialized Register (May 2006), CENTRAL (*The Cochrane Library* Issue 3, 2006), MEDLINE (1966 to May 2006), EMBASE (1974 to May 2006), LILACS (1982 to May 2006), and reference lists of articles. We contacted relevant organizations and researchers.

Selection criteria

Randomized and quasi-randomized controlled trials comparing mannitol or urea to placebo or no treatment in children and adults with cerebral malaria.

Data collection and analysis

No trials met the inclusion criteria.

Main results

No trials met the inclusion criteria.

Authors' conclusions

We identified no randomized or quasi-randomized controlled trials to support or refute the use of mannitol or urea as adjuncts for treating cerebral malaria in clinical practice. This is likely to require a multicentre trial.

PLAIN LANGUAGE SUMMARY

Mannitol and other osmotic diuretics as adjuncts for treating cerebral malaria

Plain language summary pending.