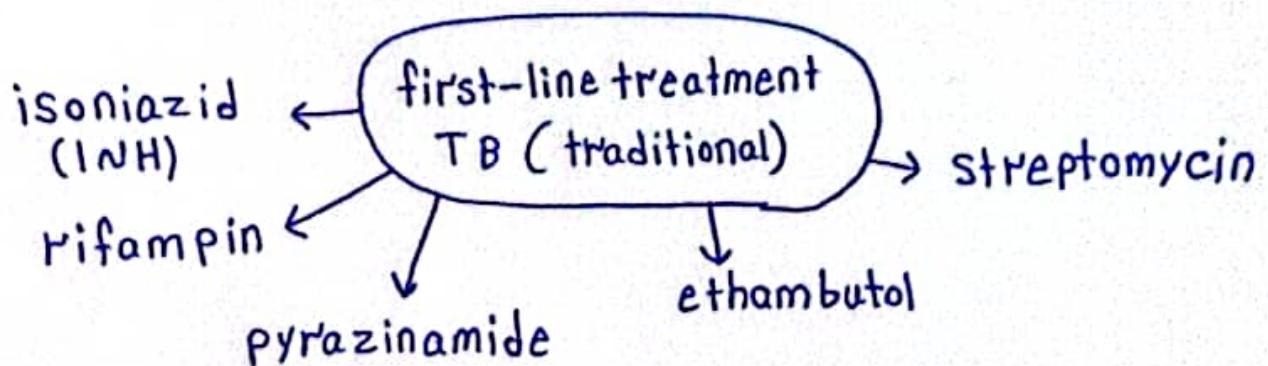


- * Tuberculosis(TB):
 - Lungs $\frac{3}{4}$ (90%) يحدث بنسبة
 - Not everyone infected with TB bacteria becomes sick.
 - A person with Latent TB may develop TB disease if it not receive treatment.



* isoniazid + rifampin = for 9 months

* isoniazid + rifampin + pyrazinamide = for 6 months
- (without loss of efficacy)

* The duration of treatment TB → can be reduced just with
 (isoniazid + rifampin)*
 (+ ~~or~~ pyrazinamid)

* when used combination of antituberculous drugs the resistance is reduce.

* Isoniazid (INH) : → most active drug

→ used in combination

→ Bactericidal

→ Treatment and prophylaxis

→ MoA: Isoniazid → KatG

↳ inhibition mycolic acid

↓ inha

↓ FAS2

↓ mycolic acid

* carbohydrates

+ aluminum (antiacids)

ما يضره حذفه وال
isoniazid (INH)

Acetylation → hydrolysis

→ excretion in urine

→ oral + parenteral

→ single isoniazid for prophylaxis and Treatment Latent TB

Rapidly acetylation → short half life

→ ~~in~~ CSF (distribution).

Slow acetylation → long half life

→ effective against bacilli.

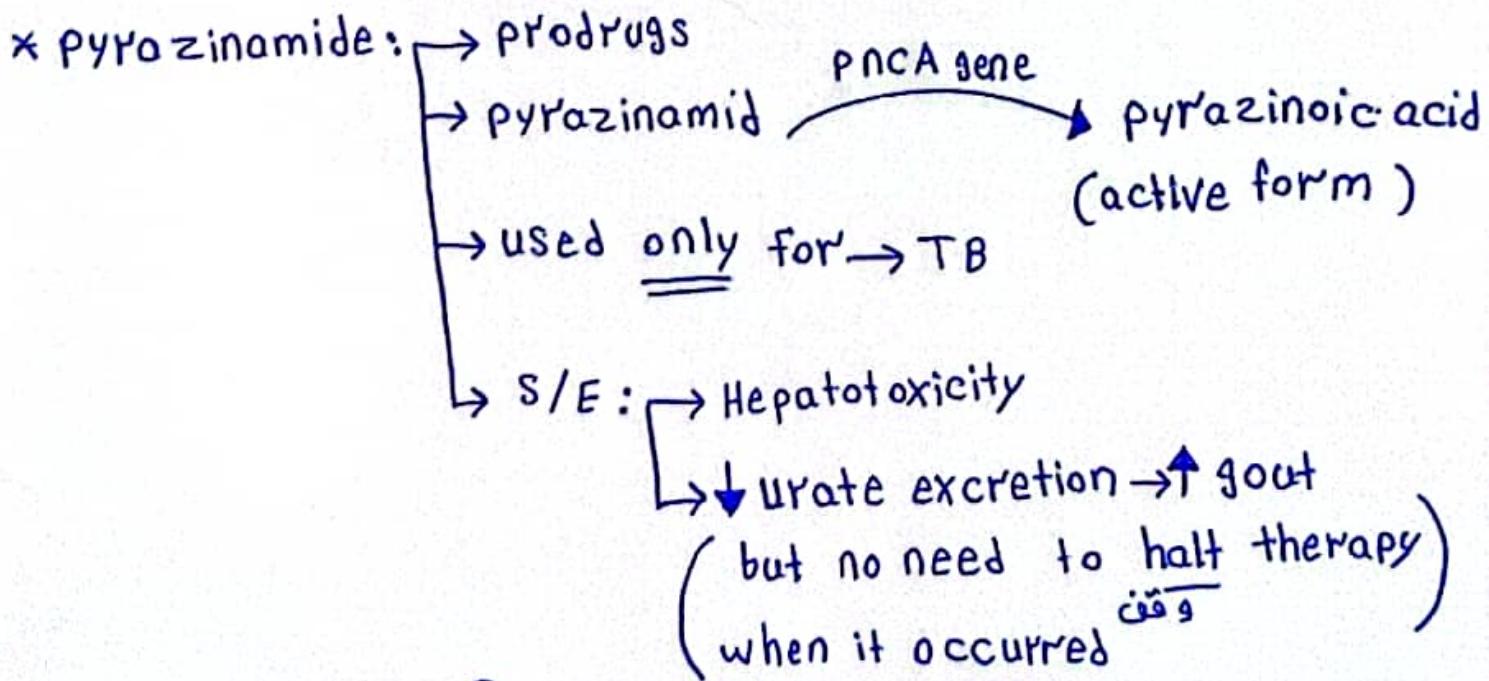
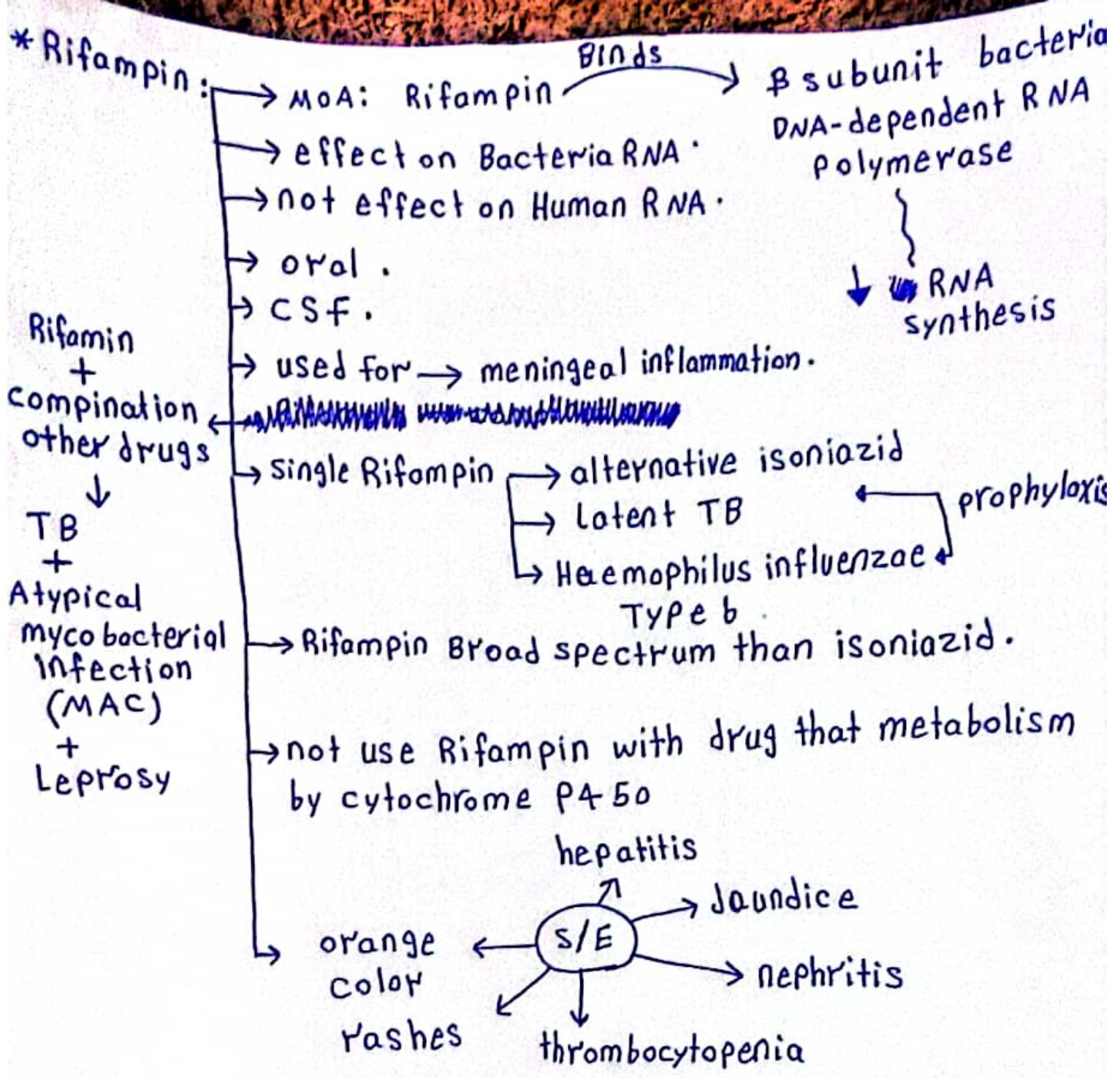
→ S/E: → peripheral neuropathy.
 ↳ hepatitis.

contraindication in patient with hepatitis

→ S/E: → peripheral neuropathy;

• ↓ Vitamin B6 (Pyridoxine) تحدث بسبب

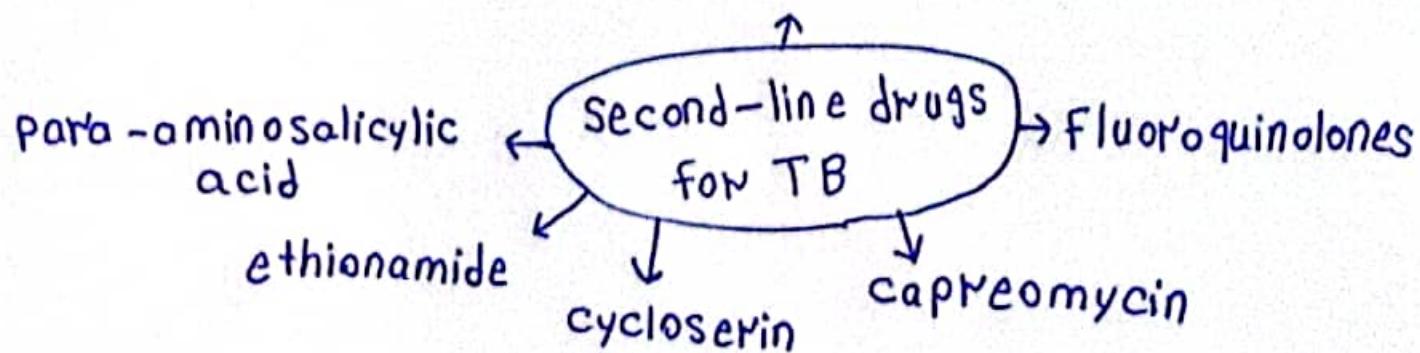
- بحالها باعطى المريض -
 (Pyridoxine)



- * Ethambutol : MOA: \downarrow arabinosyl transferases
 - { disrupts arabinogalactan synthesis
- \rightarrow Resistance \rightarrow mutation resulting in overexpression of emb gene
- \rightarrow need dose adjustment in renal failure.
- \rightarrow S/E: \rightarrow optic neuritis
 - \rightarrow Dose-dependent
 - \rightarrow Reversible \rightarrow drug discontinuation ~~permanent damage~~
- \rightarrow contraindicated in children.

- * Streptomycine: \rightarrow aminoglycosides عباره عن
 - \rightarrow penetrates into cell poorly.
 - \rightarrow active \rightarrow extracellular tubercle bacilli.
 - \rightarrow injectable \rightarrow (IV)

aminoglycosides and macrolides



* Second-line drugs for TB : used for \rightarrow TB
 \rightarrow Atypical mycobacteria
(MAC)

* Capreomycin : MoA \rightarrow \downarrow protein synthesis.

\rightarrow IM

\rightarrow For \rightarrow treatment of multidrug-resistant tuberculosis

\rightarrow S/E : \rightarrow nephrotoxicity.
 \rightarrow ototoxicity.

* Ethionamide : \rightarrow similarly isoniazid \rightarrow \downarrow mycolic acids

\rightarrow oral

\rightarrow CSF

optic neuritis

\rightarrow gastric irritation

\leftarrow S/E \rightarrow peripheral neuropathies
hepatotoxicity

\rightarrow can reduce side effect by giving \rightarrow vitamin B6

(Pyridoxin)

* Para-aminosalicylic acid : \rightarrow similarly (PAPA) \rightarrow folate synthesis antagonist
 \rightarrow active against \rightarrow M. tuberculosis

* Fluoroquinolones : \rightarrow ciprofloxacin

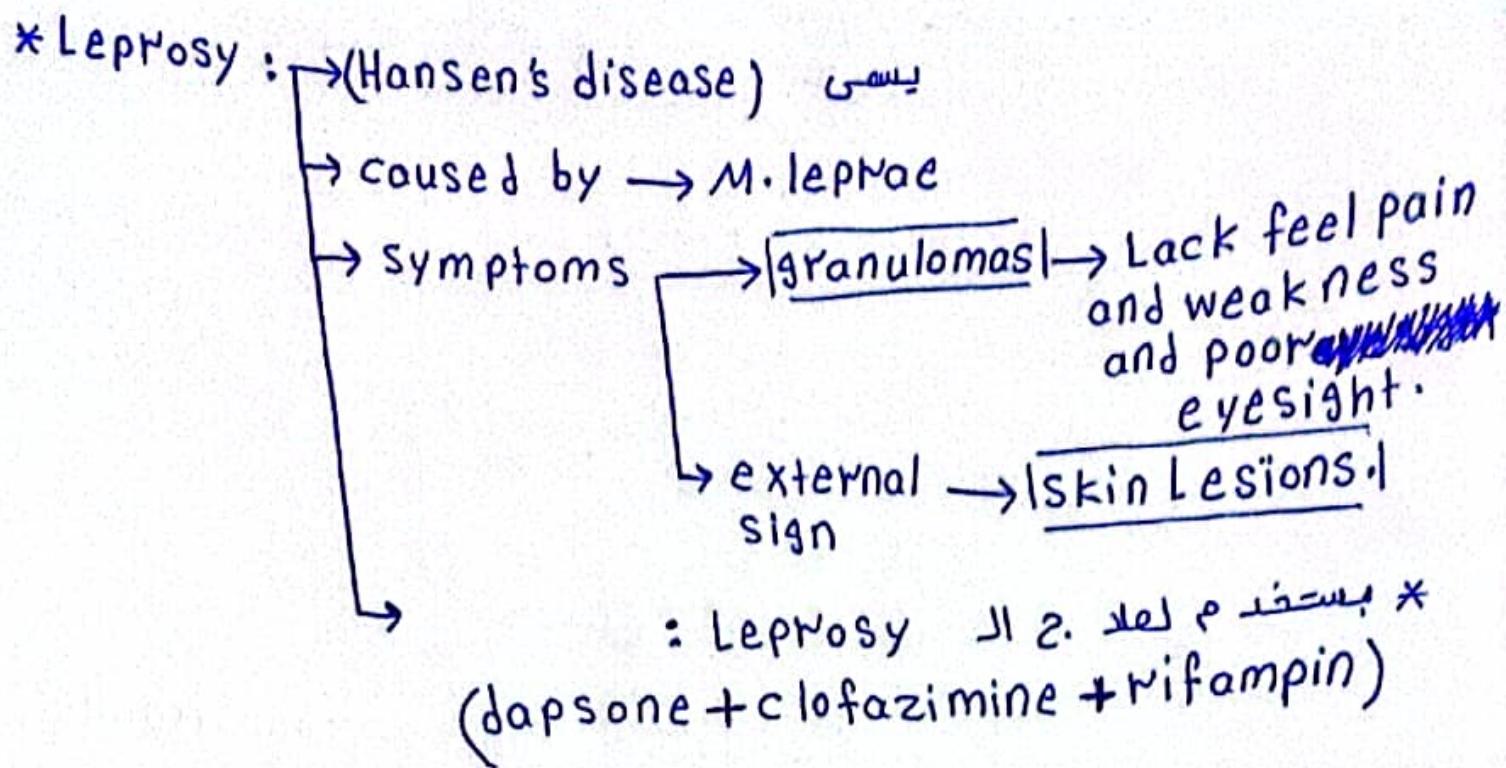
\rightarrow moxifloxacin

\rightarrow Levofloxacin

* Macrolides : \rightarrow Azithromycin

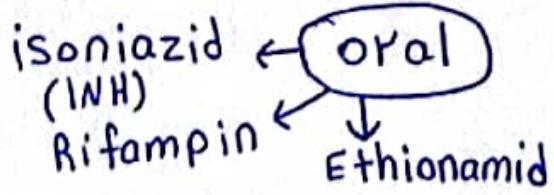
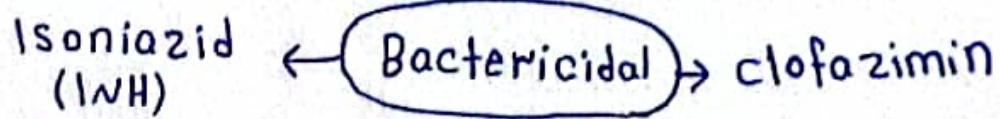
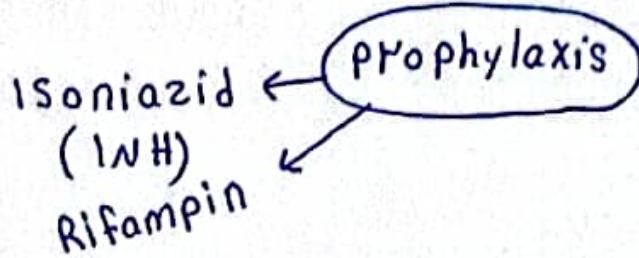
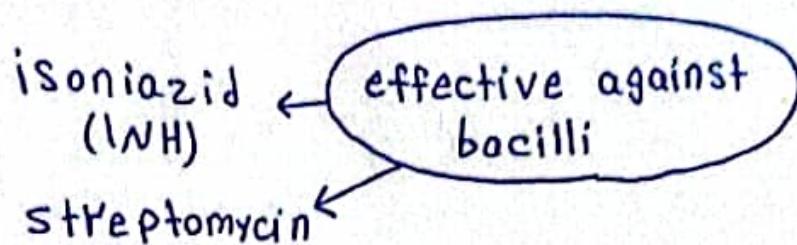
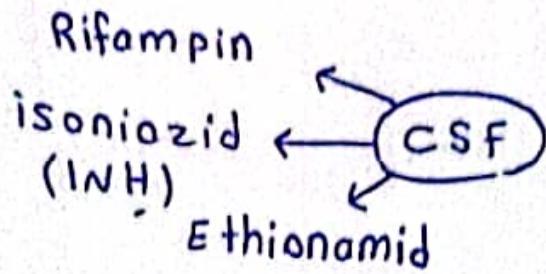
\rightarrow clarithromycin

\rightarrow $\text{A}^{\text{zithromycin}} = \text{HIV} + \text{TB}$ also useful 1:1 *



- * Dapsone: \rightarrow similar \rightarrow sulfonamids \rightarrow \downarrow folat synthesis
- \rightarrow used for treat \rightarrow pneumonia + ~~leprosy~~ Leprosy.
- \rightarrow high levels concentrated in the skin
- \rightarrow Enter enterohepatic circulation
- * clofazimin: \rightarrow MoA \rightarrow Bind DNA \rightarrow prevent DNA replication
- \rightarrow Bactericidal.
- \rightarrow for \rightarrow *M. leprae*
- \rightarrow MAC { *M. Avium intracellulare* complex}

*MAC: Atypical



IM
capreomycin

⑦

IV
isoniazid (INH)
streptomycin