Aethyl donor عو Methyl donor المسلطة التواعدة الفي المسلطة القواعد النيتروجينية المسلطة والموصد.
المالي على مام في انقسامًا الخلايا و نحوه .

Mechanism of action

الزيم بلابط الزيم <u>Su</u> أنينع مهاعة المأد معناط **di**

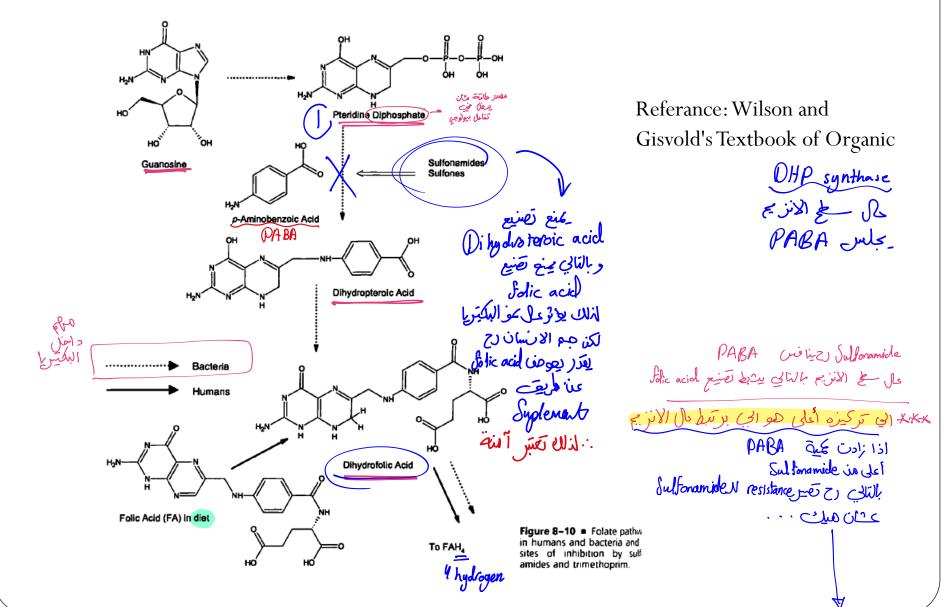
Sulfonamides are a competitive reversible inhibitors of dihydropteroate synthetase which is a vital enzyme for the synthesis of tetrahydrofolate (Coenzyme F).

Tetrahydrofolate is important for pyrimidine nucleic acid synthesis so the bacteria can no longer grow and divide which gives time for the host immune system to destroy the bacterial cells.

• Because of that sulfonamides have **bacteriostatic** effect not bactericidal so is not recommended in patients with weak or impaired immune system

Sulfonamide Lies 7, 10

Mechanism of action



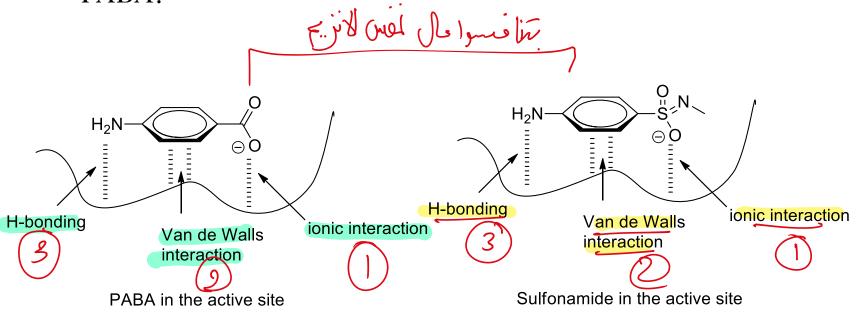
Sequental inhibition of 131

Mammalian Folate biosynthesis & Sulfananide + Trimethoprim) Cotri maxa zale

العلم المرح اضطر العطي المرح اضطر العطي المرح المنطر العطي المرح المنطر العطي المنطق المن Synegestic effect (1+1=10) Sellon in English & SE VIOLE + Humans and Chydraluria Ma Microorganisms Amino acid 2 NADPH Pteridine precursor 2 NADP synthesis +2H+ Dihydro-Dihydropteroate folate reductase synthetase inactive Tetrahydro-Purine p-Aminobenzoic acid folic acid synthesis (PABA) Thymidine anti Cancer 6 Methotrexate Sulfonamides synthesis (used as anti-(used to treat acute lympho-cytic leukemia Reductive isolora but microbial agents) Figure 28.9 Trimethoprin Deniellos Methotrerate Dumillalo Inhibition of tetrahydrofolate synthesis by sulfonamides and methotrexate. folate reductase inhibitors

Mechanism of action

• Sulfonamides mimic *P*-aminobenzoic acid (PABA) which is the <u>normal substra</u>te for <u>dihydropteroate synthetase</u>. This means that sulfonamide will bind in the same manner as PABA:



كيف بعير resistance بيما كيف بعير انتاج PABA ببساطة البكتيريا دح تزيد انتاج PABA و تراد المناج المرتباط و دح يعير . ما المارتيم .

Mechanism of action

- enzyme, the bacteria can increase the production of PABA to compete with sulfonamide at the active site and become resistant to sulfa drugs. ريازا نفل المحال تفوق PABA وهادا شي نار عمان المحال المح
- In such case, the dose of sulfonamide agents should be increased to overcome this resistant mechanism. But this high dose is accompanied with an increase in side effects especially the crystalluria.

N4 acetylation reduces drug solubility, which may result in precipitation in the urine leading to crystalluria. Increasing the pH of urine with a systemic alkalizer along with increased water intake will decrease the risk of this potential adverse effect.

show f upliph out; go crystaluria DKI (K citrate) costo da desi consic

Mechanism of action

- In human, the cell synthesized tetrahydrofolate from folic acid that obtained from food sources. This folic acid is normally transported to inside the cell by special transport system.
- Bacterial cell does not have such transport system and they should synthesize tetrahydrofolate using PABA.
- For that reason, human cells do not need dihydropteroate synthetase enzyme which means sulfonamides have selective antibacterial activity.

The problem of crystalluria

- ia make urin more basic (R2) group ailiel EWD ight
- Sulfonamides are mostly excreted in urine as acetylated metabolite.
- They are relatively water insoluble mainly due to the formation of the acetylated metabolites.

• The acetylated metabolite is non-ionizable under the pHth initialing initialing conditions of the urine (≈ 7) that increase the possibility of precipitation and the formation of crystals in the urine (crystalluria)

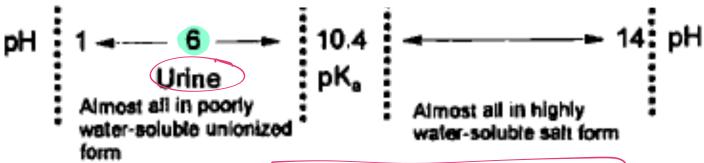
The problem of crystalluria

- How to minimize the possibility of crystalluria formation with sulfonamides:
- Increase the urine flow.
- Increase the pH of the urine to increase the ionization of sulfonamides and the formation of water soluble salts (this can be done by taking sodium bicarbonate or potassium citrate.
- Lowering the pKa of the sulfonamide group which will help to increase the ionization under the acidic conditions. This can be done by adding electron withdrawing group on the sulfonamide side chain PKab (jet) (

عناطریق اضافه EWD عثان یاکون مان یاکون jonization

TABLE 8-8 pK, Values for Clinically Useful Sulfonamides

Sulfonamide	pK.	
Sulfadiazine	6.5	
Sulfamerazine	7.1	
Sulfamethazine	7.4	
Sutfisoxazole	5.0	
Sulfamethoxazole	6.1	



Lings work of My DKa

Sulfonamides with reduced crystalluria

formation $\delta = DH(win)$ in the job pka ciap.

Sulfanilamide pKa = 10.4

Sulfadiazine $\sqrt{Ka = 6.5}$

Sulfamethazine Ka = 7.4

Sulfisoxazole pKa = 5.0 more acide

Sulfacetamide pKa = 5.4

$$H_2N$$
 H_2N
 H_2N
 H_2N
 H_3N
 H_2N
 H_3N
 H_4N
 H_5N
 H_5N

$$H_2N$$
 O
 N
 N
 H

Sulfamethoxazole pKa = 6.1

Sulfapyridine pKa = 8.4

Clinical Application

الخطالاتي بعد الخطالاتي (CiproHoxocin معلى) UTI (الخطالاتي بعد

The drugs are effective against both gram-positive and gram-negative organisms, but bacterial resistance and newer more effective drugs have replaced the majority of the previously available sulfonamides.

Today, many of the sulfonamides have been <u>discontinued</u>, but some are <u>still</u> available and are primarily limited to treatment of susceptible gram-negative organisms.

Products containing sulfonamides are shown in <a>Table 23.1.

Sulfisoxazole, in the form of the prodrug N1-acetylsulfisoxazole, is used in combination with erythromycin ethylsuccinate (EES) and indicated for the treatment of otitis media.

Sulfamethoxazole in combination with trimethoprim (see below) is used to treat uncomplicated urinary tract infections,

while sulfadiazine when combined with the antiprotozoal agent pyrimethamine is used to treat *Toxoplasma gondii* infections.

Silver sulfadiazine is used topically to treat burns, with both the sulfa drug and the silver ion having antibacterial activity.

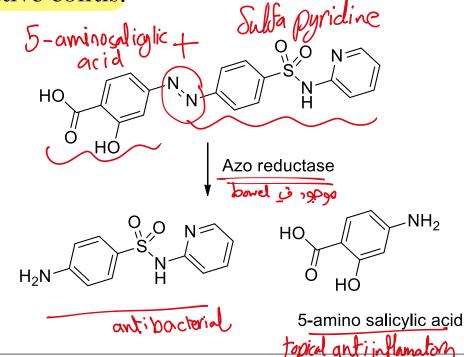
Sodium sulfacetamide is a water-soluble preparation used to treat ophthalmic infections, while sulfasalazine is effective in the treatment of **ulcerative colitis**. It is only poorly absorbed from the GI tract where it is hydrolyzed by intestinal

Clinically relevant sulfonamides

	H ₂ N O				
Drug: Generic Name	Product	R	R'	рКа	
Sulfisoxazole acetyl (prodrug)	In combination with e <u>rythromycin</u> eth <u>ylsuccin</u> ate	N.O CH₃	O 	5.6 after hydrolysis	
Sulfamethoxazole	In combination with trimethoprim	H ₃ C CH ₃	—Н	5.0	
Sulfadiazine	Oral dosage form	$ \underset{N}{\overset{N}{=}} $	—н	6.52	
Silver sulfadiazine	Topical dosage form	$\stackrel{N}{=}$	⊝ ⊕ Ag		
Sulfacetamide sodium	Ophthalmic dosage form	О —С-сн _з	⊝ ⊕ Na	5.4 free acid	
Sulfasalazine	Gastrointestinal oral dosage form	HOOC TO	0 H S N H		

Sulfonamide prodrugs

- Sulfasalazine:
 - Used in local intestinal infections.
 - Gives sulfapyridine and 5-aminosalicylic acid upon the breakdown of the azo bond.
 - Used mainly in ulcerative colitis.



Other folate reductase inhibitors بالما الفعال من Other folate reductase inhibitors

Prison als

هوبدبط انزج الهائيرك Trimethoprim:

> • Inhibits dihydrofolate reductase) this enzyme has human homologue but they do not have that much similarity in structure....Therefore trimethoprim is 1000 more active on the bacterial copy of this enzyme.

• Normally used in combination with sulfamethoxazole (cotrimoxazole):

Lower dose from both drugs means less side effects.

More effective than the monotherapy since they are targeting two different enzymes in the same metabolic pathway).. this is what is called sequential blocking.

$$H_2N$$
 N O O

Trimethoprim (Proloprim, Trimpex)
Trimethoprim + sulfisoxazole (Co-Trimoxazole)
Trimethoprim + sulfamethoxazole (Bactrim, Septra)

Dihydrofolic acid

