Quinolones



(Levofloxacin) 3ed

(Norfloxacin) 2nd

منشان هيك ماد مواحير حصير حصير المستخري. — The important quinolones are synthetic fluorinated analogs of nalidixic acid مستخري. المستخري. و Fluorinated quinolones: greater potency, broader spectrum of antimicrobial activity, better safety profile (First - line) 40 Jose

Lore 170

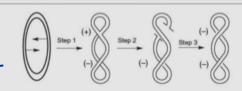
Quinolones MOA

- Enter the bacterium by passive diffusion through porins in the outer membrane
- Inhibit the replication of bacterial DNA by interfering with the action of DNA gyrase (topoisomerase II) and topoisomerase IV during bacterial growth and reproduction.
 - Inhibition of <u>DNA gyrase</u> prevents the relaxation of <u>positively supercoiled</u> DNA that is required for normal transcription and replication.
 - Inhibition of topoisomerase IV interferes with separation of replicated chromosomal DNA into the respective daughter cells during cell division.

ا من علان عن طریق (Porins) عن طریق (Porins) از (DNA) عن طریق (Porins) عن طریق (Porins) عن طریق (Porins) عن طریق (DNA) عن طریق (DNA)

MOA

 Irreversible inhibitors of DNA gyrase and topoisomerase IV, key enzymes involved in DNA-dependent RNA polymerase (DDRP).



A. View from the top: Step 1. Stabilize positive node. Step 2, Break both strands of the back segment. Step 3. Pass unbroken segment through the break and reseal on the front side.

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Antimicrobial activity

- Fluoroquinolones were originally developed because of their excellent activity against gram-negative aerobic bacteria; they had limited activity against gram-positive organisms.
- Several newer agents have improved activity against gram-positive cocci.
- This relative activity against gram-negative versus gram-positive species is useful for **classification** of these agents.

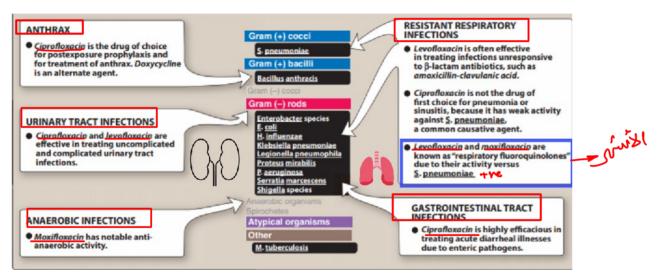
Classification Fluoroguinolones are classified by "generation" based on their antimicrobial spectrum of activity 1st genenration: Nonfluorinated quinolone (ex. nalidixic acid): narrow spectrum, usually confined to the urinary tract infections by aerobic G-ve. 2nd generation (ex. Ciprofloxacin and norfloxacin): excellent gram-negative activity, moderate to good activity against gram-positive bacteria and atypical bacteria. 3rd generation (ex. Levofloxacin): G-ve, increased activity against G+ve

4th generation (ex. Moxifloxacin): G-ve, active against anaerobic & G+ve

·Namow Spectrum. ·Gre aerobic bacteria	Nalidivic acid	1st gen
- Gre bacteria (اثب طفف) - Grand atypical bacteria (لمنوسط)	_Gipro Floxacin _Norfloxacin	2 nd Jen
.ه۰۰- ۵ . وبرمیز زادت عقالبتهم اکنزه شهه ه۰۰-۵ .	Lew Floracin	3rd gen
- Gi-re, Gitre, anaerobic backina.	Morailloraciu	4th gen

* الي تستهم خط

Typical therapeutic applications of fluoroquinolones.



Moxifloxacin has poor activity against P. aeruginosa.

It does not concentrate in urine and is not indicated for the treatment of UTIs_

عشان هيك هو الدوا حال الده ما يبيل عن طريق الكك ·

Clinical uses of nalidixic acid (1st generation)

- Earlier quinclones such as nalidixic acid is infrequently prescribed due to poor oral bioavailability and a short half-life.
- It is effective in urinary tract infections (UTIs)



shows half like

Clinical uses of ciprofloxacin (2nd generation)

- Ciprofloxacin is useful for infections caused by G-ve bacilli.
- Uncomplicated and complicated UTI (E.coli is the most frequent cause)
- Treatment of **traveler's diarrhea** caused by E. coli (but not as prophylaxis except in certain cases)
- Ciprofloxacin is the most potent of the FQ against **P. aeruginosa** infections (used for pseudomonal infections associated with cystic fibrosis)
- Used to treat <u>typhoid fever</u> (Caused by Salmonella typhi: Fever, chills, rose spots)

Cipro Plozoacin 2nd:

. [G -ne bacilli intection] & stal (stime -

- يستخدى لعلاج [un/Complica ted UT] الحيه بتعليم . قال . قال المحادث [Traveter's Diarrhea] ومعكن -

للوقاية (prophylazis) كالات معينة

(P. aeruginosa) الي بنا (Pseudomona) infection) كلا في المستخدا في المستخدا (Cystic Fibrosia) والمستخدا عدم من المستخدا المستخدا

(Sulmonella Gyphi) الناج عن بجيريا (Sulmonella Gyphi) الناج عن بجيريا (Sulmonella Gyphi)

Clinical uses of ciprofloxacin (2nd generation)

- Anthrax
 - Bacillus anthraçis, G+ve, biological weapon
 - Pulmonary, cutaneous, GIT symptoms : لعناضها
- Ciprofloxacin is the drug of choice for prevention and treatment of anthrax.



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Norfloxacin (2nd gen.)

- infrequently prescribed due to poor oral bioavailability and a short half-life.
- Used for complicated and uncomplicated UTIs
- Prostatitis (preferred over trimethoprim)
- Traveler's diarrhea

Nor flox acin 2nd:

- UTI.

ب العالمة بولاً من (trimethoprim) من وجن الحالمة بولاً من (trimethoprim)

Travelers Diarrhea.

لا تقریبًا بنس استخامات * كان استخاماته معمدة بسبے:

_short half-li

Levofloxacin (3rd generation)

STD

- Used in the treatment of prostatitis due to E. coli and sexually transmitted diseases, but not syphilis.
- UTI
- Respiratory infections
- Acute sinusitis
- ① · Acute exacerbation of chronic bronchitis
- Community-acquired and hospital-acquired pneumonia
- Excellent activity against S. pneumoniae respiratory infections.
 - Levofloxacin and moxifloxacin are known as "<u>respiratory</u> <u>fluoroquinolones</u>", effective and used increasingly for treatment of upper and lower respiratory tract infections.

Levofloxacin 3 rd:

- يستخدم في علاج [Prostatitis] النافي عن النافي و بعني STD لكن مثل (Syphilis)

م بستخد في علاج [Respiratory Infection] واللغ عن مكترياً -

<u>o. pricarionas</u>

Moxifloxacin (4th generation)

- Enhanced activity against G+ve (ex: S. pneumoniae)
- Excellent activity against many anaerobes (resistance rates as high as 57 percent for *B. fragilis* have been reported more recently)
- Poor activity against P. aeruginosa
- Does not concentrate in urine and is not indicated for the treatment of UTIs (i.e not all of FQs are used for UTI)



P. aeruginose من غفية من السا فعاليتهم ضعيفة عند

- وها سنستخدمه في علاج آآل كالله بعير إفراج عن طريق الكبر على عكس الادعية الي فوق.

Pharmacokinetics of FQs

سطلخا رست المتيقة

• After oral administration, the fluoroquinolones are well absorbed (bioavailability of 80–95%).

- Oral absorption is impaired by divalent and trivalent cations, including those in antacids. Therefore, oral fluoroquinolones should be taken 2 hours before or 4 hours after any products containing these cations.
- IV of ciprofloxacin & levoflxacin are available.

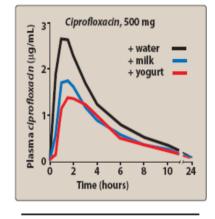


Figure 33.6 Effect of dietary calcium on the absorption of *ciprofloxacin*.

. orally is on lien: Absorption

ي بوجود الايونات الى عليه المعنة <u>Cafion Interaction</u>

علم الموجودين في مشتقات الأليان و أدوية

علم الموجودين في مشتقات الأليان و أدوية

وقد الموجودين في مشتقات الأليان و أدوية

· Levo floracin . Ciprofloracin : IV

Pharmacokinetics of FQs

- All the FQs distribute well into all tissues and body fluids
- Levels are high in bone, urine (except moxifloxacin), kidney, and prostatic tissue
- Concentrations in the lung exceed those in serum (used or respiratory tract infections)
- Penetration into CSF is low (except ofloxacin = 90% of serum conc.)
- Most fluoroquinolones are eliminated by renal mechanisms, either tubular secretion or glomerular filtration (except moxifloxacin)

المناع ما عدا Moriflomacin بكون توكيوم في : Distribution

منبع ومرنفع في sprostal ووسم ووسم ويول في المال المحدث الحك الماله المحدث المح

(ofloracin) خقط الي بكون تزكين ٩٥ % ني (CSF

(bubulor Secretion) is de baker port: Elimination
Lo Iglomerular filtration) is it

[Mozifloxacin] 1.5

Side effects

FQs are generally <u>well tolerated</u>. Their side effects are:



- 1. Gastrointestinal: nausea, vomiting, and diarrhea (most common)
- 2. CNS problems: headache and dizziness
- **Phototoxicity:** patients should be advised to use sunscreen and avoid excess exposure to sunlight. If phototoxicity occurs, discontinuation of the drug is advisable.

Side effects



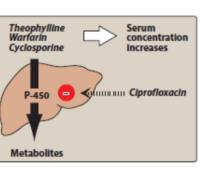
- **4. Prolongation of the QT**_c **interval**: thus, should not be used in patients who are predisposed to arrhythmias or those who are taking other medications that cause QT prolongation.
- 5. Connective tissue problems: may damage growing cartilage and cause an arthropathy (articular cartilage erosion) and tendonitis. Thus, these drugs are not routinely recommended for patients under 18 years of age.
- •However, the arthropathy is reversible, and there is a growing consensus that fluoroquinolones may be used in children in some cases (eg, for treatment of pseudomonal infections in patients with cystic fibrosis).
- •CAUTIONS: These agents should be avoided in pregnancy and lactation and in children under 18 years of age

Drug-drug interaction

• Ciprofloxacin can increase serum levels of theophylline by inhibiting its metabolism.

Ciprofloxacin may also raise the serum levels of warfarin, caffeine, and cyclosporine.

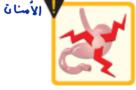
Antacids and minerals decrease fluoroquinolones absorption.



Metronidazole

- Antiprotozoal drug that also has potent antibacterial activity.
- Metronidazole is indicated for treatment of: هون ندذك طبيب anaerobic or mixed intra-abdominal infections ->
- vaginitis (trichomonas infection, bacterial vaginosis)
- Clostridium difficile infection
- brain abscess.
- Adverse effects include nausea, headache, dry mouth and a metallic taste in the mouth occur commonly. Peripheral neuropatny with prolonged use.
- Dark brown urine discoloration has also been documented
- ب هاد الوا ال يستضموا عن معاليوا المعان الكحوا وبيل اسراها النحابي
 - Metronidazole has a <u>disulfiram-like effect</u>, and patients should be instructed to avoid alcohol.





GI disturbance



Figure 43.3 Adverse effects of

metronidazole.