

السلام عليكم ورحمة الله وبركاته
هذا تفريغ يدوي لمحاضرة 7&6 مضادات حيوية تم فيه كتابة كلام
الدكتور والاسلايدات يلي مرّ عليها فقط
ينصح تحضروا المحاضرة أول
وفقكم الله

لا تنسونا بدعوة في ظهر الغيب 🌸

*Done by : Rasha Alhamra

* Antibiotics (6):

* the thing that makes MRSA resistance to: Penicillins, cephalosporins, carbapenems is that it had changed its Penicillin binding protein structure so those drugs are now not able to act on it.

* Vancomycin

- it's relatively cheap
- coming to solve our problem for MRSA
- it have a similar shape of peptidoglycan (a huge macromolecule)
- it doesn't bind to penicillin binding protein
- its mechanism of action: Vancomycin comes and set during the process of building the peptidoglycan cell wall inside of the alanine that would be cross-linked so Vancomycin inhibits the process of cross-linking by becoming part of the peptidoglycan present on the cell →



bacteriocidal

رح سير loose فال osmolarity للوجود جو
انطية عالا بتدفع لبرا فتتفجر الخلية مفو

→ vancomycin is active against: - MRSA

it has types

- enterococcus

- activity على ال gram +ve كمان
Clostridium difficile

بى بالمخاض - يكون
قصيرنا على
nosocomial
MRSA
hospital type not community

أصن دواء لل enterococcus كان ال ampicillin بى كثر استخدام
Penicillin resistant
enterococcus
عنت هيك صونا نفص Vancomycin

→ Vancomycin has no activity against gram -ve

Vancomycin

- Vancomycin is bacteriocidal and acts by inhibiting cell wall synthesis.
- It is active only against gram-positive bacteria, particularly staphylococci.
- Its special clinical use is in treating methicillin-resistant staphylococci, resistant enterococci and Clostridium difficile (which causes pseudomembranous colitis).
- The main indication for parenteral vancomycin is sepsis or endocarditis caused by methicillin-resistant staphylococci.

→ Vancomycin is injectable (not absorbed orally)

during injection of Vancomycin it cause thrombophlebitis (vein ال التهاب), it may enter the body and cause histamine release as it is very irritant → anaphylaxis

عنت هيك

أول نغمة بالصوره

بجاي الحالة بنستعمله ونا
(عنت بونا اياه يفتل
علا ال tract)

Vancomycin

- Vancomycin must be administered in a dilute solution slowly, over at least 60 minutes.

This is due to the high incidence of pain and thrombophlebitis and to avoid an infusion reaction known as the red man syndrome or red neck syndrome.

- Unwanted effects are a series problem and include fever, rashes and local phlebitis.

- Ototoxicity and nephrotoxicity can occur and hypersensitivity reactions are occasionally encountered.

إذا بلشت عند المريف
لازم توقف الحقن من
الدواء

علامات الحثور
استغلقت

قصة الـ gentamicin والـ
Ampicillin باي يدين صارت
الـ enterococci عندها resistance
فهم صاروا يستعملوا الـ
Vancomycin مع الـ gentamicin

very ototoxic
يعمل hearing lose

تجربة استخدام مع
بعض الفصقة هاي
الشفة بالـ Vancomycin
على الرغم انه مش هوزن

type of allergy mediated by histamine

لو اباك سؤال :

مريضك عنده حساسية لـ cephalosporins والـ penicillins

واصاب بـ Staph (صار عنده cellulitis) شو تعطيه

دواء ؟ بناءً على الـ stewardship بتعطي Vancomycin

هو carbapenem كونه الـ carbapenem يعطي extended spectrum

Vancomycin

- It is also valuable in severe staphylococcal infections in patients allergic to penicillins and cephalosporins.
- Vancomycin in combination with gentamicin is aused for treatment of enterococcal endocarditis in a patient with serious penicillin allergy and cephalosporine allergy
- It is not absorbed from the gut and is only given orally for treatment of GI infections. It is generally administered intravenously.
- Resistance can be caused by changing the permeability to the drug and by decreasing the binding of Vancomycin to receptors.

* a Patient has gram -ve nosocomial infection and penicillin allergy and cephalosporine allergy

بهاي الحالة يا بتعطي carbapenems أو بتعطي monobactam ← على حسب الـ stewardship

← الأصن نوعي monobactam

* Monobactams

→ active against all gram -ve (عكس الـ Vancomycin)

→ it's a cell wall inhibitor

← مع ظهور الـ ESBL فقدنا كثير من الـ activity الـ Aztreonam

Monobactams Spectrum of Activity

Aztreonam bind preferentially to PBP 3 of gram-negative aerobes; has little to no activity against gram-positives or anaerobes

gram-negative

E. coli, K. pneumoniae, P. mirabilis, S. marcescens, H. influenzae, M. catarrhalis, Enterobacter, Citrobacter, Providencia, Morganella, Salmonella, Shigella, Pseudomonas aeruginosa

Penicillin binding Protein

Monobactams

Their spectrum of activity is limited to aerobic gram-negative rods (including pseudomonas). Unlike other beta-lactam antibiotics, they have no activity against gram-positive bacteria or anaerobes.

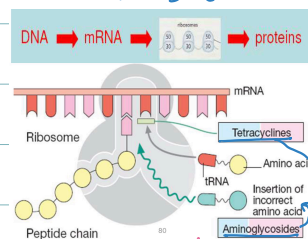
- The main monobactam is Aztreonam which is a monocyclic b-lactam resistant to most b-lactamases.
- Penicillin-allergic patients tolerate aztreonam without reaction.

In which used to treat serious infections such as pneumonia, meningitis, and sepsis caused by susceptible gram-negative pathogens.

- Its unwanted side-effects are similar to the other b-lactam antibiotics.

* Protein synthesis inhibitors

في أنواع بكتيريا ما عندها wall cell فمستان هيا بنين الـ shaker of acting against the bacteria



بليستهم بنبتهم
كونه يصنعوا تسليح الـ ribosomes بكل مكان

لكن لي بتفهم هاد الاتي اني كيتي صم وهو الـ membrane
whether it can get to the bacteria or not

blocking the coding of the codon

when it binds to 30s it binds irreversibly
ميس شيفت الـ membrane (Bactericidal)

different mechanisms of action
Bacterostatic aminoglycoside بتعثره Bactericidal الـ aminoglycoside

لا مجموعة من الـ
 spectrum خاصة في شي رح يكون
 extended واني

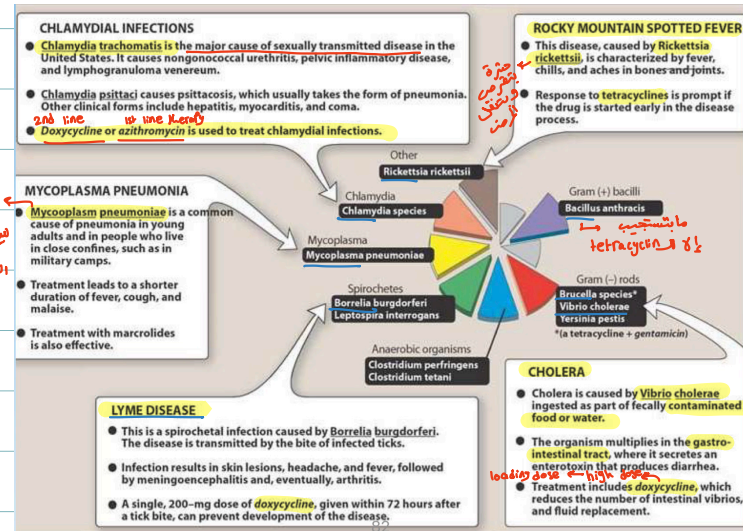
Tetracyclines

* Tetracyclines : → Broad spectrum drugs

substrates of
 multi-drug resistant pump
 not a substrate of
 multi-drug resistant pump

- Tetracycline, Methacycline, Moxycycline, doxycycline, minocycline and Tigecycline.
- They bind to both mRNA and the ribosomal 30S subunit where they prevent the binding of aminoacyl-tRNA.
- They are bacteriostatic not bacteriocidal.
- Their spectrum of activity is very wide and includes Gram-positive and Gram-negative bacteria, some spirochaetes and some protozoa (eg amoebae).

typical type of bacteria:



Tetracyclines

- Resistance is common and is mainly due to a plasmid-mediated energy-dependent efflux pump, (typical of the multiple drug resistance type). Mutations in the tetracycline target site are also found.
- The Tetracyclines are usually administered orally but can be given parenterally.
- Absorption from the gut is irregular and better in the absence of food.
- Since Tetracyclines chelate di- and trivalent metal ions, forming insoluble complexes, absorption is decreased in the presence of milk, certain antacids and iron preparations.

multi-drug resistant pump اسم البكتيريا فورتي اسم

tetracycline مضاد للبكتيريا مضاد للبكتيريا

يكون active على gram -ve and gram +ve

Tetracyclines

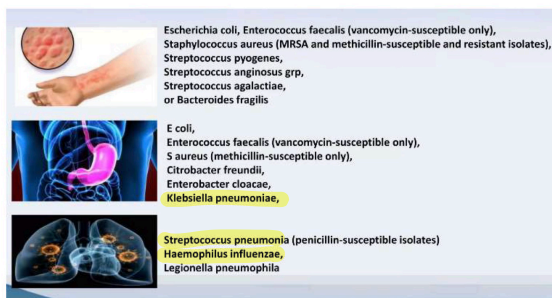
- Their main clinical uses are :
 - (1) mycoplasma and chlamydia infections
 - (2) A tetracycline—usually in combination with an aminoglycoside—is indicated for brucellosis → active against
 - (3) They are used in combination regimens to treat gastric and duodenal ulcer disease caused by Helicobacter p → activity
 - (4) Acne
 - (5) syphilis and Q-fever

* Antibiotics (F):

Tigecycline

→ this drug is active as a bacterostatic against

all microorganisms except Pseudomonas, aeruginosa and Citrobacter, (they have different genes that encode the MDR pump which have the ability to pump Tigecycline in addition to other tetracyclines)



Lower Respiratory Community

- S. pneumoniae
- H. influenzae
- K. pneumoniae
- Legionella pneumophila
- Mycoplasma, Chlamydia

Tigecycline covers all these organisms + organisms causes infections in the lower respiratory tract

Pseudomonas, enterobacter active against → coverage (active) to lower-respiratory hospital

*important note:

- Tigecyclin is used as the last drug resort (أخير ما استجبت للأدوية الأخرى)
- its indications:
 - complicated acquired pneumonia
 - complicated skin and extra abdominal infections

هذا الذي صار بسبب ظهور حالات وفاة بعد استخدام هذا الدواء

Tetracyclines ← من الأدوية الممنوعة للأطفال

عشان هيلزم لازم يتأخذ على معدة فارغة

- The most common side-effects are GI disturbances, due initially to direct irritation and later to modification of gut flora. → it has an epigastric burning effect

- They are deposited in growing bones and teeth, causing staining and sometimes dental hypoplasia and bone deformities. → it leads to deposition and Ca²⁺ chelation

- Phototoxicity: for example, severe sunburn, occurs when the patient receiving a tetracycline is exposed to sun or ultra-violet rays.

- They shouldn't be given to children, pregnant women or nursing mothers. (may cause hepatotoxicity in pregnant women).

مسألة: لين الـ tetracycline يعمل hepatotoxicity
أكثر بالـ pregnant من اللاصا العادية؟
لما

مشكلة الـ tetracycline الرئيسية انه كثير lipophilic

يفضل يعبره enterohepatic circulation لذلك إذا الجرعة

كانت عالية رح يتراكم الدواء في الجبد بالتالي رح يعبر في destruction

أو swelling بالتالي رح تسحر على الـ bile duct ورح يعبر في cholestatic jaundice

وممكن كان يعمل destruction لـ hepatocytes فبعض في عناء إرتزان الـ ALT والـ AST (liver enzymes)

← نزوح لنقطة لين عند الحوامل أكثر: عندهم homodynamics مختلفة، يعبر عندهم تجمع أكبر للسوائل (more edema)

الـ blood circulation عندهم مختلفة ففرصة تبات وبقاء الدواء في الجسم يتكون أكثر

Tetracyclines

- Tetracycline is a broad spectrum antibiotic that is occasionally used in Dentistry to treat bacterial infections.
- This antibiotic has a natural tendency to concentrate in the gingival fluids around the teeth so it is often used to treat gingivitis and gum disease.
- It is one of the first choices for the treatment of ANUG.

- Acute Necrotizing Ulcerative Gingivitis appears with stress. College students can get it during finals and people breaking up can get it.

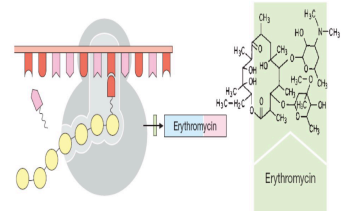
* Important note about Tetracycline:

it has a good penetration
↓
enterohepatic circulation

this is sort of inflammation, that's why we give a very little dose

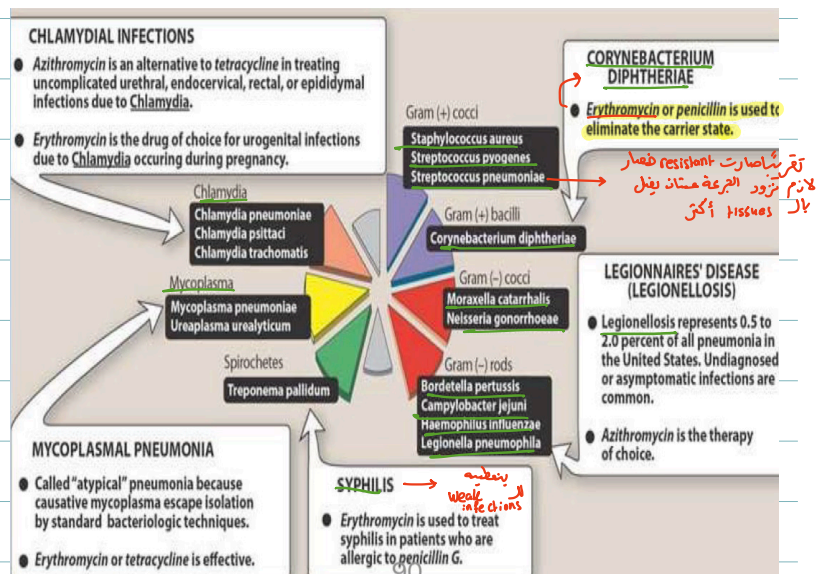
Macrolides → 3 types

- The best known example is Erythromycin, modern clinical members being Clarithromycin, Azithromycin, Telitromycin.
- They bind to the 50S ribosomal subunit and inhibit protein synthesis. → inhibits the process of elongation of peptides
- Erythromycin is active against Gram-positive bacteria and spirochaetes but not against most Gram-negative organisms.
- Azithromycin far more active against respiratory infections due to Haemophilus influenzae and E. coli.



* the drug spectrum: (Azithromycin كان)

gram-ve erythromycin لأنه ما يشتغل مع ال



upper respiratory tract infections

lower respiratory tract infections ← Klebsella pneumoniae

they are the drug of choice for a patient with upper respiratory tract with allergy toward penicillins and cephalosporines

Azithromycin → it also enters neutrophils with addition of pus, so the neutrophils will produce the drug as a reservoir

- azithromycin penetrates into most tissues (except cerebrospinal fluid), with tissue concentrations exceeding serum concentrations by 10- to 100-fold.
- The drug is slowly released from tissues (tissue half-life of 2-4 days) to produce an elimination half-life approaching 3 days.

Serum half-life
ما يتبقى ال
4-5 hours
سحبنا من الدم
ياي انه الدواء بعد 6
ساعات ما زلنا نلاحظه
بالدم

Macrolides clinical uses

- Its antibacterial spectrum is very similar to that of penicillins and it has proved a very useful penicillin substitute in penicillin-sensitive patient
- drug of choice in corynebacterial infections (diphtheria, corynebacterial sepsis);
- Azithromycin drug of choice in respiratory, neonatal, ocular, or genital chlamydial infections; and

- Azithromycin drug of choice in treatment of community-acquired pneumonia because its spectrum of activity includes pneumococcus, mycoplasma, and legionella. and strep pneumoniae

عشان نعالج

klebsella pneumonia
(الوحيدة التي ما يشتغل
عندها Azithromycin
رح نستخدم)

cefuroxime, cefdinir, cefixime, Augmentin
← بدون ما ننسى موصوف الـ allergy
← لازم هدول الأدوية يكونوا الـ narrowest possible

Macrolides

- The macrolides are administered orally, although they can be given parenterally.
- Azithromycin differs from erythromycin and clarithromycin mainly in pharmacokinetic properties
- Gastrointestinal disturbances are common side effects, but not serious. The newer agents seem to have less GI effects. Erythromycin has been reported to cause skin rashes and fever, transient hearing disturbances.

Macrolides

- Ototoxicity: Transient deafness has been associated with erythromycin, especially at high dosages.

- Cholestatic jaundice especially with the estolate form of erythromycin

*erythromycin also has enterohepatic circulation

ترجنا الـ
Process

فوق عنده الـ Tetracyclins

«أرجو من الله

أن تثمر جميع محاولتنا

أن نصل إلى ما نود

وأن تلك المساعي لن تخيب» .

لا تنسونا من دعواتكم ...