



- Antibiotics are large group of the drugs,
- which can Inhibit selectively growth of bacteria, fungi or inhibit growth of tumor (cancer), without causing serious damage
- to the host.
- Antibiotics can inducing human defence mechanism'

 The first observation of antibiotic effect was made in the 19th century by French chemist Louis who Pasteur, discovered that certain saprophytic bacteria can kill anthrax bacilli.



 German physician and chemist Paul Ehrlich began experimenting with the synthesis of organic compounds that would selectively attack an infecting without organism causing serious damage to the host.



 His experiments led to the development, in 1909, of salvarsan, a synthetic compound containing arsenic, which exhibited selective action against spirochetes, the bacteria that cause syphilis. Salvarsan remained the only effective treatment for syphilis until the purification of penicillin in the 1940s.

 The first antibiotic to be discovered was penicillin. Its discoverer, Alexander Fleming, had been culturing bacteria on an agar plate with fungal contamination, and noticed that the culture medium around was free of bacteria. He had worked on the antibacterial properties of lysozyme, and make the correct interpretation of what he saw: that the mold was secreting something that stopped bacterial growth.



 The discoveries of penicillin by Fleming in 1929 open the era of chemotherapy.



 The *B-lactam* structure of penicillin was detected by Chain in 1942

B-lactam ring





 Z.V. Ermoleva in Russia.



- Antibiotics are among the most frequently prescribed drugs for treatment and control of microbial infection
- In Russia use more then 31 groups of antibiotics and 200 drugs.

- The effectiveness of chemotherapeutic drug was dependent on the degree of its *selective toxicity*, ie, selective inhibition of the growth of the microorganism without damage to the host.
- Selective toxicity is achieved by exploiting the differences between the metabolism and structure of the microorganism and the human cell (penicillins can inhibiting the growth of bacterial but not human cells).

- Narrow(limited)-spectrum antibiotics are active against one or few types of microorganisms (Vancomicin is primarily used against grampositive cocci, namely, staphylococci and enterococci.
- Broad-spectrum antibiotics are active against several types of microorganism (tetracyclines are active against G-rods, mycoplasmas).
- Bacteriostatic drug inhibits their growth but does not kill them.
- Bacteriostatic antibiotics are dependent on the host 's defense
- A *bactericidal* drug kills bacteria.
- Bactericidal drug are usually independent in their actions and cause effects directly on disease agents.



- Most Antibiotics originate in one of two ways:
- As natural products of microorganism
- Chemically modified (semisynthetic) forms of natural antibiotics.
- Synthetic forms
- The natural products of microorganism
- **1.Bacteria**
- From 2.Streptomycetaceae
- 3.Fungi

- Two important requirements:
- 1. Antibiotics must be shown to be relatively nontoxic to the host.
- It must exhibit antimicrobial activity at *low* concentration

Mechanism of action of antibacterial drugs

- 1. Inhibition of bacterial cell wall synthesis .
- Inhibition of protein synthesis
- Action of 50S ribosomal subunit.
- Action of 30S ribosomal subunit.
- Inhibition of nucleic acid synthesis.
- Inhibition of DNA synthesis .
- Inhibition of RNA synthesis.
- Alteration of cell membrane synthesis

- Penicillin's, cephalosporins,imipenem, aztreonam,vancomicin.
- Chloramphenicol, erythromycin,clindamycin,Linezol id.
- Tetraciclins, aminoglycosides.
- Quinolones
- Rifampin
- Polymyxin

Mechanism of action of antibacterial drugs



Target of B-lactam drags is transpeptidase, the enzyme that connects the peptides of the peptidoglycan. **B**lactam is effective during the the growth stage.Since fully formed are not sensitive to its action.

•



- Two additional factors are involved in the action of penicillin.
 - 1.Penicillin binds to a variety of receptors in the bacterial cell membrane called PBPs.Some PBPs are *transpeptidase, the* function of other is unknown.
- 2.Autolytic enzymes called murein hydrolase's are activated in P-treated cell, degrade the peptidoglycan.



 Sensitive bacterial cell growing in the presence of penicillin posses modified forms - unusual shapes and abnormal internal organization.



- The basic structure of penicillin B-lactam ring
- Penicillin have a five membered ring.



- Penicillin is one of the widely used and effective antibiotics.
- Penicillin is highly active against G+ and Gcocci,Bacilli,Clostridium.
- Limited effectiveness against G- rods.
- hydrolysis by gastric acid
- Inactivation by Blactamases(clevage of the ring by penicillinases)

The four main mechanisms by which microorganisms exhibit resistance to antimicrobials are:

- 1.Drug inactivation or modification: e.g. enzymatic deactivation of *Penicillin* G in some penicillinresistant bacteria through the production of β -lactamases.
- 2. Alteration of target site: e.g. alteration of PBP—the binding target site of penicillins—in MRSA and other penicillin-resistant bacteria.

The four main mechanisms by which microorganisms exhibit resistance to antimicrobials are:

- 3. Bacterial resistance to antibiotic producing an altered porin in the outhe mem.brane of G- cell wall
- A. Reduced drug accumulation: by decreasing drug permeability and/or increasing active efflux (pumping out) of the drugs across the cell surface



- Bacteria may resist an antimicrobial agents that destroy or inactive the antibiotic.
- Example –production of Blactamas.
- B-lactamases break the beta-lactam ring of the antibiotic, thus destroyng the drug.
- The first enzyme was named *penicillinase*



- The synthesis of Blactamas may be regulated by genes on the bacterial chromosoms or on plasmids.
- In G-bacteria antibiotic inactivating – enzyme are located in the periplasmic space.
- In G+ antibiotic inactivating – enzyme are typically secreted from the bacteria and interact with the antibiotic extracellshect.



- Bacteria may become resistant to B-lactam antibiotic, by producing altered transpeptidases (penicillin-binding proteins)
- With reduced affinity for the binding of Blactam antibiotic.
- MRSA.



- Bacterial resistance to antibiotic producing an altered porin in the outhe membrane of G- cell wall.
- Altered porin preventing passage of the antibiotic.



- Bacterial resistance to antibiotic - producing *an altered transport (carrier) protein in the* cytoplasmic membrane. It blocking transport into the cytoplasm.
- This mechanism applies to both G+ and G- bacteria.



- Semisyntetheic penicillin active against Staphylococcus.
- OXACILLIN active against G+ and G- cocci,Bacilli,Clostridium.
- Limited effectiveness against G- rods.
- That drags is resistant to *penicillinease*.



- AMINOPENICILLINS
- (Ampicillin, amoxicillin) are
- the slight modification of the molecule by the addition of amino group (NH2) converts penicillin into a broader-spectrum chemotherapeutic agents.
- Ampicillin active against G rods(E.coli,Proteus,Shigella , Salmonella,H.influenza)
- No active against *P.aeruginosa.*
- Leads to disbacteriosis.



Semisyntetheic penicillin against active Psudomonas. Carboxipenicillins Carbenicillin, ticarcillin is highly active against Gprimarily bacteria and **Pseudomonas** and certains strains of Proteus, Especially when used in combination with an aminoglycoside.



- Ureidopenicillins
- Azlocillin, Mezlocillin have active against *Pseudomonas*
- Even higher then Carbenicillin and higher active then non sporforming Ganaerobic bacteria (B.fragilis).



- Monobactams
- Aztreonam represent a group of monocycle, function like other Blactam antibiotics
- Remarkable activity against aerobic Gbacteria, including species of

Pseudomonas,Klebsiella,

- Enterobacter, Serratia.
- Have no activity against G+ anaerobes
- Aztreonam is stable to most B-lactamas.
- Is a means of conrolling Blactamas-producning.



- Monobactams
- Aztreonam have selective antibacterial action microbiota of the host.
- Aztreonam is also able to penetrate the outer membrane of Gbacteria.
- No active against MRSA.

Inhibition of cell wall synthesis B-lactam antibiotics Inhibitor B-lactamase.



- Augmentin is combination of amoxicillin and clavulanate (clavulanate has s structure similar penicilline) it is Blactamase inhibitor.
- Sulbactam another Blactamase Inhibitor.
- Combination Sulbactam +
 Ampicillin = Unasyn.

Inhibitor B-lactamase.



- Inhibitor B-lactamase.
- <u>Combination</u> antibiotic containing amoxicillin and clavulinic
- Specrum of activity.
- Against all microorganism, which also sensitive ampicilline.
- More active against enterococcus
- It has high activity against non sporforming Ganaerobic bacteria (B.fragilis).
- Have not activity against *Pseudomonas,*
Inhibitor B-lactamase.

 Addition of clavulanate (a betalactam) increases drug's resistance to beta-lactamase (an enzyme produced by bacteria that may inactivate amoxicillin).

Inhibition of cell wall synthesis B-lactam antibiotics



- Carbapenems

 (imipenem) are the antibiotics with broader spectrum of activity,
 Carbapenems are effective then other B-lactam .
- Carbapenems are active against G+ and G- and enterococci, Ganaerobic bacteria (B.fragilis).
- No active against MRSA.

Inhibition of cell wall synthesis B-lactam antibiotics



- Cephalosporins have a sixmembered ring adjacent to B-lactam ring.
- Common properies of Cephalosporins
- Bactericidal effects.
- Low toxity
- A broad spectrum of activity.
- No active against MRSA, enterococcus.
- Sinergism with AG.

- I generation of Cephalosporins (cefazolin, cephalotin).
- I generation of Cephalosporins are active primarily against G+ and G-cocci.
- G- specrum is limited.
- Pseudomonas is resistant
- I generation of Cephalosporins are resistant for
- B-lactamase which produced by staphylococcus.
- Sensitive for B-lactamase of G-bacteria

- Il generation of Cephalosporins (cefamandol, cefuroxime)
- They are effective against G+ and G-cocci
- and anaerobes similar I generation.
- They have elevated activity against G- bacteria (E.coli,Proteus,Shigella, Salmonella)
- No active against P.aeruginosa.

- III generation of Cephalosporins (Cefoperazone, Cefotaxime).
- They have elevated activity against Gbacteria (E.coli,Proteus,Shigella, Salmonella)
- Variable activity against P.aeruginosa.
- Variable activity against non sporforming G- anaerobic bacteria (B.fragilis).

- IV generation of Cephalosporins
- (Cefpiron, Cefitim).
- A broad spectrum of activity.
- Active against P.aeruginosa.
- No active against MRSA, enterococcus

Side reactions to antimicrobial agents (Blactam antibiotics)

- Produce hypersensitivity reaction.
- The most serios reaction to penicillin anaphylactic shock is extremely rare.
- Skin test with dilute solution of penicillin G.
- AMINOPENICILLINS leads to disbacteriosis-antibiotic-associated colitis.

Side reactions to antimicrobial agents

 Antibiotic-associated colitis is caused by toxins produced by the bacterium Clostridium difficile after treatment with antibiotics. When most of the other intestinal bacteria have been killed, **Clostridium difficile grows rapidly and** releases 2 toxins that damage the intestinal wall. The disease and symptoms are caused by these toxins, not by the bacterium itself.

Side reactions to antimicrobial agents

• Pancitopenia is rare and reversible.



- Vancomicin is glycopeptides that Inhibit of cell wall synthesis by blocking transpeptidation but by a mechanism different from that of Blactam antibiotics.
- Vancomicin interact with the D-alanine-D-alanine portion of the pentapeptide which blocks transpeptidase.

Vancomicin transglycosylase Inhibit too.



- Vancomicin is bactericidal agent effective against certain G+ bacteria-
- MRSA, enterococcus
- No active against Gbacteria.
- It aplicates for treatment a serios staphylococcus – resistance infections.
- Can cause phlebitis
- ototoxicity,nephrotoxicity.
- Red men syndrome.

- It aplicates for treatment a <u>serios</u> <u>staphylococcus</u> –resistance infections, including endocarditis, peritonitis, oral treatment of Clostridium difficileassociated pseudomembranous colitis.
- Can cause phlebitis
- ototoxicity,nephrotoxicity.
- Red men syndrome.

- Not absorbet from the gastrointestinal tract.
- Largely excreted by the renal route;
- Poor penetration into cerebrospainal fluid (CSF).
- Resistance occasionally seen in enterococci.

 Aminoglycosides are one of the oldest and most functional groups of broad-spectrum antibiotics. The name of this group of antibiotics is derived from its complex structure, which includes the connection of two or three components by glycosidic bonds.



• All aminoglycosides are bactericidal and interfere with protein synthesis. They appear to act by combining with subunit of the *ribosome*, causing a misreadig of genetic code.

- The aminoglycosides are divided into 3 groups or generations.
- I generation:
- Streptomycin
- Kanamycin
- Neomicin
- Streptomycin's primary activity is against G-bacteria, enterococci, M.tuberculosis.
- Kanamycin is active against G+ and Gbacteria, M.tuberculosis.
- It is not effective against Pseudomonas

- Il generation of aminoglycosides:
- gentamicin
- Tobramicin
- They have a broad-spectrum antimicrobiol activity, but it is primary active against infections from G- bacteria and it drugs of choice for P.aeruginosa infections.
- It have activity against Sthaphylococcus on combination with *B-lactam antibiotics*

- Ill generation of aminoglycosides:
- Gentamicin
- Amikacin, netilmicin.
- They have elevated activity against resistance G- bacteria (Pseudomonas, Proteus, Klebsiella).
- All aminoglycosides are not effective against anaerobes, because their transport into the bacterial cell requires oxygen.

- Poorly absorbed from the gut; they have poor penetration into tissue and fluids;
- Excretion is almost entirely by the kidneys.
- Serum levels require monitoring with careful dosage adjustment particularly in renal failure.



- Resistance to aminoglycosides occurs by 3 mechanisms:
- 1.The important modification of the drugs by plasmid encoded
- Adenylating,
- Acetylating
- Phosphorylatin



 2.Chromosomal mutation in the gene that codes for he target protein in the 30S subunit of bacterial ribosome.



 Decreased permeability of the bacterium to the drug.

Adverse reaction to aminoglycosides:

- Most of aminoglycosides can be toxic to kidneys and auditory nerves (Streptomycin,Kanamycin can cause serios ototoxicity, gentamicin have Nephrotoxicity effect).
- The newer aminoglycosides are generally safe.
- Aminoglycosides do not cause allergies or interfere with immunology processes.
- They are poorly absorbed from the gastrointestinal tract.



- <u>Macrolides</u> –the name of this group of antibiotics is derived from its complex structure, which includes in the molecules
- Macrocycle lacton ring,
- one or more deoxysugars. The lactone rings are usually 14, 15 or 16-membered.

- Nature Macrolides.
- Erythromycin
- Oleandomycin
- Roxythromycin
- Semisynthetic Macrolides
- Dirithromycin,
- Azithromycin





Mechanism of action.

 Macrolides act by inhibition protein synthesis in the bacterial cell, binds to 50s subunit and block the translocation steps.

- The common properties of Macrolides
- Bacteriostatic effect, can also be bactericidal in high concentrations
- They have a very low toxity.
- They have activity against G+ cocci, *Streptococcus* pneumoniae, *Haemophilus influenzae,* Chlamydia,
- Mycoplasma,Legionella.
- Azithromycin has a broadest range of antimicrobial activity, even against <u>E.coli,Proteus,Shigella, Salmonella.</u>
- Erythromycin has poor gastrointestinal tolerance.
- This is less of a problem with the newer drugs.

Macrolides

- Macrolides tend to accumulate within leukocytes, and are therefore actually transported into the site of infection.
- The Macrolides are aplicates for treatment of respiratory tract disease, is one of safest drugs.

<u>Macrolides</u>



 Antibiotic macrolides are used to treat infections such as respiratory tract and soft tissue infections

 The antimicrobial spectrum of macrolides is slightly wider than that of <u>penicillin</u>, and therefore macrolides are applied for patients with a penicillin allergy. Beta-hemolytic streptococci, pneumococci staphylococci and are susceptible to macrolides. Unlike penicillin, macrolides are effective against mycoplasma, mycobacteria some

rickettsia, and chlamydia.



Resistance is due to a plasmid-encoded or chromosomal enzyme that methylates the 23s rRNA and blocking binding of drugs.

Through mutation, and results in cross-resistance to <u>macrolides</u>, lincosamides.

 Two other types of resistance rarely seen include the production of druginactivating enzymes (<u>esterases or</u> <u>kinases</u>) as well as the production of active <u>ATP-dependent efflux proteins</u> that transport the drug outside of the cell.

Side effects

They have a very low toxity.

 Macrolides **exhibit** enterohepatic recycling; that is the drug is absorbed in the gut and sent to the liver, only to be excreted into the duodenum in bile from the liver. This can lead to a build up of the product in the system, and **SO** causing nausea.





- Clyndamycin and lincomycin act on 50s subunit by binding to the 23S subunit of the bacterial ribosome and blocks peptide bond formation.
- Bacteriostatic effect.
- Active mainly against G+ cocci.
- Activity against anaerobes, both: non sporforming Ganaerobic bacteria (B.fragilis) and G+ such as Closridium perfringens.
- Active against protozoan
 agent

Clyndamycin and lincomycin

- Clyndamycin and lincomycin can exist in macrophages.
- May induce changes in the surface structure of bacteria that make them more sensitive to <u>immune system</u> attack (<u>opsonization and</u>

<u>phagocytosis).</u>
Clyndamycin and lincomycin



 Clyndamycin and lincomycin are deposited in bones and aplicates for treatment osteomyelites.

side effect



• The most side effect is

pseudomembranous colitis (suppression of normal flora of the bowel and overgrowth of a drug resistant strain of Closridium difficile).

Adverse effects

- Overgrowth of Clostridium difficile, which
 - is resistant to clindamycin, results in the production of a toxin that causes a range of adverse effects, from <u>diarrhea to colitis</u>
 - and toxic megacolon.



 Tetracyclines are produced by species of streptomyces and have four cycle rings with different R groups.
 Inhibit protein synthesis by binding to the 30s ribosomal subunit.

Bacteriostatic effect.

They have a broadspectrum antimicrobial activity against G+, G-Chlamydia,Mycoplasm a,Legionella.

- Tetracycline's are deposited in *grownin bones and teeth* with depression of linear bone growth.
- Not given during pregnancy or to young children.
- Suppression of normal flora of the bowel.



Chloram	phe	nicol		
(Laevom	icet	in)	Inhibit	
protein	syr	nthesis	by	
binding	to	the	50 s	
ribosomal	S	ubunit	and	
blocking	the	actio	n of	
peptidyltra	insfe	erase,th	is	
prevent t	he	synthes	sis of	
new peptide bonds.				

Chloramphenicol (Laevomicetin)



 They have a broad-spectrum antimicrobial activity against G+, G- (including anaerobes) Chlamydia.

Resistance to Chloramphenicol



- Resistance to Chloramphenicol is due by two mechanism:
- 1. Enzyme acetyl transferase acetylates in to acetyl ester.
- 2. reduce nitro group on the molecule.

- Chloramphenicol (Laevomicetin) toxicity -
- Irreversible aplastic anemia.
- Transient bone marrow depression
- (these hematologic changes reverse rapidly when the drug is stopped).



Linezolid is a synth	netic
<u>antibiotic</u> binds to	the
23S ribosomal RNA	A in
the 50S, they stop	the
growth and reproduc	ction
of bacteria by disrup	ting
translation	<u>of</u>
<u>messenger</u>	
RNA(mRNA)	<u>into</u>
<u>proteins in</u>	the
<u>ribosome.</u>	

Linezolid



Simplified schematic of mRNA translation. Linezolid occupies the A site (at center) and prevents tRNA from binding.

Mechanism of action fully not İS understood, linezolid appears to work on the first step of protein synthesis, initiation, unlike most other protein synthesis inhibitors, which inhibit elongation

Inhibition of protein synthesis -Linezolid



Linezolid used for the treatment of serious infections caused by Grampositive bacteria that are resistant to several other antibiotics (vancomicinneresistant enterococcus, MRSA, penicillin-resistant pneumococci)

Spectrum of activity

 Linezolid is effective against all clinically important Gram-positive bacteria—those whose <u>cell wall</u> contains a thick layer of peptidoglycan and no outer membrane— Enterococcus faecium and Enterococcus faecalis(including vancomycin-resistant enterococci, Staphylococcus aureus (including methicillinresistant Staphylococcus aureus, MRSA), Streptococcus agalactiae, Streptococcus pneumoniae, Streptococcus pyogenes the viridans group streptococci, and Listeria

Inhibition of protein synthesis -Linezolid

- Linezolid's spectrum of activity <u>against</u> <u>Gram-positive bacteria</u> is similar to that of the glycopeptide antibiotic <u>vancomycin</u>
- Linezolid has <u>no clinically significant</u> <u>effect</u> on most Gram-negative bacteria *Pseudomonas* and the Enterobacteriaceae.

linezolid

 Indications for linezolid use are: vancomycin-resistant *Enterococcus* infection, with or without bacterial invasin of the bloodstream; hospital- and community-acquired pneumonia caused by S. aureus or S. pneumoniae; complicated skin and skin structure infection (cSSSI) caused by susceptible bacteria, including diabetic foot infection

linezolid

 Linezolid is better than vancomycin against nosocomial pneumonia, particularly ventilator-associated pneumonia caused by MRSA, perhaps because the penetration of linezolid into bronchial fluids is much higher than that of vancomycin

linezolid

• Staphylococcus aureus is one of the most important pathogens that cause infections in hospitalized patients. Treatment of infections caused by methicillin-resistant strains of S.aureus (MRSA) is one of the main problems of antimicrobial therapy in term of resistance of this pathogen to all -lactams and to many other classes of antimicrobials. Such resistance leads to increased mortality and to decrease in cost-effectiveness of treatment. Glycopeptide antibiotic vancomycin has been the drug of choice for the treatment of the serious staphylococcal infections

Adverse effects

- Linezolid is a relatively safe drug.
- Common side effects of linezolid use (those occurring in more than 1% of people taking linezolid) include diarrhea (reported by 3–11% of clinical trial participants), headache (1–11%), nausea (3–10%), vomiting (1–4%), rash (2%),
- linezolid has been associated with <u>Clostridium</u> <u>difficile-associated</u> <u>diarrhea</u> (CDAD) and <u>pseudomembranous colitis</u>, occurring in about one in two thousand patients in clinical trials.

Mechanism of Resistance

- The resistance of most Gram-negative bacteria to linezolid is due to the activity of <u>efflux pumps</u>, which actively "pump" linezolid out of the cell faster than it can accumulate.
- Gram-positive bacteria usually develop resistance to linezolid as the result of <u>a</u> point mutation



Methicillin-resistant Staphylococcus aureus (bottom; false colors)



Quinolones.

The quinolones are a family of synthetic broad-spectrum antibiotics **The** first important class is nalidixic acid, had limited spectrum of antimicrobial active against G-, than against G+bacteria. New class of **Quinolones Ftorquinolones** consist ofCiprofloxacin,norfloxaci

n, perfloxacin, ofloxacin.

Quinolones.





- Antimicrobial activity
- Primary activity is against G- bacteria, even against
 - **Pseudomonas,Legio**

<u>nella,</u>

Chlamydiae,poor activity against pneumococci.

The common positive properties of *quinolones*

- The *broad spectrum* activity
- Bactericidal effect.
- A low toxity.
- They don not influence on for anaerobes.
- Posess a *selective antibacterial activity* on the *microbiota of the host*.
- Posess a high intracellulare activity.
- Can be *spread in all tissue* of the host.
- Can exist in macrophages.

quinolones



- Can be applicated per os for treatment of serious diseases.
- Fluoroquinolones are not recommended as first-line antibiotics for acute sinusitis



- Mechanism of action Quinolones –inhibit function of enzymes DNA-gyrase. That enzyme are essential to DNAreplication.
- New Quinolones
- Levofloxacin "respiratory Quinolones activity against Streptococcus pneumonia.
- Quinolones are bactericidedal drugs.
- Quinolones possess a high Intracellular activity.





- Resistance to
 Quinolones
- Is due primarily to chromosomal mutations that modify the bacterial DNA gyrase.
- Altered porin preventing passage of the antibiotic.

Toxicity and side effects.

- In general, fluoroquinolones are well tolerated.
- Gastrointestinal disturbances, photosensitivity, neurological disturbances, possible effect on growing cartilage relatively contraindicates use of Quinolones
- in children.

Toxicity and side effects.

- Fluoroquinolones are sometimes associated with an QTc interval prolongation and cardiac arrhythmias.
- The central nervous system is an important target for fluoroquinolonemediated neurotoxicity.

- Metronidazoles.
- Mechanism of action.
- Metabolized by nitroreductases to active intermediates which result in DNA breakages.
- It is active against bacteroides, other anaerobes, Trichomonas vaginalis.
- Resistance –rare.



- *Rifampicin* is relatively new semisynthetic derivation of rifamycin.
- Action of *Rifampicin* is based on blocking mRNA synthesis by bacterial RNA polymerase.. (inhibition of DNA-dependent RNA synthesis).
- *Rifampicin* is used primarily for the treatment of tuberculosis, leprosy, mycobacterium avium complex infection
- They have a broad-spectrum antimicrobial activity against G+, G-

Rifampicin



- They have <u>a broad-</u> <u>spectrum antimicrobial</u> <u>activity against G+, G-</u>
- In addition, rifamycins showed potency towards HIV. This is due to their inhibition of the enzyme reverse transcriptase, which is essential for tumor persistence.

Inhibition of RNA synthesis -Rifampicin

- Toxicity.
- Adverse reactions include skin and transient liver function abnormalities,
- A rare cause of hepatic failure.

Alteration of cell membrane function



- Polymyxins are cyclic peptides composed of 10 amino acid.The positively charged free amino act like a cationic detergent to disrupte the phospholipid structure of cell membrane.
- Polymyxin E Primary activity is against Gbacteria,
- especial Pseudomonas

Alteration of cell membrane function

- Polymyxins may be bacteriostatic or bactericidal, depending upon the dosage
- Kidney damage and nerve injury are usually reversible.

Alteration of cell membrane function



- Daptomycin is a novel lipopeptide antibiotic
 - It is a naturallyoccurring compound found in the soil saprotroph *Streptomyces* roseosporus

Mechanism of action

 Daptomycin has a distinct mechanism of action, disrupting multiple aspects of bacterial <u>cell membrane</u> function. It appears to bind to the membrane and cause rapid depolarization, resulting in a loss of membrane potential leading to inhibition of protein, DNA and RNA synthesis, which results in bacterial cell death.
Daptomycin

- Daptomycin is active against Gram-positive bacteria only. It has proven *in vitro* activity against <u>enterococci</u> (including glycopeptideresistant Enterococci (GRE)), staphylococci (including methicillin-resistant <u>Staphylococcus</u> <u>aureus</u>, and <u>corynebacteria.</u>
- Its special niche is currently for highly resistant organisms such as VISA and VRSA (vancomycin resistant <u>Staphylococcus aureus</u>)
- The bactericidal activity of daptomycin is concentration-dependent.

Indications

 <u>Daptomycin</u> is approved in the United States for skin structure infections caused by Grampositive infections, Staphylococcus aureus bacteraemia and right-sided S. aureus endocarditis. It binds avidly to pulmonary surfactant, and therefore cannot be used in the treatment of pneumonia.

Antifungal agents

- *1.Polyenes* drags, which *bind* to the *ergosterol* in the membranes
- of fungi (Amphotericin B, nystatin).
- 2. Azoles act by inhibiting ergosterol synthesis(they block cytochrome P-450-depedent demethylation of lanosterol, precursor of ergosterol)fluconazol,ketonazol.