PASSION ACADEMIC TEAM **JU - MEDICINE** MUSCULOSKELETAL SYSTEM **Sheet#8 - Pharmacology** Lec. Title : Anti-Microbial Agents & Acne **Preparations** (Part 2) Written By: Wasan Ababneh Ahmad Gharaibeh If you come by any mistake, please kindly report it to shaghafbatch@gmail.com



Topical Antifungal

Sheet #1 **Topical for acne—> erythromycin** Systemic →Tetracyclin

FUNGAL INFECTIONS

Superficial Infections

- Tinea (dermatophyte) infections
 - Tinea pedis, corporis, cruris, capitus, etc
- Onychomycosis
 - Infection of finger/toenails by dermatophytes
- Sebborrheic dermatitis
- Vaginal candidiasis (yeast infection)
 - Most common species is *C. albicans*, though other spp are on the rise
- Oropharyngeal (thrush) and Esophageal candidiasis
 - Infection can spread from oral mucosa into esophagus







Sheet #2 Tinea capitus \rightarrow موجودة في الر أس (head) (foot) موجودة في القدم (foot) <u>Tinea cruris</u> \rightarrow in genital organs القشرة بالشعر Sebborrheic dermatitis <u>تحدث Oropharyngeal(thrush)</u>→broad spectrum antibiotic نتيجة استخدام

<u>Systemic antifungal candidiasis</u>

Nystatin

- is a **polyene** antifungal drug with a ring structure mechanism of action
- **MOA**: bind to the fungal cell membrane component ergosterol, leading to *increased fungal cell membrane permeability*
- Too toxic for systemic use, Nystatin is limited to the <u>topical</u> <u>treatment of superficial infections caused by C.</u> <u>albicans.</u>
- Uses: candidiasis (thrush), mild esophageal candidiasis, and vaginitis.



Nystatin:1)Polyene \rightarrow Many double bonds

2)Used for mild cases

3)It acts by making pores in the cell membrane of the fungi

<u>4) Amphotericin B يشبه ال 4</u>

2. Antifungal Azoles

- •Azoles are synthetic drugs with broad-spectrum fungistatic activity.
- Azoles can be divided into two groups:
- 1. the older *Imidazole*

(clotrimazole, ketoconazole, miconazole)

2. the newer *Triazole*

(fluconazole, itraconazole, and voriconazole),

Sheet #4

Azoles > مركبات تحتوي على حلقة خماسية فيها كربون ونيتروجين تسمى IMIDAZOL OR sulfersinzole > heterocylic compounds

ملاحظة:مش كل الazoles تعتبر Antifungal

1)imidazole:-ketoconazole \rightarrow topical/systemic

2)Triazole:-Itraconzaole+fluconazole+voriconazole \rightarrow Systemic and skin fungal infections *itraconazole \rightarrow aspergillus also

Pozaconazole \rightarrow candida & aspergillus

Clotrimazole

✓ used in the topical treatment of oral, skin, and vaginal **infections with C. albicans.**

(topical لانه امتصاصه قليل)*

✓ It is also employed in the treatment of infections with **cutaneous dermatophytes.**

 \checkmark less than 10% of the drug is systemically absorbed.



Ketoconazole (Nizoral[®])

✓ can be absorbed orally, but it requires an acidic gastric environment.

•useful in the treatment of cutaneous and mucous membrane dermatophyte and yeast infections,

• Ketoconazole is usually effective in the treatment of *thrush*

Thrush

• *Ketoconazole \rightarrow topical and systemic and oral,



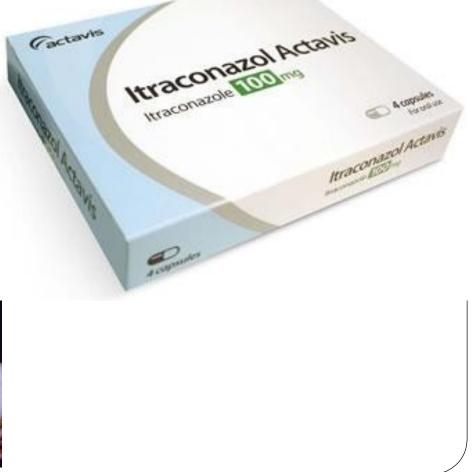


Itraconazole *(systemic infections) Orally It is the drug of choice for all forms of *sporotrichosis*

rose-gardeners' disease







3. Allylamines

MOA–inhibit ergosterol synthesis , thus affecting fungal cell membrane synthesis and function.

- Naftifine*(topical infections) is available for topical use <u>only in the treatment of cutaneous</u> <u>dermatophyte</u> and Candida infections.
- 2. Terbinafine*(topical and systemic infections) is available for topical and oral tablet in the treatment of dermatophyte skin and nail infections
 *(Both naftifine and terbinafine affects the cell membrane).

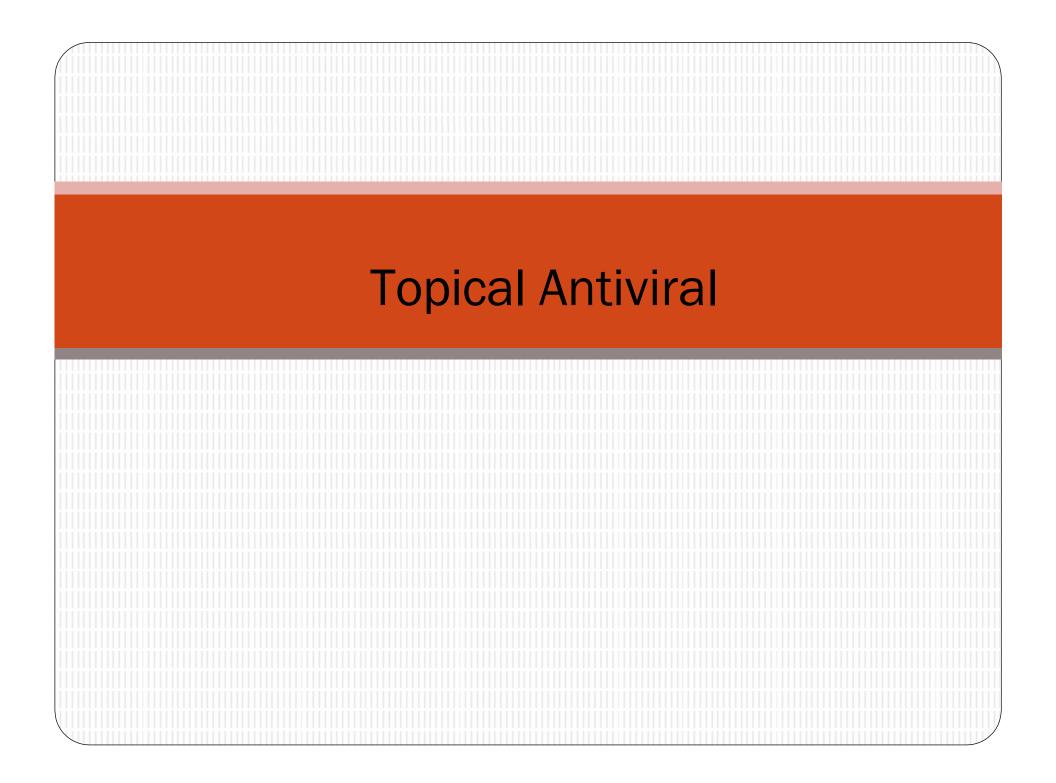
4.Tolnaftate

is an antifungal agent effective in the topical treatment of dermatophyte infections and **tinea**

5. Griseofulvin*(Systemic for skin infections(fungostatic)) MOA: it **inhibits fungal growth** by binding to the microtubules responsible for mitotic spindle formation.

•The drug **binds to keratin precursor cells** and newly synthesized keratin in the stratum corneum of the **skin, hair, and nails**, stopping the progression of dermatophyte infection.

•Is an oral fungistatic agent used in the long-term treatment of dermatophyte infections



HERPES INFECTIONS

• HSV1

• Herpes labialis or "cold sores", fever blisters

• HSV2

• Genital herpes



- Acquired through sexual contact, lifelong recurrent infection
- Can by asymptomatic, still transmissible
- Herpes Zoster*(الجدري)
 - Varicella zoster virus
 - Causes chicken pox in children
 - من اخطر الامراض لانه ممكن يتحول ويترك skin ويصيب CNSويسوي Encephalitis* •

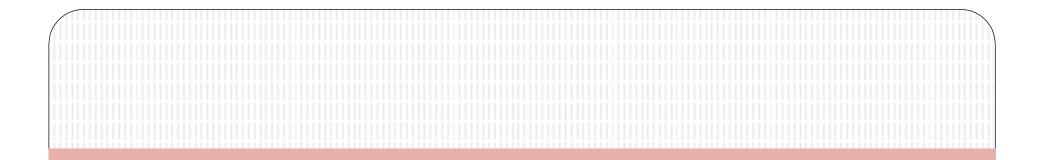


Antivirals For Herpes Infections

- When would you use topical for what indication
- Acyclovir is only one available topically
- Acyclovir (Zovirax®)(Topical/oral infections)
 - Oral capsule, tablet, and IV
 - Oral suspension
 - Topical cream, ointment
- Valacyclovir (Valtrex®)*(oral/systemic infections)
 - Oral tablet
- Famciclovir (Famvir®)*(oral and systemic infections)
 - Oral tablet



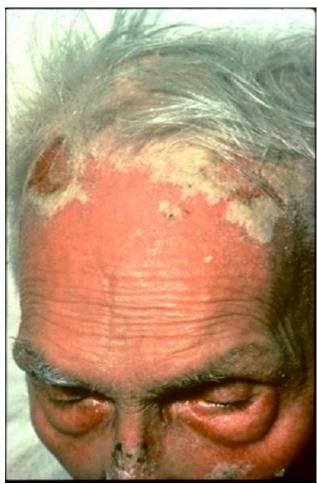


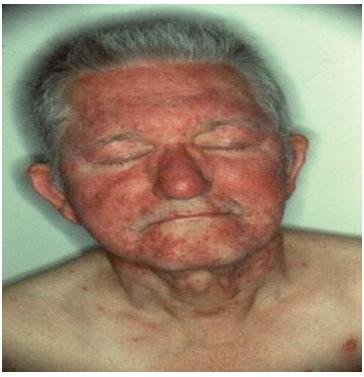


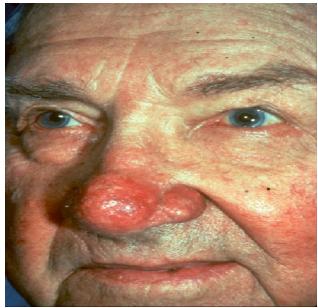
Treatment of Common skin disorders

TREATMENT OF SEBORRHEIC DERMATITIS*(القشرة بالرأس)

- Can be suppressed but not cured
- Mild topical corticosteroids useful for acute forms (1% to 2% hydrocortisone)
- Once controlled, maintenance with medicated shampoos that act against yeast, eg, selenium sulfide, ketoconazole, tar shampoos*topical corticosteroid-کلتقلیل من القشرة
- *If its uncontrolled we use ketoconazole or some types of shampoos







ROSACEA

Diffuse erythema, with papules. <u>Location:</u> cheeks, forehead & chin Nose: thickended, erythematous rhinophyma.

Common in fair-skinned persons of all ages

Common symptom: Recurrent facial flushing from a variety of stimuli (sunlight, alcohol, hot beverages, drugs that cause vasodilation)

Chronic condition with frequent flares

Sheet #5

Rosacea:occurs when an indivisual get exposed to some type of stress either by sunlight or by eating something that is hot, we will see that his face begins to turn red and some some papules that are red in color also and Rhinophyma is seen

TREATMENT OF ROSACEA

- Avoid skin irritants, strong soaps
- Reduce sun exposure: use sunscreens
- For moderate to severe flares:

oral antibiotics (tetracyclines, eg, doxycycline, minocycline) or erythromycin

For mild cases and maintenance:

topical antibiotics (erythromycin, clindamycin, metronidazole)

Severe or refractory rosacea:

some rosacea patients have very severe outbreaks and do not respond to topical treatments or oral antibiotics. In those cases, isotretinoin can be considered at low doses and monitored closely by their dermatologist.

*(severe flares→systemic drugs)

Sheet #6

We give antibiotics because it has some elements of reducing inflammation NOT because there is an infection because in rosacea there is vasodilation in the blood vessels of skin

Note that not all antibiotics has anti-inflammatory effects

*DON'T use topical NSAID

اذا كانت الحالة severe و ما كان في استجابة للOral or topical اذا كانت الحالة severe و ما كان في استجابة للا Vitamin A (isotretinion) which has an anti-inflammatory activity

Atopic dermatitis (eczema)

 eczema is a condition that makes your skin red and itchy. It's common in children but can occur at any age.
 Atopic dermatitis is long lasting (chronic) and tends to flare periodically. It may be accompanied by asthma or hay fever. No cure has been found for atopic dermatitis.



Atopic يعني نتيجة حساسية*

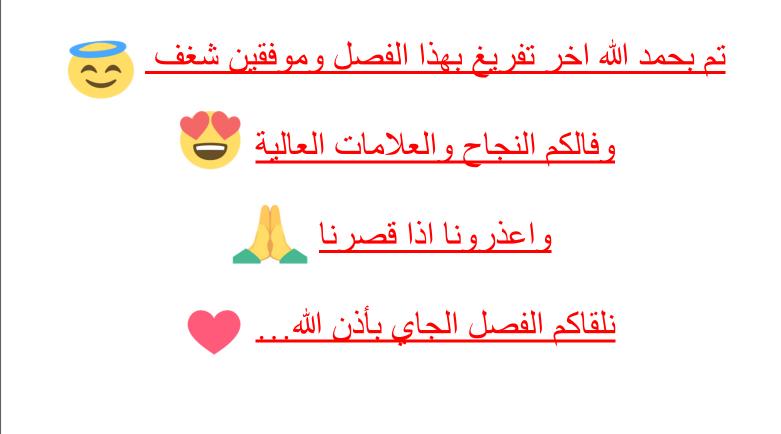
Atopic dermatitis (eczema)

Treatment

- emollients (moisturisers) used every day to stop the skin becoming dry.
- topical corticosteroids creams and ointments used to reduce swelling and redness during flareups.*(anti-allergy)
- Apply an anti-itch cream to the affected area.
- Take an oral allergy or anti-itch medication
- Don't scratch.
- Apply bandages.
- Take a warm bath.
- Choose mild soaps without dyes or perfumes.



No more Study sheets :D don't worry





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