

# **ANTIMYCOBACTERIALS**

# *Mycobacterium*



- Rod like gram-positive aerobic bacteria.
- *M. tuberculosis* causes **Tuberculosis** & *M. leprae* causes **leprosy**.
- Mycobacterium **grow slowly**, lie **dormant**, has **thick cell wall and impermeable** & become **resistant to antibiotic therapies quickly**.

Therefore , long periods, with several different antibiotics simultaneously needed for eradication of ***Mycobacterium***

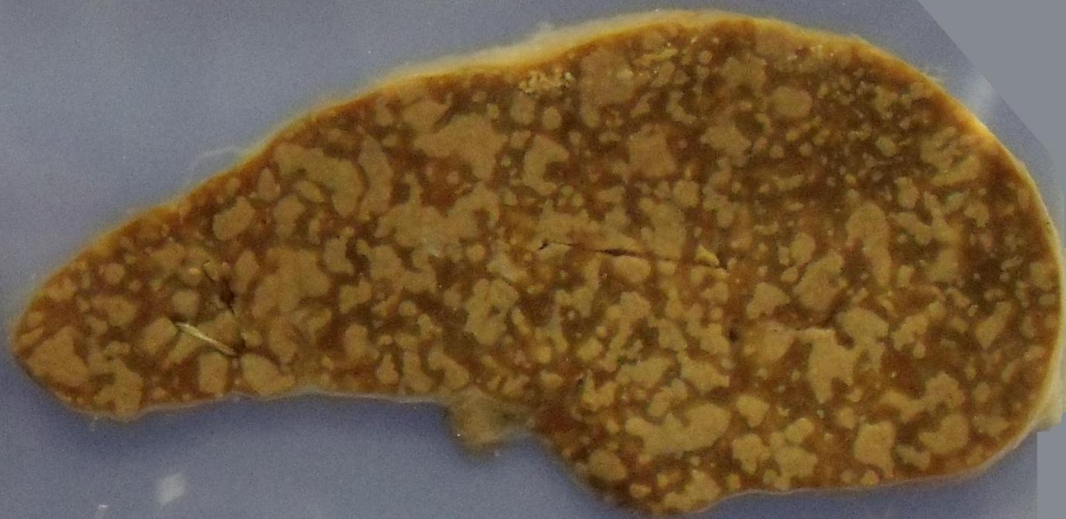
# ***Tuberculosis***

- Infectious disease Caused by ***Mycobacterium tuberculosis***

 ***Pulmonary TB ( caseation)***

 ***Extrapulmonary TB (liver, bone ,spleen, skin)***

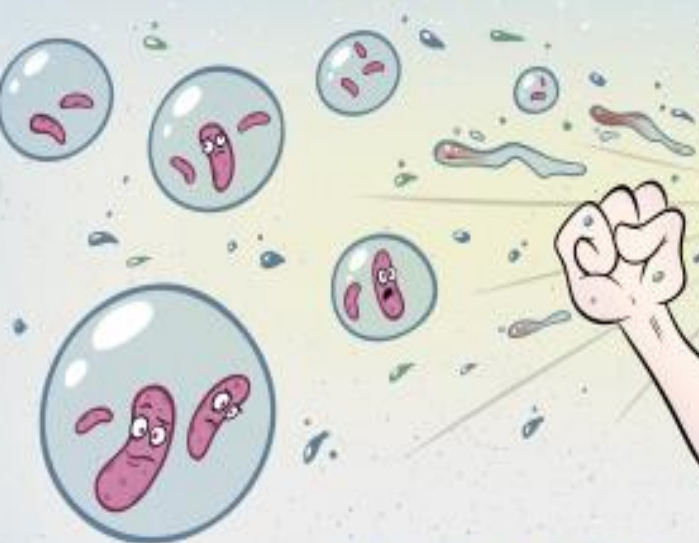
***Miliary TB*** : ***tuberculosis c.c by a wide dissemination into the human body and by the tiny size of the lesions (1–5 mm)***





# TUBERCULOSIS

MYCOBACTERIUM TUBERCULOSIS IS CARRIED THROUGH THE AIR IN INFECTIOUS DROPLETS PRODUCED WHEN INFECTED INDIVIDUALS COUGH

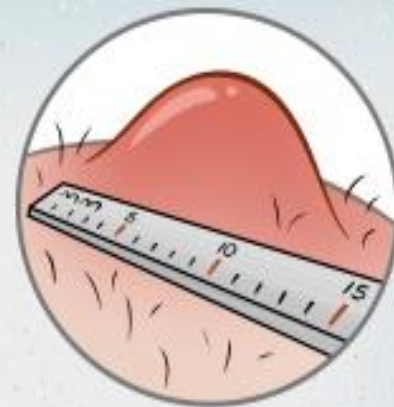


FEVER, FATIGUE, WEIGHT LOSS, PRODUCTIVE COUGH, AND BLOOD-STREAKED SPUTUM



NIGHT SWEATS

THE PPD TEST CONSISTS OF A SUBCUTANEOUS INJECTION OF TUBERCULIN ANTIGEN WITH A SUBSEQUENT READING IN 48 TO 72 HOURS



THE REACTION IS REPORTED ACCORDING TO THE DIAMETER OF THE INDURATION, NOT ERYTHEMA

# How pulmonary TB spreads

- **TB spread from person to person by**
  - sharing food or drink
  - coughing
  - sneezing
  - Kissing



# *Risk factors for pulmonary TB*

- Older adults
- small children
- people who smoke
- people with an autoimmune disorder, such as lupus or rheumatoid arthritis
- people with lifelong conditions, such as diabetes or kidney disease
- people who are immunocompromised, such as those living with HIV, undergoing chemotherapy, or taking chronic steroids

# *Treatment of TB*

- The objective therapy
  - to *eliminate symptoms* of active disease by killing multiplying bacilli (**phase 1**)
  - to *prevent relapse, & emergence of drug resistance* by eradication of problematic bacteria (**phase 2**).



# Patient

## Un Complicated

1<sup>st</sup> infection  
[6m ttt]

<b>First 2 months (Initial Phase)</b>	Isoniazid (INH) + rifampicin + pyrazinamide + ethambutol or streptomycin (2HRPE)
<b>4 months (Continuation Phase)</b>	Isoniazid + rifampicin (4HR)

## Complicated

Fail ttt or 2<sup>nd</sup> infection  
[8 m ttt]

<b>First 2 months (Initial Phase)</b>	Isoniazid + rifampicin + pyrazinamide + ethambutol + streptomycin (2HRZES)
<b>Further 1 or 2 Months</b>	Isoniazid + rifampicin + pyrazinamide + ethambutol (1HRZE)
<b>Five months (Continuation Phase)</b>	Isoniazid + rifampicin + ethambutol (5HRE)

# *Anti TB*

- + *INH ; Rifampicine* most active drugs for 9 months cure 90-95%.
- + Addition of *pyrazinamid* decrease duration of ttt to 6 months with same efficacy .
- + *Ethambutol & streptomycin* will not decrease duration but provide additional coverage of Isolate proves to be resistance to INH & Rifampicine

# ***INH (isoniazid H)***

- ***Prodrug** activated by bacterial catalase-peroxidase.*
- *Sp. for Baciili inhibits the enzyme required for **mycolic acid synthesis**, an essential component of mycobacterium cell wall.*
- *Bactericidal against rapidly multiplying organisms.*
- *Effective orally and metabolized by **ACETYLATION** which is **genetically** controlled. Fast acetylators require high dose and slow acetylators are predisposed to toxicity (particularly **peripheral neuritis**),*
- *other s/e **Sideroblastic anemia** due to B6 deficiency.*

# ***Rifampicine***

- *Broad spectrum antibiotic but restrict to TB to prevent resistance*
- *Secreted in bile, so does not require dose adjustment in renal failure.*
- Effective against ***intra- and extra-cellular bacilli.***
- ***Rifampicine is Only bactericidal drug active against dormant bacteria in solid caseous lesions.***
- It is ***hepatotoxic*** and may cause ***skin rash, flu like syndrome and GI upset***

# ***Pyrazinamide***

- *Prodrug converted to active form by intrabacterial **pyrazinamidase***
- *Effective in acidic media so benefit in **Acute inflammation & against quiescent bacilli within macrophage.***
- *in 40% of the patients it causes **non-gouty arthralgia.***



# *Ethambutol*

- ***BACTERIOSTATIC agent, sp. for mycobacterium acts by inhibiting the synthesis of*** arabinogalactan (a component of cell wall) due to **inhibition of arabinosyl transferase**
- used when ***resistance to INH & rifampicine is suspected***
- Causes ***visual disturbances like optic neuritis***
- ***Contra-indicated in pregnancy & children.***

# ***Streptomycin***

- ***Tuberculocidal aminoglycoside.***
- ***It is not absorbed orally and must be administered by I.M injection.***
- **It is active only against extra-cellular bacteria.**
- ***It is NOT HEPATOTOXIC.***
- ***Streptomycin is contraindicated in PREGNANCY.***

Actively multiplying population

95%

Intracellular population

Population with **spurts** of metabolic activity

Dormant population

Isoniazid  
Rifampicin  
Streptomycin  
Ethambutol

Rifampicin  
Pyrazinamide

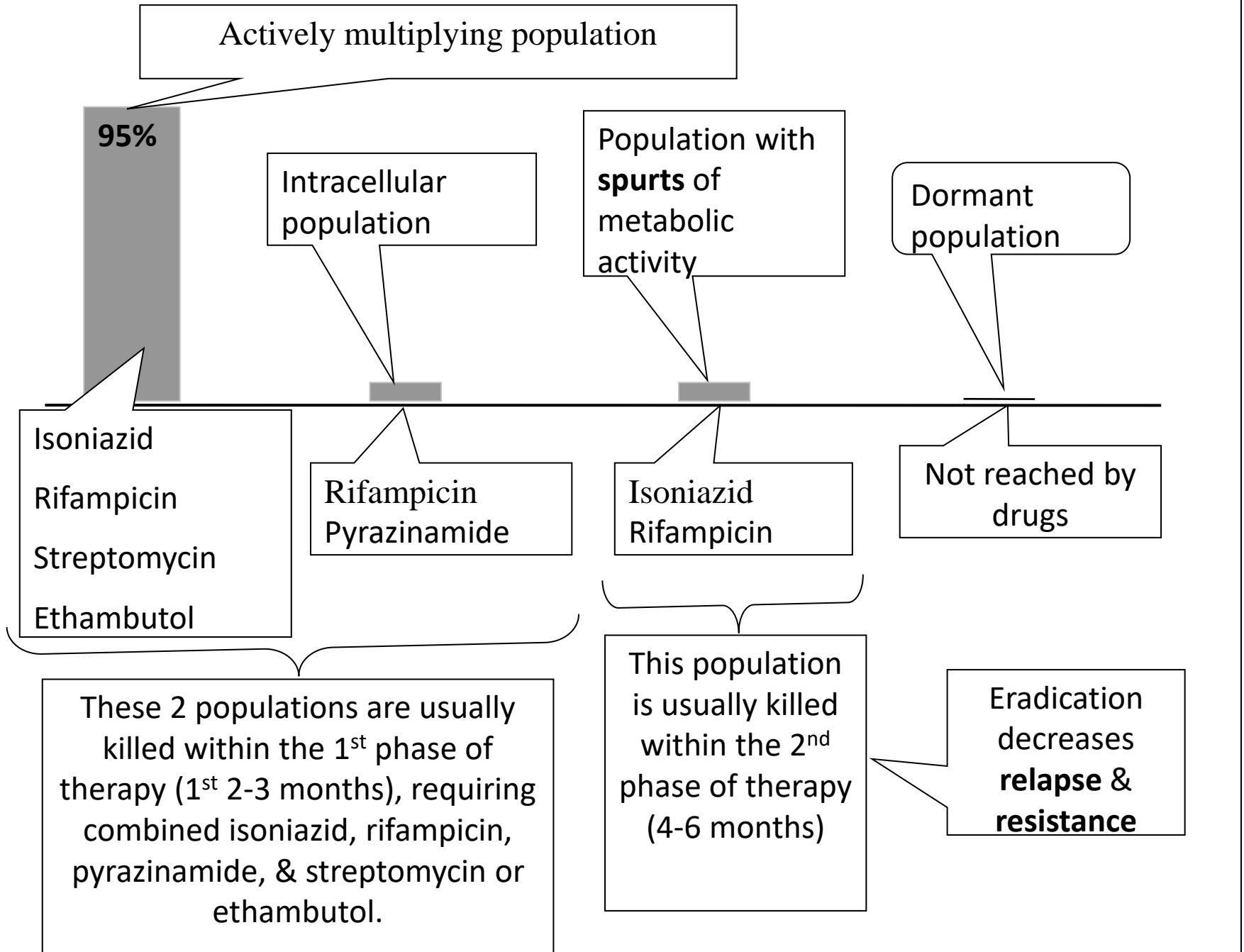
Isoniazid  
Rifampicin

Not reached by drugs

These 2 populations are usually killed within the 1<sup>st</sup> phase of therapy (1<sup>st</sup> 2-3 months), requiring combined isoniazid, rifampicin, pyrazinamide, & streptomycin or ethambutol.

This population is usually killed within the 2<sup>nd</sup> phase of therapy (4-6 months)

Eradication decreases **relapse & resistance**



# *Leprosy*

Infectious disease causes severe, disfiguring skin sores and nerve damage in the arms & legs, caused by slow-growing bacteria (2-4 yrs incubation) called *Mycobacterium leprae*.



# *Treatment*

- *Dapson* 1<sup>st</sup> choice
- other *Rifampicine* &  
*Clofazimine*



# ***Dapson***

- **$t_{1/2} = 27\text{hr}$  , min duration is 2 years**
- *deposited in infected skin much more than normal skin.*

# ***Rifampicine***

- **600mg/monthly** *(not true for UTI)*
  - *Support dapson to **prevent infectivity***

# ***Post antibiotic effect***

continued suppression of bacterial growth following limited exposure of organisms to an antimicrobial agent e.g. **Rifampicine , amikacine , clarithromycin and ethambutol**

# *Clofazmine*

- $t_{1/2} = 70$  days
- *absorb in GIT & accumulate in tissues.*
- *used in dapson resistance*

**NB:** *Clofazmine activity depend on amount **accumulate in tissue** NOT on Plasma so we not depend on  $C_{ss}$  that is reach after ( $\sim 350$  days )*

Thank  
you

