

Antimycotics

Jan Strojil
Ústav farmakologie LF UP



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Outline

1 Introduction

2 Polyens

3 Azoles

4 Alylamines and morfolines

5 Other

Mycoses

- **Systemic mycoses**

- systemic candidiasis
- cryptococcal meningitis or endocarditis
- pulmonary aspergillosis
- rhinocerebral mucormycosis

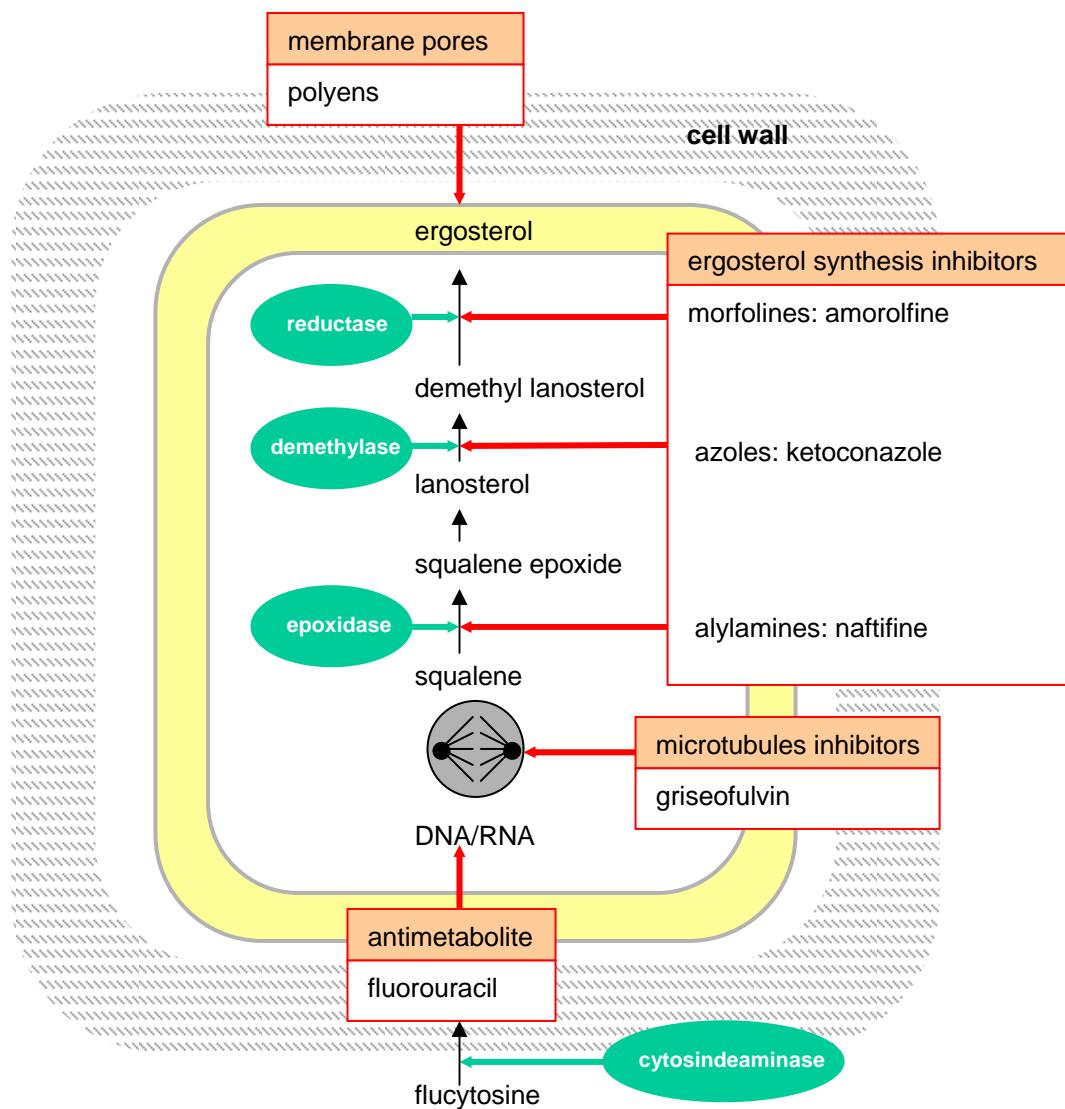


- **Superficial mycoses**

- dermatomycoses (tinea)
 - trichophyton
 - microsporum
 - epidermophyton
- superficial candidiasis



Physiology



Polyens

1 Introduction

2 Polyens

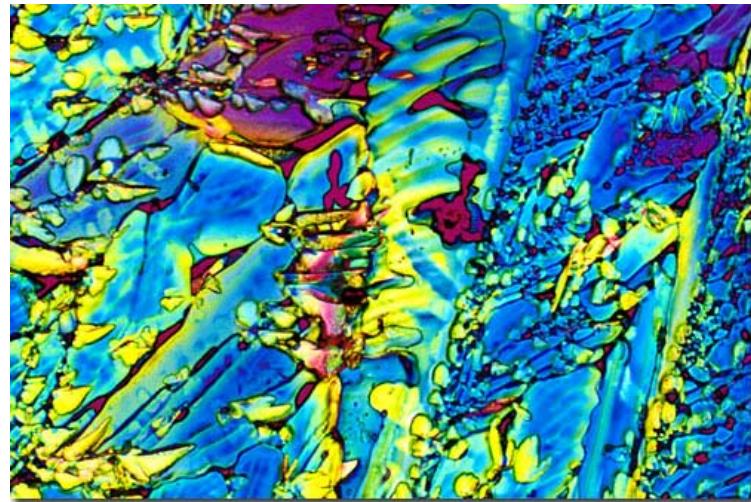
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Polyens

- **Amphotericin B**
 - antibiotic
 - macrolide structure
 - binds to ergosterol in membrane
 - creates pores - loss of K⁺
 - combination with flucytosine



amphotericin B

Indications

- severe systemic mycoses
- candidosis (endocarditis, pneumonia, systemic candidosis)
- aspergillosis and mucormycoses - drug of choice
- cryptococcal infections, including meningitis
- coccidiomycosis, histoplasmosis, blastomycosis

Polyens - Amphotericin B

Characteristics

- not absorbed from GIT
- fungistatic
- toxic
 - lipid complexes, β -cyclodextrin, liposomes, nanospheres
- normally does not cross BBB

Side effects

- nephrotoxic
 - renal impairment in 80% of patients
- hypokalaemia, hypomagnesaemia
- nausea, chills, fever, headache
- local reaction - slow i.v. infusion

Polyens

- **Nystatin**

- similar to Amphotericin B
- no absorption
- highly toxic
- only local

- **Natamycin (pimaricin)**

- similar to nystatin
- local therapy

Azoles

1 Introduction

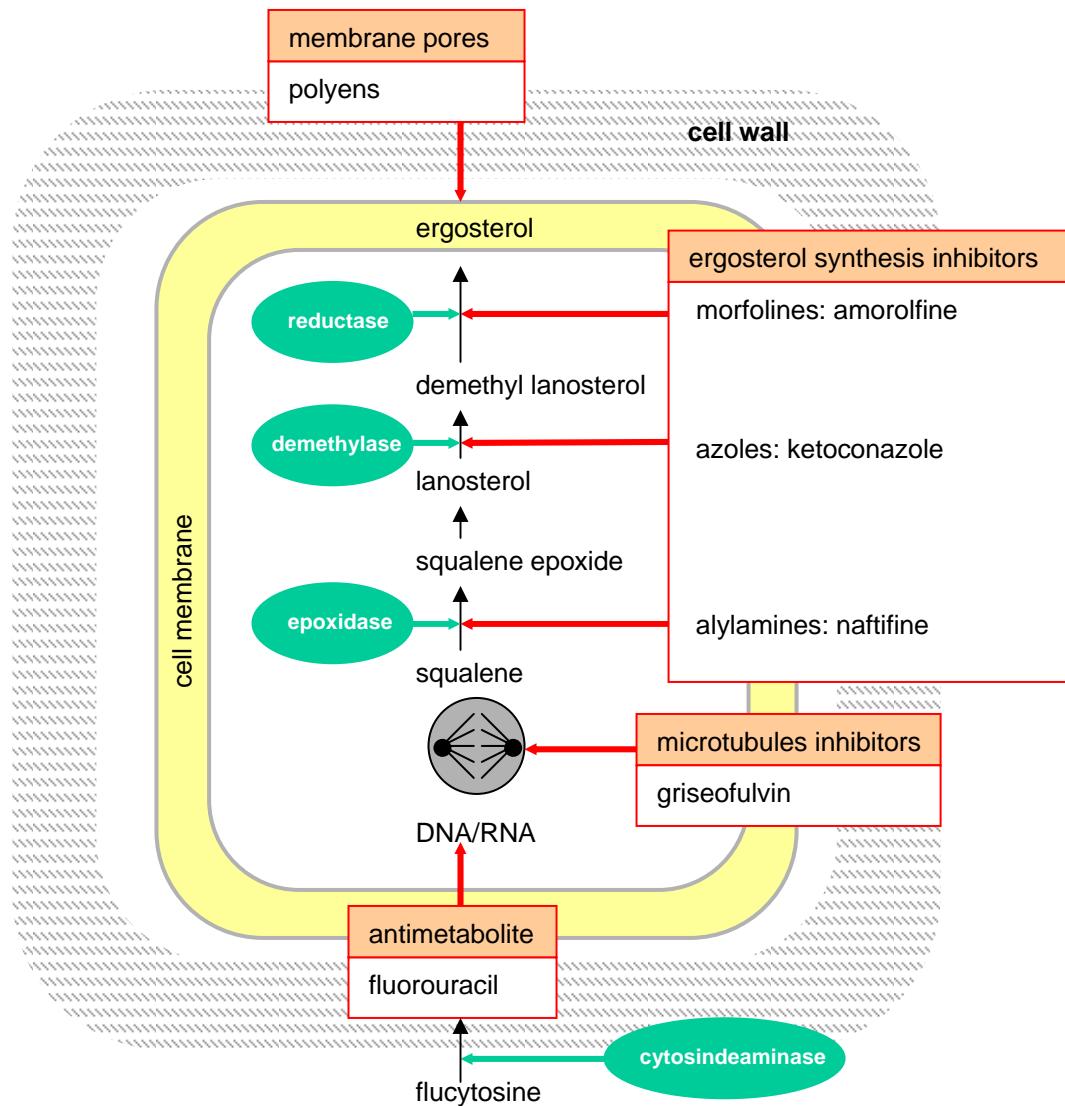
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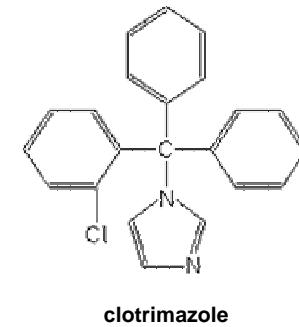
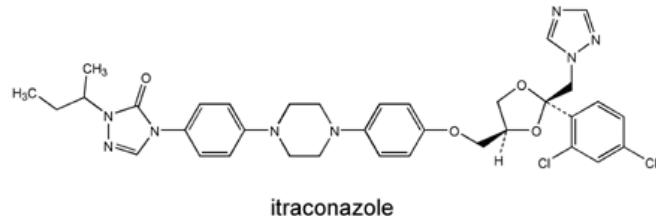
Physiology



Azoles

- General characteristics & action

- synthetic
- fungistatic
- inhibit fungal CYP450 3A
- alter fluidity of membrane
- inhibit replication
- imidazoles and triazoles



Indications

- topical use (some also have antibacterial activity)
- systemic use – local and systemic mycoses

Azoles

- Miconazole

- obsolete

- Ketoconazole

- first azole for oral administration

Indications

- systemic candidosis, coccidiomycosis, histoplasmosis, skin mycosis

Side effects

- nausea, vomiting, hepatopathy, inhibition of steroid hormones production

Interactions

- CYP 3A, needs acid for absorption

Azoles

• Fluconazole

- triazole
- reaches high concentrations in CSF
- can reach fungicidal concentrations

Indications

- first choice for fungal meningitis

Side effects

- better tolerated, GIT, does not inhibit steroids

Interactions

- lower affinity to human CYP 3A

Azoles

• Itraconazole

- triazole, lipid soluble
- variable absorption
- β -cyclodextrin coated particles for IV

Indications

- first choice for fungal meningitis

Side effects

- well tolerated, skin lesions, does not inhibit steroids

Interactions

- CYP 3A inhibition, needs acid (Coca-Cola^{®TM})

Azoles - other

- voriconazole
 - wider spectrum
 - more expensive (VFEND®)
- posaconazole
 - even wider spectrum
 - even more expensive (Noxafil®)
- ravuconazole
 - in clinical trials



Alylamines and morfolines

1 Introduction

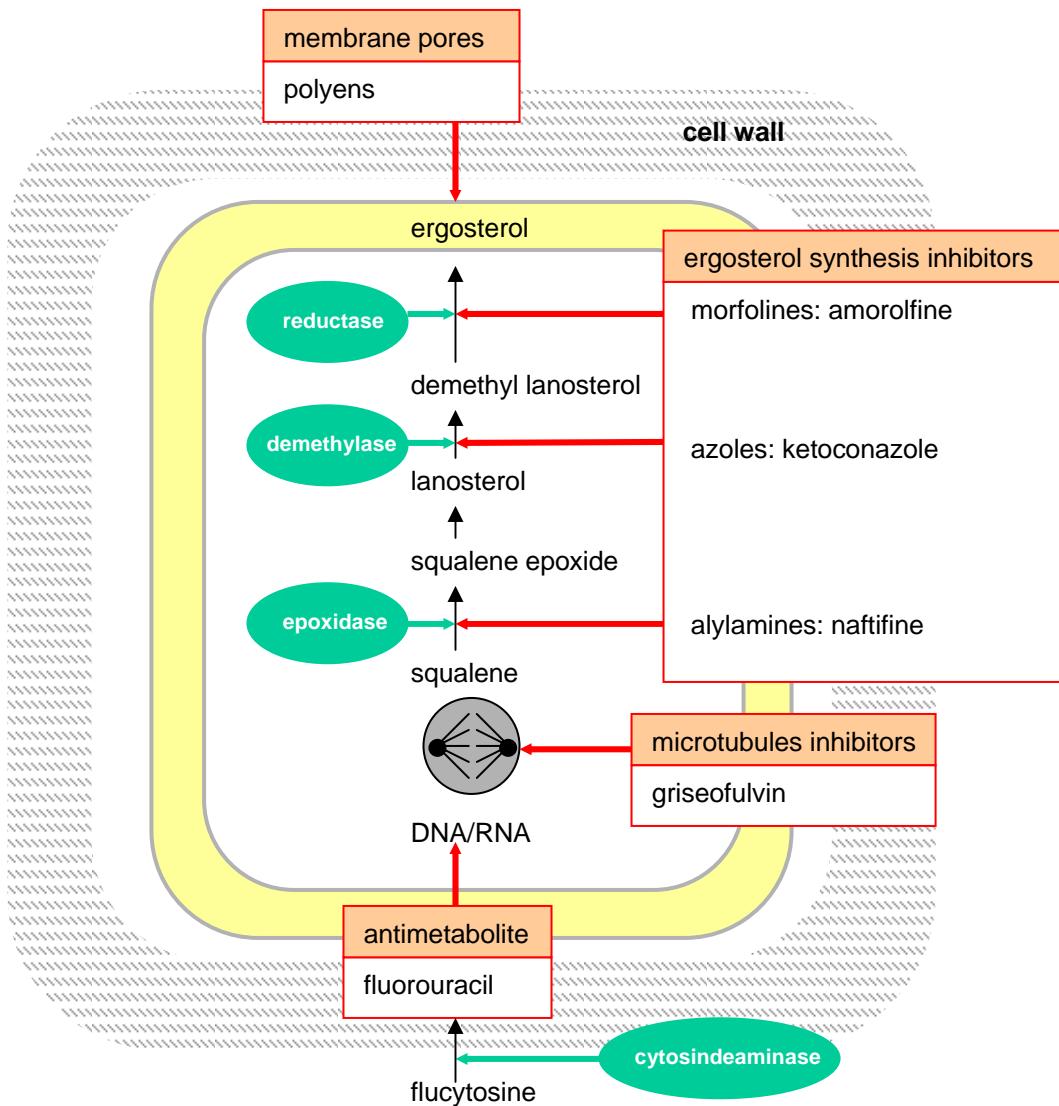
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Physiology



Alylamines and morfolines

- **naftifine**

- local, fungicidal, wide spectrum
- antiflogistic effect

- **terbinafine**

- similar to naftifine, also oral form,
- keratinophilic

- **amorolfine**

- good penetration into nails
- used in the form of a lacquer

Other

① Introduction

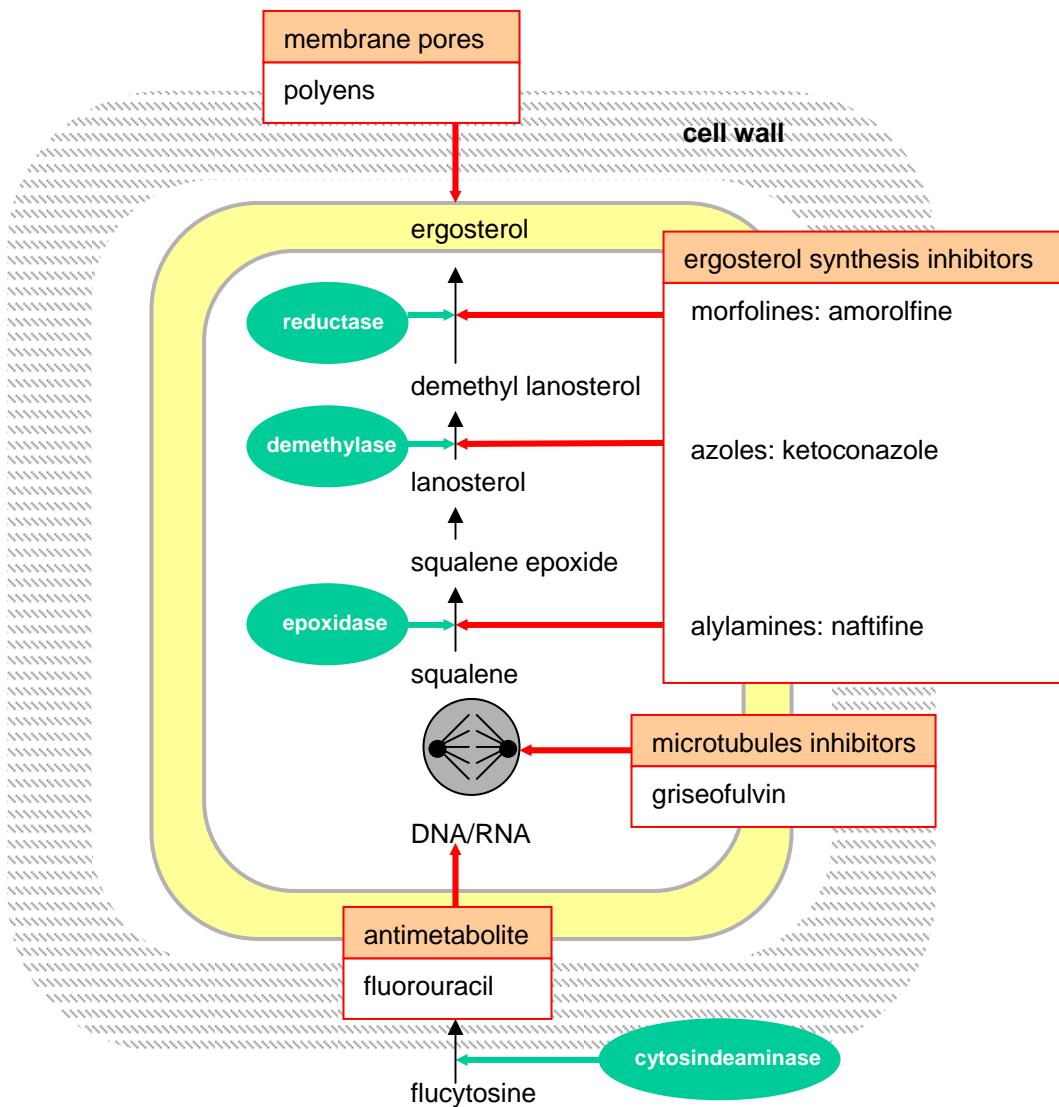
② Polyens

③ Azoles

④ Alylamines and morfolines

⑤ Other

Physiology



Others

- **griseofulvin**

- local infections, given systemically
- obsolete, treatment needs to be very long

- **flucytosine**

- cytosinideaminase inhibitor (cytosine -> uracil)
- good effect on candida
- 10g daily
- well tolerated, mild side effects
- beneficial combination with amphotericin B

Others

- caspofungin
 - inhibits cell wall synthesis
 - wide spectrum
 - poor oral absorption
 - long half life - 1 dose/day
- other...
 - pradimicin, nikkomycins
 - sordarins
 - GCSFs
 - vaccines?

thank you for your attention