

Pharmacology of Protein Synthesis inhibitors

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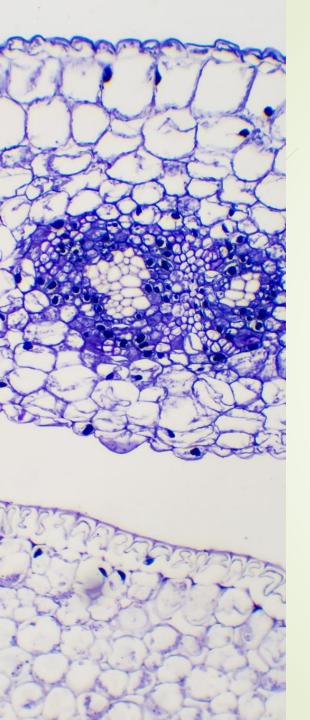
Mu'tah University- Faculty of Medicine

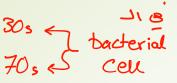
2023/2024



Objectives

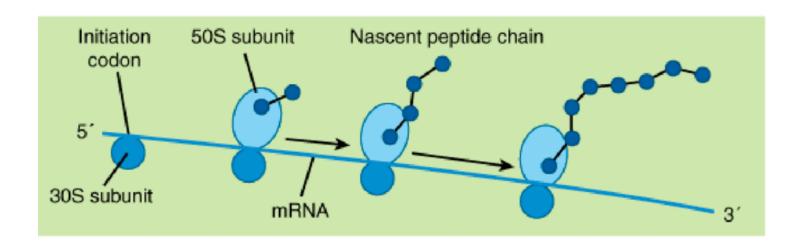
- 1- Protein synthesis in bacterial ribosomes
- 2- Mechanism of action of protein synthesis inhibitors antibiotics
- 3- Classification of protein synthesis inhibitors
- 4- Aminoglycosides
- 5- Macrolides
- 6- Tetracyclines
- 7- Chloramphenicol
- 8- Clindamycin



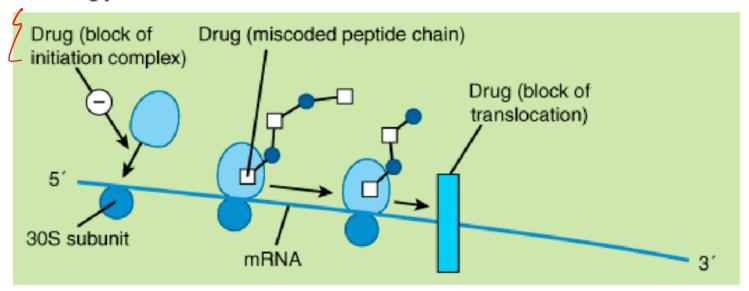


70, 2 tacterial Ribosomes: site of protein synthesis

- Prokaryotic ribosomes are 70S;
 - Large subunit: 50 S
 - 33 polypeptides
 - ■Small subunit: 30 S
 - 21 polypeptides
- Eukaryotic are 80S



Aminoglycoside-treated bacterial cell



PROTEIN SYNTHESIS INHIBITORS



AMINOGLYCOSIDES - mycin, micin

∦Amikacin Gentamicin Neomycin

Netilmicin Streptomycin

Tobramycin

MACROLIDES/KETOLIDES

Azithromycin Clarithromycin Erythromycin Telithromycin Spiramycin y



CLINDAMYCIN

QUINUPRISTIN/DALFOPRISTIN

LINEZOLID

(according to Lippincott's Pharmacology)

broad Spectrum pois &

Light of the ct

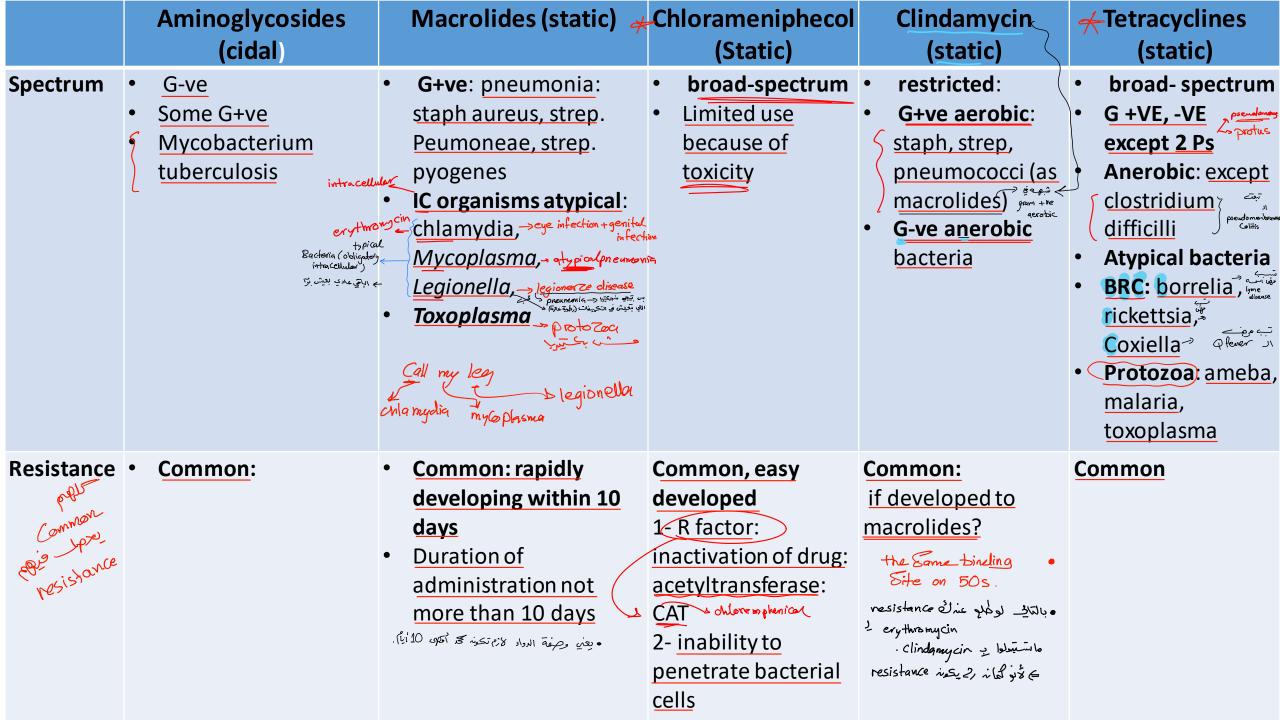
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عطيرة

	Aminoglycosides (cidal)	Macrolides (static) Moderate spectrum	Chlorameniphecol (Static- broad spectrum)	Clindamycin (static) Macrelides - 1 and	Tetracyclines (static- پانستان broad spectrum)
PDs Sygnature PKs	Irreversible binding to 30S subunit: misreading of mRNA Not absorbed orally	Binding of 50S subunit: (weak reversible binding) Increasing concentration turns the drug into cidal MW>500 حمع دنال آواند ۱۳۰۸ مردهانی بعلی ادر ۱۳۰۸ موردهانی بعلی اداره	Binding (weak) to 50S subunit MW<500, only 2 –OH groups, 2 Cl atoms Not used nowadays except topical for eye infections • Well-absorbed, not	Binding to 50 S subunit (as erythromycin) at the same binding site MW <500 Rapid complete	Reversible (weak) binding to 305 subunit MW<500 except tigecycline (parentral) Containing –OH groups, least in minocycline Partially absorbed
طاحه المتحدث	Not pass BBB Can pass placenta and breast milk Not metabolized Excreted unchanged in urine: active in alkaline urine (urine is alkaline during infection) N.B. Synergy - The aminoglycosides synergize with β-lactam antibiotics. The β-lactams inhibit cell wall synthesis and thereby increase the permeability of the aminoglycosides.	Poor oral absorption, affected by food (on empty stomach) Not pass BBB Pass placenta but not teratogenic: safe in pregnancy: erythromycin, zithromycin Pass to most body fluids in good concentration (prostate) Concentrated in macrophages and polymorphs (long biological half life) Metabolism: liver	affected by food Pass BBB: 2nd choice in meningitis Widely distributed: high Vd (vdume of distribution) Pass placenta, in breast milk Metabolized by glucorunidation in liver: glucoronyl	 oral absorption pass BBB in small amounts enough to treat meningitis Penetrates bone, tissue fluids including 	 Absorption decreased with: food, milk, antacid, iron (binds to heavy metals) Incomplete passage to BBB Concentrated in bone, teeth Pass placenta (teratogenic) and breast milk (high affinity to Ca) ≠ pregnancy, lactation, children<8 y Metabolism: extensive in liver Excreted in urine 80% (inactive) more than in bile → 20% (enterohepatic circulation) N.B. doxycycline and minocycline: nearly complete oral absorption, 50% renal excretion, 50% in bile: can be used in renal impairment

Meningitis المن يسأل عنه BBB عدية أعوف اذا الـ Antibiatic الله يسأل عنه BBB عدية أعوف اذا الـ Meningitis ولا لا إ على هذه المخدوسة توفند Oral بسأله سؤك مباشرة وراها ؟ واعت عد المحدوسة المخدوسة المحدوسة على معلم والمعالم على المحدوسة Plasma half life i i Bidogical half life i : (m) Note عده الحامية و موجود في الرسبة هد الوقت اللي بنول فيه تركيز الدواء هذه الحامية و مركز الدواء من عليه - plusma half life Macrolides 24 hr (biological) tissue Il is & Blir + plasma is is isse. excretion ای تعلی الحادی الحادی الحادی enterohepatic ____ circulation عدل فايرة الموعندل عير Concentration 1 , liver 1 = 2 2 2 1 Side effect is a si a si a si enterportic circulation list a sylveste lunger Adverse effect on liver = liver Sc المورق المورق المعوية رے ترجه عافی للم ے انتے کمولت Duration of action Chlorameniphecol glucorony transferase : الانزيم تبع glucorunidation بالمي عود (٥) Note و ش عوجود فحد المُحْفَال م بالمائي لو أعطيه Chlorameniphecal a) my 2, Active in 5, 2, wie ha Tour toxicity سيه انو ماعترو الأنزيم. اللي هي اله على (الكاليم) خے منتجات الألبان. وتتوسيوا Complex ledge tetraleglinge Compaund join shinks as to the presepitate (الله عدي الله الله عدي واحد عند عند الله مناه عديد عند (7) Note الله حند الله حند (4) Note الله حند الله حند (4) Note وي الله عند الله ع



Chloramenipheal 1 resistance Opru in Jam: (1) Note
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عشات یکسره. (CAT)
chloramonipheol actyltransferase.

	Aminoglycosides (cidal)	Macrolides (static)	Chlorameniphecol (Static)	Clindamycin (static)	Tetracyclines (static)
steralization steralization style	2- G-ve: septicemia, meningococcal meningitis? gentamicin 3- T.B. streptomycin among 1st line drugs of T.B. 4- Plague: 1st line 5- neomycin (toxic): local: oral for gut decontamination, hepatic coma 6- gentamicin: combined with other antibiotics: Infective endocarditis with vancomycin Peritonitis with penicillin and metronidazole 7- tobramycin: eye drops	genital infections of chlamydia, atypical	11st 3rd choice 4	1- dental infections 2- bone, joint infection: osteomyelitis portein 3- toxic shock syndrome : or gentamicin (penicillin?) 4- anerobic infection: e.g. clostridium 5- topical: acne	1- calm my leg: 2 nd choice after macrolides 2- BRC: 1 st choice, 2 nd choice: macrolides: borrelia: tick-born spirochetes: Lyme disease: doxycycline 100mg twice daily for 14 days Rickettsia: rocky mountain fever: 100mg doxycycline twice daily for 7-10 days Coxiella: Q fever: 100mg doxycycline twice daily for 14 days 3- cholera: 300 mg doxycycline single oral dose 4- acne: doxycycline oral with topical clindamycin 5- SIADH: DEMECLOCYCLINE Kidney: Antiduodic hormona of inapapriate Antiduodic hormona Gocretion (Wination (w)) Syndroma of inapapriate Antiduodic hormona Gocretion (Wination (w)) Rysin January Syndrom of the formona of inapapriate Antiduodic hormona receptor — to Blacke in Julia Syndrom of the tetragodin of the tetragodin of the statement of th
Adverse effects عظموت ، هل خطيرالا في عظمرالا في عظمرالا في الماضة به الماضت الماضة على الماضة على الماضة على الماضة على الماضة الماض	# <u>myasthenia graves</u> , <u>muscle</u> weakness treated by Ca	Enzyme inhibitor: hepatic cytochrome enzyme: aggrevates myopathy induced by statins Prolongation of QT interval: sudden cardiac death	Toxic: Appendent anemia: 1+2 1) fatal anemia: rare (immunological): not dosedependent, irreversible, after stopping the drug 2) bone marrow depression?: reversible, mild, dose-dependent, during treatment 3- hepatic enzyme inhibitor 4- teratogenic 5- Gray baby syndrome Contraindications: blood diseases, pregnancy, lactation, children less than 2 y.	pseudomembrano us colitis: 2-20%	1- teeth, bone: Discoloration and deformity in growing teeth and bones (contraindicated in pregnancy, lactation and in children < 8 years) Renal impairment (should be also avoided in renal disease) 2- GIT upset: ≠peptic ulcer 3- superinfection with clostridium and candida 4- liver: liver cell failure, cholestatic jaundice 5- kidney: nephrogenic DI, Fanconi syndrome (outdated tetracyclines) 6- photosensitivity

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- Chloramphenicol

Adverse effects

- Gray baby syndrome: in neonates if the dosage is not adjusted.
- Low capacity to glucuronylate chloramphenicol and underdeveloped renal function ⇒ a decreased ability to excrete the drug ⇒ ATB accumulates to levels that interfere with the function of mitochondrial ribosomes »»» poor feeding, depressed breathing, cardiovascular collapse, cyanosis (⇒ "gray baby") and death.

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