MICRO RS TREATMENT

PARAINFLUENZA	- **Amantadine** and **Rimantadine**	• Type A • High resistance (so not used) • inhibit viral uncoating (M2 protein)
	- **Zanamavir** (Relenza/inhalation) - **Oseltamivir** (Tamiflu/orally) - **Permivir** (rapivab I.V)	• Type A & B • Neuraminidase inhibitors > inhibit viral release.
	- **Baloxavir marboxil**	• Type A & B • Cap-dependent endonuclease inhibitor • Interfering with viral RNA transcription and blocks viral replication.
HAEMOPHILUS INFLUENZA	- **Cephalisporines** (cefotaxime or ceftriaxone)	
PARAINFLUENZA	- supportive for the symptoms	• Croup > corticosteroids and inhaled **aerosolized epinephrine.**
RSV (respiratory syncytial virus)	- supportive (antipyretics, fluid intake, nasal suctioning) - antiviral agents - vaccine - RSV prophylaxis (2 monoclonal AB are now avaliable).	• antiviral agents - **Ribavirin** - a synthetic guanosine analogue (inhibition of the RNA dependent RNA polymerase given as an aerosol for premature and immunocompromised infants.
Adenovirus respiratory infections	- no treatment needed only in cases of symptomatic treatment since its not life threating.	
STREPTOCOCCUS PNEUMONIA	- healthy patients >> **amoxicillin or doxycycline.** - Comorbid conditions (eg: diabetes, malignancy) >> **macrolides/ beta-lactam/ fluoroquinolone.**	

MYCOPLASMA PNEUMONIA	- **Macrolides** like **azithromycin** - tetracycline like **deoxycycline** - **fluroquiniloles like levoflaxcin**	• because there is resistance to betalactam due to the lack of cell wall.
LEGIONELLA PNEUMOPHILIA	- **Macrolides like azithromycin** - **fluoroquinolones like levofloxacin**	• very thin cell wall thats why we don't use betalactam or penicillin
CORYNEBACTERIUM DIPTHERIA	- Diptheria antitoxic serum IM, IV and to avoid animal serum hypersensisitivty. - antibiotic: **penicillin and erythromycin.**	• not a substitute to antitoxic serum but inhibit bacterial growth thus decreasing the toxin production and carrier incidence.
MORAXELLA CATARRHALIS	- **fluoroquinolones** - **2nd and 3rd caphalosporines** - **erythromycin** - **amoxicillin- clavulant**	
OPPORTUNISTIC FUNGI -ASPERGILLOSIS	- ABPA	• **Corticosteroids** to reduce inflammation. • **Anti-fungal (itraconazole)**
	- Aspergilloma	• antifungal therapy for symptomatic • surgical resection for recurrent hemoptysis
	- Invasive aspergillousis	• **Voriconazole** as first line therapy. • Alternatives: **Amphotericin B, isavuconazole, or posaconazole**. Duration: at least 6-12 weeks, often longer.
PSEUDOMONAS AERUGINOSA	- combined antibiotic therapy. - May be sensitive to **aminoglycosides or quinolones.**	
BACILLUS ANTHRACIS	- Multi drug therapy: **ciprofloxacin, rifampin and vancomycin**.	
PARAGONIMUS WESTERMANI	- **Praziquantel**	
ECHINOCOCCUS GRANULOSUS (class: cestoda) hydatid worm	- surgical removal of the cyst. - percutaneous treatment PAIR	**MEDICAL TREATMENT AFTER SURGERY:** • **ALBENDAZOLE (DRUG OF CHOICE)** • **MEBENDAZOLE** • **COMBINATION BETWEEN ABZ & PRAZIQUANTEL > synergistic effect and better**

		efficacy.