



# **Other $\beta$ -lactam Antibiotics & Other Inhibitors of the Bacterial Cell Wall Synthesis**

**Assistant Prof. Dr. Najlaa  
PhD Pharmacology  
Faculty of Pharmacy  
University of Philadelphia**

# Carbapenems

Imipenem

Meropenem

Ertapenem

- Are synthetic  $\beta$ -lactam antibiotics, differ in structure from the penicillins (the sulfur atom of the thiazolidine ring has been externalized and replaced by a carbon atom).
- Imipenem is compounded with cilastatin to protect it from metabolism by renal dehydropeptidase.

- Meropenem has antibacterial activity similar to that of imipenem
- Imipenem & meropenem are the broadest-spectrum  $\beta$ -Lactam antibiotic preparations currently available.
- Imipenem resists hydrolysis by most  $\beta$ -lactamases & it is active against penicillinase-producing gram-positive and gram-negative organisms, anaerobes, and *Pseudomonas aeruginosa*.

## Pharmacokinetics of Carbapenems

- Imipenem and meropenem are administered IV, penetrate well into CSF when the meninges are inflamed & excreted by glomerular filtration.
- Imipenem undergoes cleavage by a dehydropeptidase found in the proximal renal tubule & lead to formation of inactive nephrotoxic metabolite ,so compounding the imipenem with cilastatin prevents the formation of the toxic metabolite& allows the drug to be used in the treatment of urinary tract infections.
- Meropenem does not undergo metabolism.
- Ertapenem can be administered via IV or IM injection

**Note:** Doses of these agents must be adjusted in patients with renal insufficiency.

## **Adverse Effects of Carbapenems**

1. Nausea, vomiting, and diarrhea (Imipenem/cilastatin).
2. Neutropenia are less common than with other  $\beta$ -lactams.
3. Seizures (with high levels of imipenem)

# Monobactams

## Aztreonam

- Has antimicrobial activity against the enterobacteriaceae & also acts against aerobic gram-negative rods, including *P. aeruginosa*.
- Its narrow antimicrobial spectrum prevents its use alone in empiric therapy
- Aztreonam is resistant to the action of  $\beta$  - lactamases.
- It is safe alternative for treating patients who are allergic to penicillins and/or cephalosporins



## **Pharmacokinetics of Monobactams**

- It is administered IV or IM
- Excreted in the urine

## **Adverse Effects of Monobactams**

1. Phlebitis, skin rash
2. Abnormal liver function tests.
3. Accumulate in patients with renal failure.

# Other Inhibitors of the Bacterial Cell Wall Synthesis

## Vancomycin

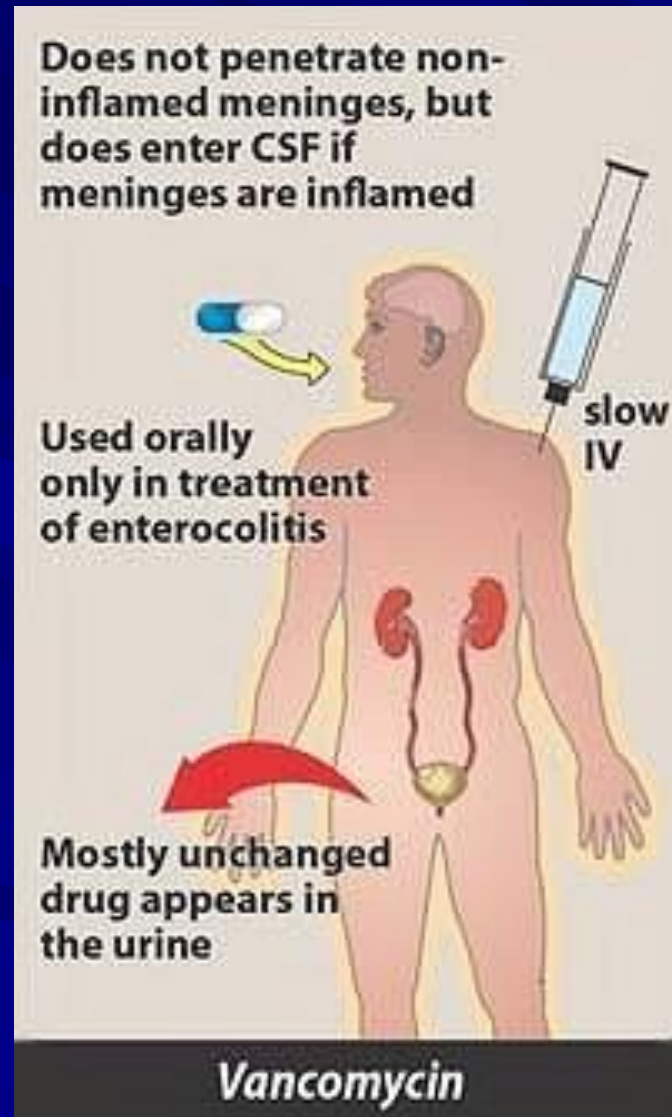
- Inhibits synthesis of bacterial cell wall phospholipids & peptidoglycan polymerization, lead to weakening of the cell wall and damaging the underlying cell membrane
- Vancomycin is effective primarily against gram-positive organisms, MRSA and enterococci



## **Oral Vancomycin**

Is limited to treatment for potentially life-threatening antibiotic-associated colitis due to *C. difficile* or staphylococci.

# Administration and Fate of Vancomycin



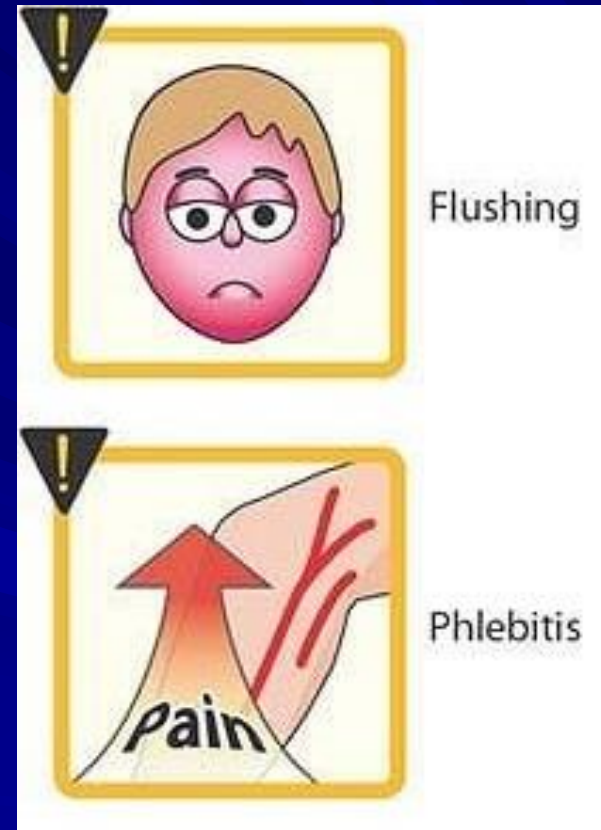
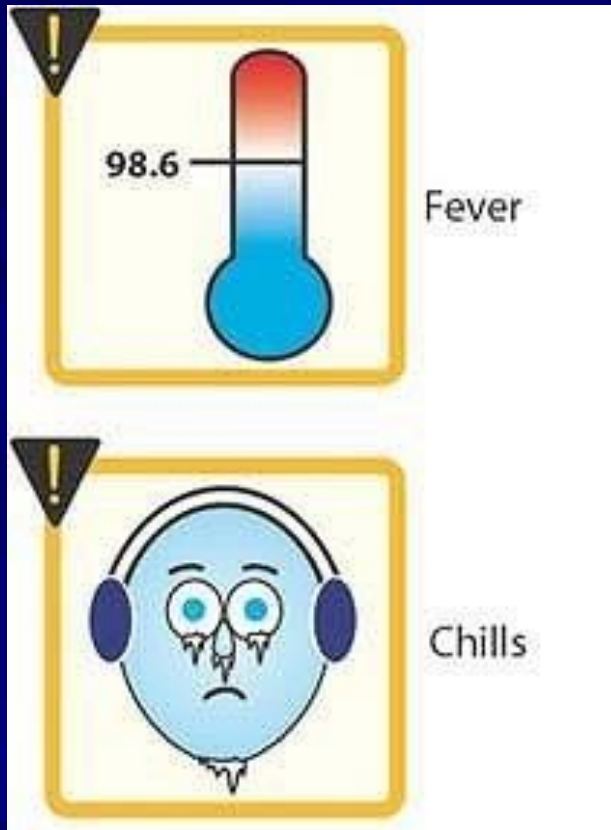
## Adverse Effects of With Vancomycin

1. Infusion-related reaction :fever, chills  
Flushing (red man syndrome) and shock results from histamine release associated with a rapid infusion
2. phlebitis at the infusion site

**Note:** If an infusion-related reaction occurs, slow the infusion rate to administer vancomycin over 2 hours, increase the dilution volume, or pretreat with an antihistamine 1 hour prior to administration. Additionally, reactions can be treated with antihistamines and steroids

3. Ototoxicity and nephrotoxicity
  - Hearing loss (Dose-related) has occurred in patients with renal failure
  - Ototoxicity and nephrotoxicity are more common when vancomycin is administered with another drug (for example, an aminoglycoside)

## Some Adverse Effects of Vancomycin



## Bacitracin

- Its inhibits bacterial cell wall synthesis.
- It is active against a wide variety of gram-positive organisms.
- Only used topically (because of nephrotoxicity)