

CLARITHROMYCIN IN MANAGEMENT OF COMMUNITY-ACQUIRED PNEUMONIA

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Abstract

The literature data regarding the classification, mechanism of antibacterial action, and the role of macrolide antibiotics in treatment of patients with respiratory tract infections, particularly community-acquired pneumonia (CAP) are presented in current review.

A major part of the article is devoted to clarithromycin — a macrolide antibiotic with improved features. The pharmacokinetics, efficacy and tolerability of its once-daily formulation (Fromilid-uno by KRKA, Slovenia) are presented.

The results of original study of clinical and microbiological efficacy of clarithromycin in 42 clinical group I and II CAP patients are presented. Group I patients received Fromilid uno 500 mg once daily alone. In group II patients clarithromycin was combined with aminopenicillin or cephalosporin. The duration of antibiotic therapy in both groups was in average 7 to 10 days. A resolution of chest X-ray lesions was observed in $(6,9 \pm 3,4)$ and $(8,7 \pm 5,4)$ days in group I and group II, respectively.

These data confirm that macrolide antibiotics are important medicines in management of CAP. Among this class of antibiotics clarithromycin holds the predominant share of market due to its broad antibacterial spectrum, perfect pharmacokinetics and optimal cost/efficiency ratio.

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