

# RESPIRATORY FLUOROQUINOLONES IN THE TREATMENT OF COMMUNITY-ACQUIRED PNEUMONIA. THE VIEW OF PHTHYSIOLOGIST

**N. A. Hritsova**

*Abstract*

The cornerstone of management of community-acquired pneumonia (CAP) is the timely prescription of antimicrobial agents (AMA), potentially active against key pathogens. In the conditions of significant nosomorphosis both in terms of clinical manifestations of CAP and the immune response of the human body to the pathological process, often limited diagnostic capabilities to detect the pathogen, emerging new atypical pathogens, catastrophic growth of antibiotic resistance — the choice of AMA at the start of treatment is as topical as ever.

Given that modern treatment regimens for both CAP and tuberculosis (all multidrug-resistant and extensively drug resistant forms without exception) use “respiratory” fluoroquinolones, phtysiologists are concerned about the increasing frequency of unjustified prescribing of these antibiotics in differential diagnosis patients.

The article shows clinical situations where prescribing “respiratory” fluoroquinolones should not be avoided at the start of antibacterial therapy for the pulmonary inflammatory process, as well as when it is necessary to avoid it and focus on alternative options.

Moxifloxacin (Moflaxa) has been taken as the example to highlight the role of 4th generation fluoroquinolones, which have not only the increased anti-pneumococcal, but also anti-anaerobic activity in the treatment of group 2–3 CAP.

Chest x-rays and CT scans, kindly provided by patients, were used as an illustrative material for the clinical cases of community-acquired pneumonia described in the article to demonstrate the treatment efficacy.

**Key words:** respiratory fluoroquinolones, pneumonia, moxifloxacin, tuberculosis.

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*Nataliia A. Hritsova*

*National Medical Academy of Postgraduate Education  
named after P.L. Shupika*

*PhD, associate professor of the chair  
tuberculosis and pulmonology*

*10, N. Amosova str., 03680, Kyiv, Ukraine*

*+380506228291, nataligricova@gmail.com*

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