Ocular Antibiotics



The Charles T. Campbell Ophthalmic Microbiology Laboratory Regis P. Kowalski, MS,[M]ASCP

Associate Professor of Ophthalmology

Associate Medical Director of The Charles T Campbell Laboratory

University of Pittsburgh, Pittsburgh, PA

Reading Materials for Ocular Antibiotics

- CORNEA Krachmer, Mannis, & Holland,
 2nd edition, Volume 1
- The CORNEA Smolin and Thoft, 4th edition
- Kowalski RP, Yates KA, Romanowski EG, Karenchal LM, Mah FS, Gordon JS. An Ophthalmologist's Guide to Understanding Antibiotic Susceptibility and Minimum Inhibitory Concentration (MIC) Data. Ophthalmology 2005:112:1987-1991.

Definitions

- Antibiotics natural targets –-penicillins
- Anti-infectives chemically design fluoroquinolones
- Biocides Indiscriminant Killers
 Chlorine, HCI, polyhexamethylene biguanide (PHMB)

Definitions

Antiseptics – topical disinfectants
 povidone iodine, alcohols, ammonium
 compounds, boric acid, chlorhexidine
 gluconate, H₂O₂, mercurochrome, phenol
 compounds, octenidine dihydrochloride,
 NaCL, sodium hypochlorite, calcium
 hypochlorite, sodium bicarbonate

What Are the Types of Treatments Used in Ophthalmology?

- Topical Most common (conjunctivitis, keratitis, blepharitis, prophylaxis)
- Intra-vitreal injection endophthalmitis
- Systemic not commonly used
- Subconjunctival used to provide a constant flow of anti-infective to ocular surface.

How is Antibacterial Susceptibility Assessed in Ophthalmology?

- Antibiotics No Topical Standards for Interpreting Susceptibility
- Use Serum Systemic Susceptibility Standards -But we must assume that "The antibiotic concentrations reached in the ocular tissue by topical therapy is equal to or greater than the concentration of antibiotic in the blood serum".
- Ocular antibiotics are developed from systemic antibiotics for conjunctivitis, keratitis

What Are the Important Susceptibility Descriptive Statistics?

Death and NO mutations

MPC

Death but possible mutations

MBC

No growth but viable

MIC

Growth

Kowalski RP, Yates KA, Romanowski EG, Karenchal LM, Mah FS, Gordon JS. An Ophthalmologist's Guide to Understanding Antibiotic Susceptibility and Minimum Inhibitory Concentration (MIC) Data. Ophthalmology 2005:112:1987-1991.

What are the important Antibiotic Parameters?

- Concentration—dependent fluoroquinolones, aminoglycosides
- Time-dependent vancomycin, cefazolin
- Bactericidal killFQs, vancomycin,
- Bacteristatic inhibit
 erythromycin, azithromycin, sulfa

What are the Factors for Resistance of Bacteria?

- A function of the anti-infective mechanism,
- Target bacteria,
- The ocular tissue, and
- The treatment regimen.

What Anti-Infectives are used to treat ocular infections?

Keratitis bacitracin vancomycin ciprofloxacin ofloxacin polymyxin B cefazolin tobramycin sulfisoxazole cefoxitin gentamicin gatifloxacin moxifloxacin

Endophthalmitis vancomycin gentamicin ciprofloxacin ofloxacin cefazolin amikacin ceftazidime cefoxitin ampicillin clindamycin gatifloxacin moxifloxacin

Conjunctivitis bacitracin erythromycin gentamicin ciprofloxacin ofloxacin trimethoprim polymyxin B tobramycin sulfisoxazole azithromycin gatifloxacin moxifloxacin

What methods are used to test antibacterial susceptibility?

Disk Diffusion

- Mueller Hinton
- Mueller Hinton with 5% Sheep Blood
- HTM

MIC Testing

- Broth dilution
- Agar Dilution
- E-Tests

Class	Mode of Action	Primary Indication besides conjunctivitis
Fluoroquinolones (ciprofloxacin, ofloxacin, levofloxacin, gatifloxacin, moxifloxacin) besifloxacin	DNA synthesis bactericidal	keratitis, surgical prophylaxis Broad-spectrum coverage
Aminoglycosides (gentamicin, tobramycin,	cell wall	keratitis, endophthalmitis surgical prophylaxis
amikacin)	bactericidal	Broad-spectrum coverage
Cephalosporins	cell wall	keratitis, endophthalmitis
(cefazolin, ceftazidime)	bactericidal	Gram-positive coverage
Glycopeptides	cell wall	keratitis, endophthalmitis
(vancomycin)	bactericidal	MRSA prophylaxis Gram-positive coverage
Macrolides	protein synthesis	blepharitis
(erythromycin, azithro)	bacteristatic	Gram-positive coverage
Peptides (bacitracin, polymycin B)	cell wall bactericidal	blepharitis, keratitis Bac – GMpos PB – GMneg
Sulfa drugs (sulfacetamide)	enzyme inhibitor bacteristatic	keratitis, 2nd – line MRSA Broad-spectrum coverage

What Antifungal Drugs are used for treating fungal infections?

Polyenes

- damage membrane (allows leakage)
- penetrate cornea poorly
- amphotericin B and natamycin
- topical, intravitreal, subconjunctival, IV

Imidazoles

- damage membrane (permeability)
- miconazole (topical, intravitreal, subconj)
- ketoconazole better permeability oral

Antifungals

Triazoles

- damage membrane (permeability)
- fluconazole oral
- itraconazole oral, IV
- voriconazole oral, topical
- Fluorinated Pyrimidine
 - inhibits thymidylate synthase -DNA
 - fungi require a permease for penetration
 - flucytosine oral and topical
 - adjunct to amphotericin B

What Anti-Amoebic Drugs are used to treat acanthamoeba?

- Polyhexamethylene biguanide 0.02% PHMB
- Chlorhexidine
- Propamidine isethionate 0.1%
- Topical dibromopropamidine 0.15% ointment
- Antibacterials (neomycin; neomycin-polymyxin B-gramicidin;
- Antifungals natamycin, imidazoles, triazoles

Thank You!!

