

# CIPROFLOXACIN

2nd generation fluoroquinolone that inhibits bacterial DNA synthesis.

### ANTIMICROBIAL SPECTRUM

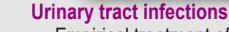
- □ Gram-positive: Staphylococcus aureus, Bacillus anthracis.
- ☐ Gram-negative bacilli: Enterobacterales, Haemophilus influenzae, Pseudomonas aeruginosa, Acinetobacter sp., Campylobacter sp., Vibrio sp., Yersinia sp.
- Gram-negative cocci: Moraxella catarrhalis, Neisseria sp. (high level of resistance in Neisseria gonorrheae)
- Intra-cellular bacteria:
  - · Legionella pneumophila (alternative).
  - Chlamydophila sp., Mycoplasma pneumoniae, rickettsiosis, Coxiella burnetti (alternative).
- Limited or no activity on: enterococci, streptococci, strict anaerobes.



## **EXCRETION**

Urine (40 to 50%), Faeces (20-35%)

# MAIN INDICATIONS



- Empirical treatment of pyelonephritis or prostatitis if no risk factor for resistance.
- Targeted treatment for drug-susceptible pathogens.

#### **Digestive tract infections**

- Empirical treatment of traveller's diarrhoea with fever or abdominal pain.
- Targeted treatment of drug-susceptible pathogens (Salmonella, Campylobacter sp.).
- Osteo-articular infections
  - Rifampicin-fluoroquinolone combination = 1st-line treatment for prosthetic joint infections due to susceptible staphylococci.
- O Anthrax O Plague

#### **ADULT DOSE**

- **Oral:** 500-750 mg twice daily
- Intravenous: 400 mg twice-thrice daily

One of the main assets of fluoroquinolones is good bio-availability (70% for ciprofloxacin), and high diffusion in most tissues, including central nervous system, bone and joints, prostate.

#### Dosing in patients with renal failure

- Creatinine clearance 10-50 mL/mn: expand interval between doses every 18h
- Creatinine clearance <10 mL/mn: expand interval between doses every 24h</li>

# **SIDE EFFECTS**

- ! Neurotoxicity, especially in elderly patients (delirium); seizures
- ! Cardiovascular toxicity and phototoxicity: see above
- ! Rheumatologic toxicity:
  - Avoid in children <15 years (cartilage toxicity during growth).</li>
  - Inform patients about risk of tendinitis (especially elderly patients, or on corticosteroids).

#### CAUTIONS

- Most bacteria have low barrier for fluoroquinolone resistance emergence: only use if no better alternative available; not to be used as empirical treatment if the patient took fluoroquinolone within the last 6 months.
- Do not take ciprofloxacin pills together with treatments that increase gastric pH (anti-acid drugs), or calcium => absorption decreased by 30-40%.

Be cautious of use in patients at high risk of Clostridioides difficile infection.

### MONITORING

#### Inform patients about the risks of:

- Rheumatologic side effects: Tendinitis, up to Achilles sheath ruptures => consultation in case of pain.
- Cardiovascular side effects: rare (< 30/100,000 prescription) but potentially lethal (aortic dissection) => emergency consultation in case of thoracic pain.
- **Photosensitivity** (avoid heavy sun exposure).





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