

LEVOFLOXACIN

3rd generation fluoroquinolone that inhibits bacterial DNA synthesis.

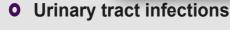
ANTIMICROBIAL SPECTRUM

- **Gram-positive:** Staphylococcus aureus, Streptococcus pneumoniae, other streptococci, Enterococcus faecalis, Bacillus anthracis.
- Gram-negative bacilli: Enterobacterales, Haemophilus influenzae, Acinetobacter sp. (high level of resistance in many settings), 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 to macrolides).
 - Chlamydophila sp., Mycoplasma pneumoniae, rickettsiosis, Coxiella burnetti (alternative).
 - Mycobacterium tuberculosis (including multidrug-resistant isolates).

EXCRETION

Urine, 80% (unchanged).

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 (alternative to azithromycin).
- 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.
- Pneumonia: community-acquired and nosocomial

• Inhalation anthrax: post-exposure prophylaxis

- Plague
- Multidrug-resistant tuberculosis

ROUTE

ADULT DOSE

Oral or intravenous: 500-1,000 mg once daily.

One of the main assets of fluoroquinolones is good bio-availability (>95% for levofloxacin), 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/min: 250 mg every 24 h
- Creatinine clearance <10 mL/min: 250 mg every 48 h

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)
 - Inform patients about risk of tendinitis (especially elderly patients, and / 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 six months.

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 prescriptions) but potentially lethal (aortic dissection) => emergency consultation in case of thoracic pain.
- Photosensitivity (avoid heavy sun exposure).



FDA Category

Should be given only if the potential benefits outweigh the potential risk to the foetus



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