

TIGECYCLINE

Glycylcycline antibiotic that is structurally related to tetracycline class; acts by inhibiting bacterial protein translation by binding to the 30S ribosomal subunit.

ANTIMICROBIAL SPECTRUM

Gram-positive including Most **Gram-negative** and pathogens, multidrug-resistant (carbapenem-resistant Enterobacterales, methicillin-resistant Staphylococcus Acinetobacter sp., vancomycin-resistant aureus. enterococci, etc.).

Active on anaerobes.

No activity against *Pseudomonas* sp., *Proteus* sp. **EXCRETION**

Biliary excretion in the faeces (59%).Urine (22%).

MAIN INDICATIONS



- Complicated skin and skin structure infections (excluding diabetes foot infection).
- Complicated intra-abdominal infections.

Not to be used for bloodstream or urinary tract infections because of very low concentrations in blood and urine.

DOSE & ADMINISTRATION

Administration

Due to insufficient absorption from the gut, tigecycline can be administered only by intravenous infusion over 30–60 min every 12 h.

Dose

By intravenous infusion, initially 100 mg followed by 50 mg every 12 h for 5–14 days, depending on the source of infection.

Dosing adjustments

Hepatic impairment

- Should be prescribed with caution in hepatic impairment.
- Dose reduction to 25 mg every 12 hours following the loading dose of 100 mg in severe liver impairment (Child Pugh C).

Renal impairment

 No dosage adjustment for patients with renal impairment including those undergoing haemodialysis.

SIDE EFFECTS

Common

- ! Nausea (26%), vomiting (18%)
- ! Diarrhoea
- ! Indigestion



Uncommon (<2%)

- ! Injection site swelling, pain and irritation
- ! Anorexia
- ! Hepatic dysfunction: jaundice, pruritus
- ! Acute pancreatitis
- ! Increased prothrombin time

CONTRA-INDICATION

- tigecycline.

 Avoid use in patients with known hypersensitivity
- to tetracyclines.

Patient known to have hypersensitivity to





Legal Disclaimer

The information (including but not limited to text, graphics, images and other materials) contained in this document are for informational purposes only. No material contained herein is intended to be a substitute for professional medical advice, diagnosis, treatment or national / local guidelines. Adherence to the information will not ensure successful treatment in every situation. The ultimate judgment regarding the appropriateness of any specific therapy must be made by the physician in light of all the circumstances presented by the individual patient.