

TB

In the intensive phase the patient takes 4 drugs

isoniazid (INH), rifampin (RIF), pyrazinamide (PZA), and ethambutol (EMB)

In the continuation phase the patient takes 2 drugs

isoniazid (INH) and rifampin (RIF)

M.leprea

*Sulfones such as dapson are first-line therapy for both tuberculoid and lepromatous leprosy.

*RMP (rifampicin) or clofazimine generally is included in the initial treatment Regimens

Mycology

Polyene derivatives (The only fungicidal group of antifungal)

* Amphotericin B >> systemic member which is given IV.

* Nystatin >> oral, ointment and cream.

* They bind to the ergosterol present in the membrane of the fungus and cause its disruption.

All the remaining antifungals are fungistatics

Azoles (The most famous fungistatic group of antifungals):

* Ketoconazole

* Fluconazole

* Itraconazole

* Voriconazole

* Posaconazole

* They interfere with the pathway of ergosterol synthesis.

Griseofulvin

* They only work on Dermatophytes (ringworm diseases).

* They are isolated from a fungus.

5-fluorocytosine (5-FC)

- * They are a cytosine analogue.
- * They are very potent DNA and RNA replication inhibitors.
- * They are too toxic to be used for long periods.
- * They are used in cancer treatment.

Allylamines >> Terbinafine (Lamasil)

- * They are used a lot.
- * They inhibit the enzyme squalene epoxidase which is involved in the early stages of ergosterol biosynthesis.

Echinocandins >> Caspofungin

- * Inhibits the synthesis of glucans in the cell wall.

Mycotic infection

Tinea versicolor

treatment is done for cosmetic reasons, and is usually done by topical administration of azole containing creams/shampoos for 2 weeks, and in severe cases, oral azoles are prescribed.

Ringworm infection

Local antifungal cream such as miconazole or oral terbinafine (an allylamine that inhibits squalene epoxidase enzyme) used for weeks to months.

Mycetoma (Madura foot)

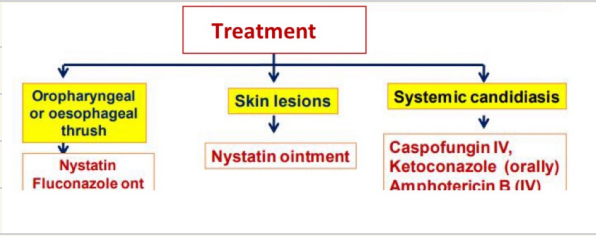
1- Medical:

- ketoconazole
- Itraconazole
- Amphotericin B (IV administration in extremely severe cases)

2- Surgical:

Sometimes medical treatment using only Antifungals is not enough in advanced cases and surgical debridement of the hard nodules is required.

Candidiasis



Aspergillosis

Surgery, Amphotericin B and nystatin

Zygomycoses

Control Diabetes (or the underlying risk/predisposing factor), surgery & amphotericin B

Pneumocystis

TMP-SMX (trimethoprim/ sulfamethoxazole and in health centers they call it cotrimoxazole)

Protozoal infections

Giardiasis

- Quinacrine and Metronidazole are preferred for patients capable of ingesting tablets.
- Tinidazole.
- Furazolidone is used by pediatricians.

Cryptosporidiosis

Nitoxanide

Cyclosporin

trimethoprim-sulfamethoxazole (TMP-SMZ).

Trichomoniasis

Topical and Systemic Metronidazole , Tinidazole, Ornidazole are equally effective with fewer side effects

Malaria

Quinolones are the first line of management for malaria patients.

The drug which is given to malaria patients infected with *P. vivax* & *P. ovale* is called Primaquine

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