

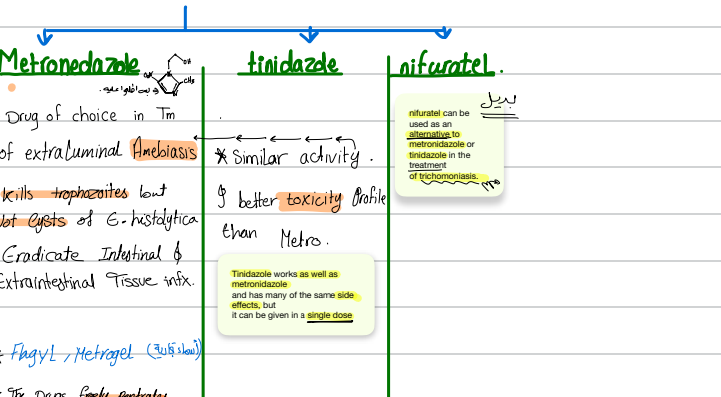
# Lecture 5

## oral anti-Protozoal Drugs

Anti-malarial  
miscellaneous antiprotozoal.

Some of them used to treat bacterial infections  
→ Metronidazole  
→ Bismuth

### ① Miscellaneous antiprotozoal



### \* Adverse Effects

Common	Infrequent	Rare
nausea	vomiting	- Pancreatitis
headache	Diarrhea	- severe CNS toxicity
dry mouth	insomnia	Tinidazole is better tolerated
metallic taste	Weakness	
	dizziness	

\* Metro avoided in pregnant or nursing women

تسجل حالات نسوان من قبل على الرغم انه لم

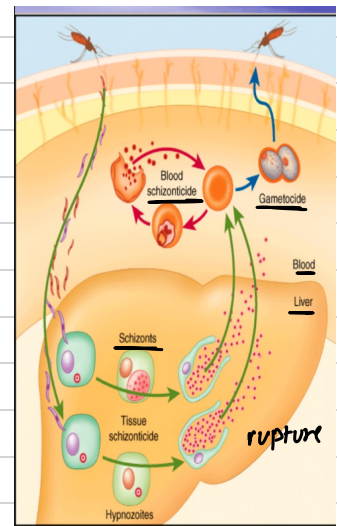
### \* Clinical uses:

- ① Amebiasis  
 - Metronidazole (Tm drug of choice) for (Entamoeba histolytica) (hepatic abscess) (Intestinal wall) (Extraintestinal infx)  
 - Not effective against Luminal Parasites. So must be used with (Luminal) to ensure eradication of infx.  
 - kills trophozoites not cysts.
- ② Giardiasis  
 -> Metronidazole (Tm of choice)  
 Efficacy after single tm is 90%  
 -> Tinidazole is equally effective.
- ③ Trichomoniasis.  
 -> Metronidazole (Tm of choice) single dose of 2g is effective.

### \* Anti-malarial Drugs.

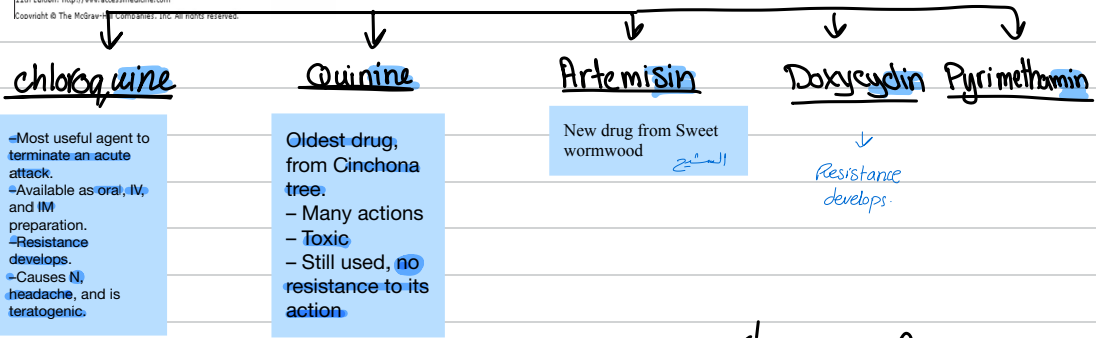
• Malaria is a mosquito-borne infectious disease of humans and other animals caused by parasitic protozoans (a group of single-celled microorganism) belonging to the genus Plasmodium.

### → life cycle of malaria Parasites.



- Malaria transmitted by the bite of infected female Anophelinosquitoes.
- From the mosquito salivary glands enter the circulation
- localize in hepatocytes to multiply, and develop
- Asymptomatic for 5 to 15 days, depending on the Plasmodium
- Tissue schizonts rupture, releasing thousands of merozoites that enter the circulation, invade erythrocytes where mature schizonts form
- Schizont-containing erythrocytes rupture, each releasing 6 to 32 merozoites this process that produces febrile attacks.

### Drugs



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