# Pharmacology

النادي ألطب

Subject :

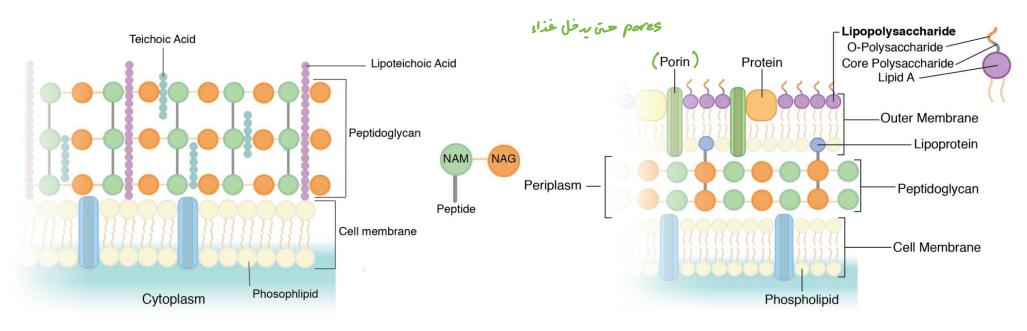
Lecno: 23

Done By : Raneem Azzam





### Overview: Bacterial Cell Wall

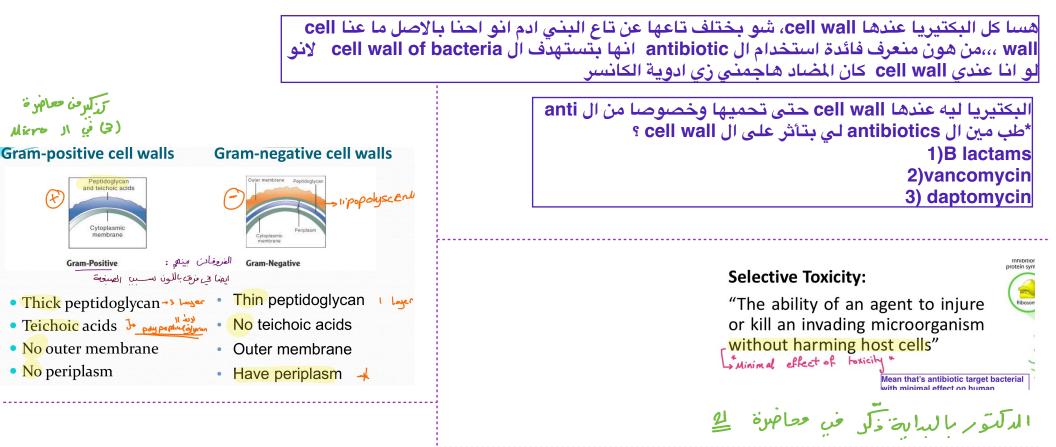


#### Gram Positive Bacteria Cell Wall

#### Gram Negative Bacteria Cell Wall







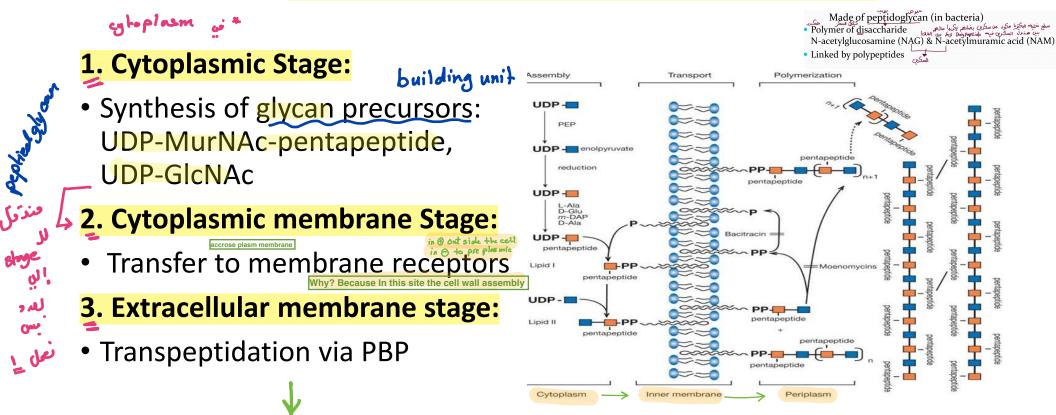
\*Both types of bacteria have a layer of cell wall that outline the cell membrane which is responsible of regulationg the permeability of substances in and out the cell.

هسا بسبب اختلاف ال cell wall من ناحية الخمل و وجود ال outer membrane بين ال + و - رح تختلف عندي تأثير ال antibiotic ال penicillin دشتغل better على ال gram positive bacteria than negative bacteria \*it is difficult to target gram negative cell wall because of the structure of the outer cell membrane The major challenge For successful Antimicrobial Therapy depented et a juit and to fill is to eradicate gram negative bacteria specially multi resistant of gram-negative bacteria - in breakmast بينما ال () difficult





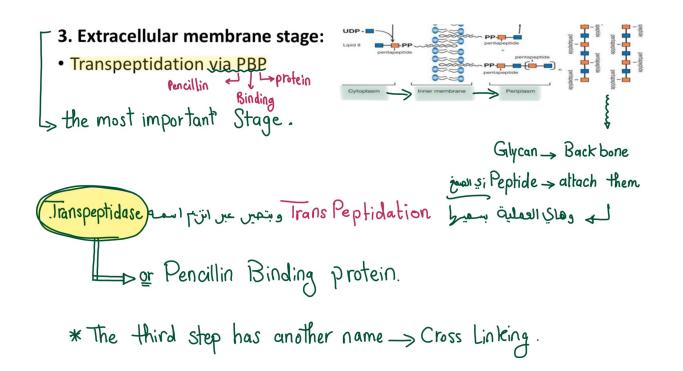
# **Overview:** Synthesis of Bacterial Cell Wall











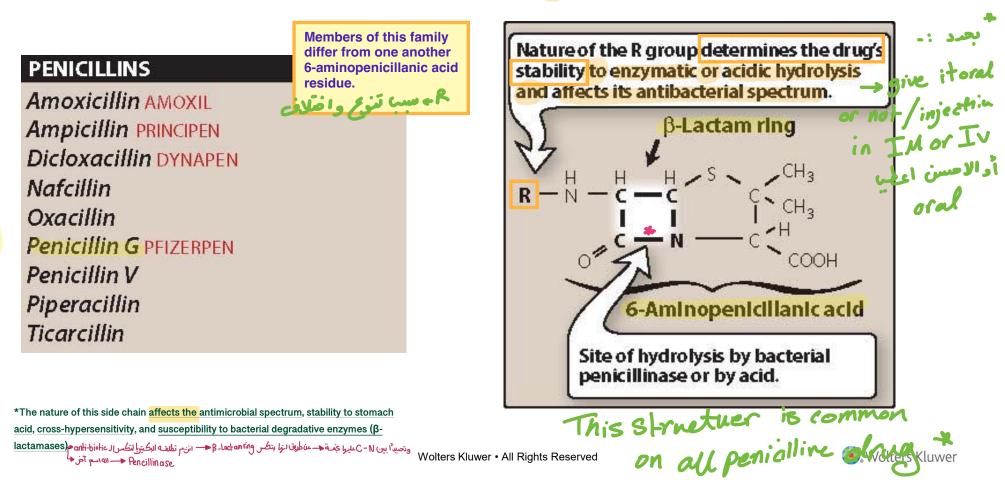




\*The penicillins are among the most widely effective and the least toxic drugs known, but increased resistance has limited their use.



### Penicillins



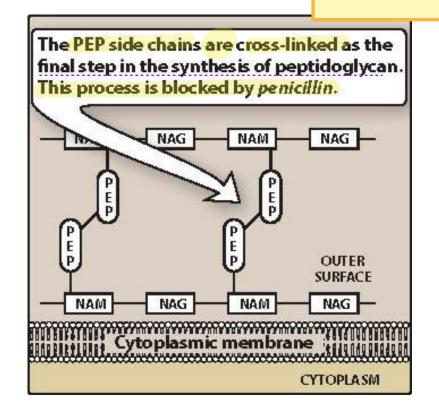


# Quick Microbiology Reminder

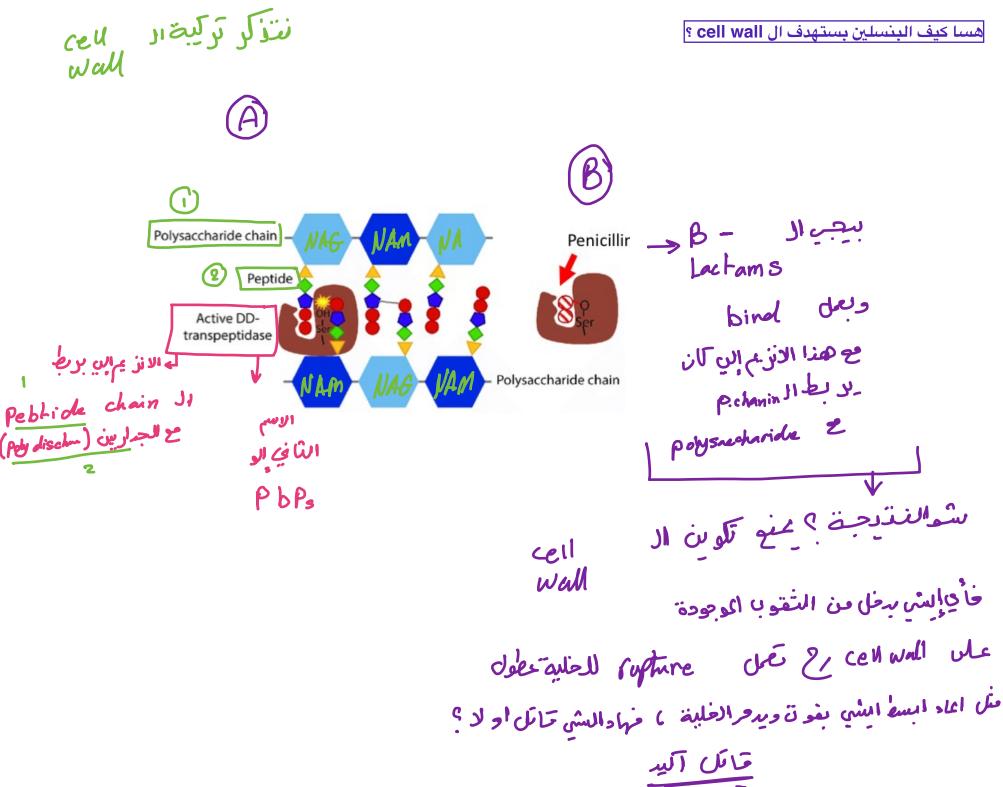
A group of enzymes that are responsible to mediate the third step of cell wall synthesis "the cross-linking"

#### Penicillin-binding proteins:

- Penicillins bind and inactivate bacterial cell membrane proteins called: penicillinbinding proteins (PBPs).
- Bacterial enzymes involved in cell wall synthesis
- Variable among different species
- Involved in resistance غير قابل انو يوتيط معانانهم فيره





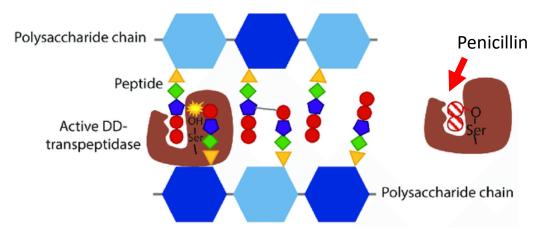






#### Mechanism of action <sup>2</sup>

- Inhibit <u>transpeptidation or</u> <u>cross-linkage</u> (*last step* of bacterial wall synthesis)
- Prevent cross-linking catalyzed by the PBP transpeptidase



What is the basis of selective toxicity?







#### What are the consequences of transpeptidation inhibition?

- Bacterial cell lysis because of -> cell wall became weak
- تماتل Bactericidal ترات ليزما
  - Time-dependent

Effective against rapidly growing bacteria

-> that why I should not give the patient backeriscidal with backeristatic.





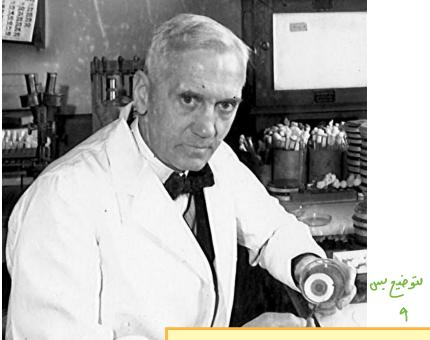
#### **Antibacterial spectrum**

#### 1. Natural penicillins:

هدين المالي الم

كلام الدكتور ، مش عشان في كثير resistant طلع بعد استخدام البنسلين انو مارح نستخدمو ابدا لا بالعكس لسا بنستخدم في بعض ال particular of infection ولسا still helpful + available in clinic Syphilis is a sexually transmitted infectious (STI) disease caused by the bacterium Treponema pallidum

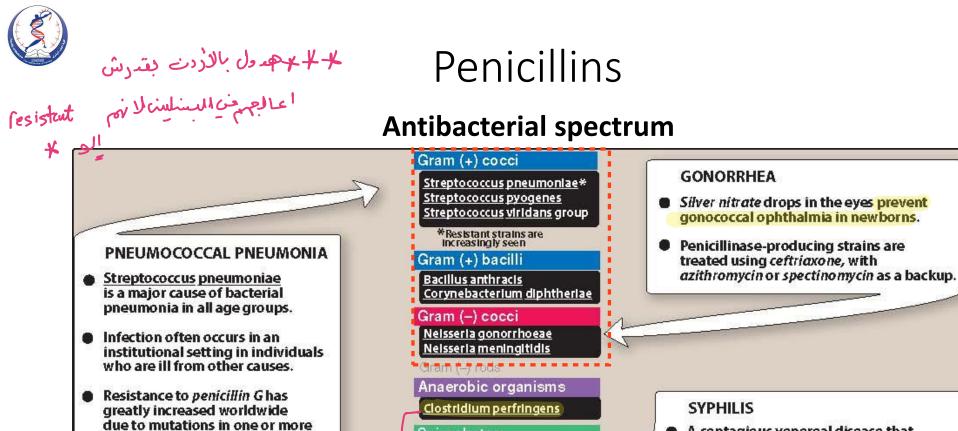
في جملة شهيرة اول قالها : I didn't invent penicillin,nature did that , I'm only discovered by accident



Gas gangrene is a highly lethal infection of soft tissue, caused by Clostridium species, with Clostridium perfringens being the most common







Spirochetes Treponema pallidum (syphilis) Treponema pertenue (yaws)

Mycoplasma

Hamydia مستخدم المسلين عما لحتهم \*

SYPHILIS A contagious venereal disease that progressively affects many tissues.

A single treatment with *penicillin* is curative for primary and secondary syphilis. No antibiotic resistance has been reported.

of the bacterial penicillin-

binding proteins.





#### **Antibacterial spectrum:**

\*The antibacterial spectrum of the various penicillins is determined, by their ability to cross the bacterial peptidoglycan cell wall to reach the PBPs in the periplasmic space.

\*Factors that determine the susceptibility of PBPs to these antibiotics include : the size, charge, and hydrophobicity of the particular β-lactam antibiotic.

\*In general gram-positive microorganisms have cell walls that are easily traversed by penicillins

- : classification of penicillin طب شىو هـي ال 🕂
- 1. Natural penicillins: → الساد طبيعية

ل حان عيبها انها فسينة المدى (الصف) مان معفها (+) و دامة (و Nelsserla gonorrhoeae

2. Extended-spectrum penicillins: <u>Ampicilline عمار السري Penicilline على عان 2. Extended-spectrum penicillins</u>

<u>\*Semisynthetic penicillins</u>, such as amoxicillin and ampicillin (also known as aminopenicillins), are created by chemically attaching different R groups to the 6-aminopenicillanic acid nucleus.

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- 3. Antistaphylococcal penicillins:
- 4. Antipseudomonal penicillins:





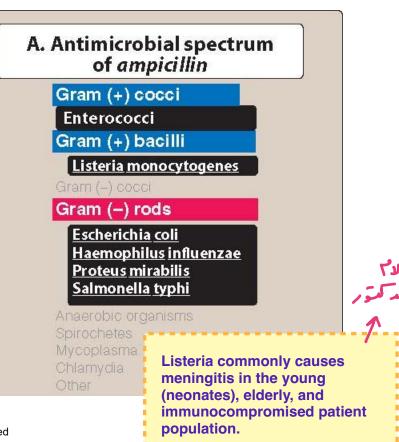
#### Antibacterial spectrum:

#### **2. Extended-spectrum penicillins:**

- Semisynthetic: ampicillin, amoxicillin
- Spectrum: extended to include gramnegative bacilli

Ampicillin: drug of choice for grampositive bacillus *L. monocytogenes* \*\*Also for enterococci, resp infections Amoxicillin: Ear, nose, and throat

infections, dental prophylaxis







#### **Antibacterial spectrum:**

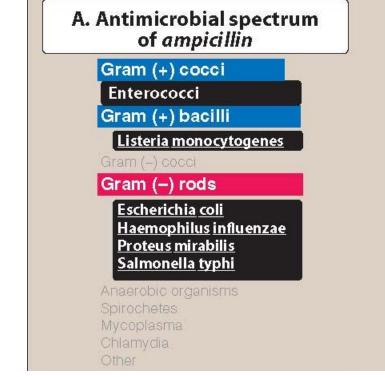
- 2. Extended-spectrum penicillins:
- Combined with β-lactamase inhibitors

e.g., MSSA is resistant to ampicillin and amoxicillin IF given without a 6lactamase inhibitors

. Resistance بن من B-Lactamase با inhibitors بند مجهوم من

\*<u>Formulation with</u> a <mark>β-lactamase inhibitor</mark>, such as <mark>clavulanic acid or sulbactam</mark>, protects amoxicillin or ampicillin from enzymatic hydrolysis and extends their antimicrobial spectra. مهم جداً جداً

\*Amoxicillin -> Better <> distribution absorption









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### Penicillins

oxacillin,

#### **Antibacterial spectrum**

- 3. Antistaphylococcal penicillins:
- <sup>الابر</sup> Methicillin, nafcillin, <sup>۱</sup> dicloxacillin
  - Effective against penicillinaseproducing staphylococci (MSSA)
  - Minimal activity against gramnegative



- Methicillin not used clinically (toxic)

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Lo for Kieling

#### Antistaphylococcal penicillins:

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\*are β-lactamase (penicillinase)-resistant penicillins.

\*[Note: Because of its toxicity (interstitial nephritis), methicillin is not used clinically in the United States except in laboratory tests to identify resistant strains of S. aureus. MRSA is currently a source of serious community and nosocomial (hospital-acquired) infections and is resistant to most commercially available β-lactam antibiotics.]

**4**-) Antipseudomonal penicillins:

\*Piperacillin and ticarcillin are called antipseudomonal penicillins because of their activity against Pseudomonas aeruginosa .

\*These agents are available in parenteral formulations only.

\*Formulation of ticarcillin or piperacillin with clavulanic acid or tazobactam, respectively, extends the antimicrobial spectrum of these antibiotics to include penicillinaseproducing organisms (for example, most Enterobacteriaceae and Bacteroides species).





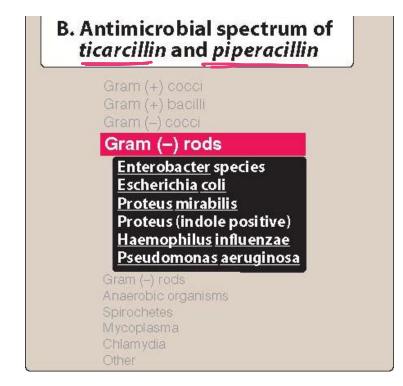
#### **Antibacterial spectrum:**



#### 4. Antipseudomonal penicillins:

- Piperacillin
- Effective against gram-negative bacilli (but not against Klebsiella)
- Common combinations:

Piperacillin + tazobactam





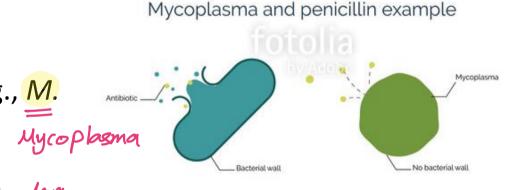




#### **Mechanisms of resistance**

- Intrinsic Resistance:
- Microorganisms that lack peptidoglycans cell walls e.g., <u>M</u>. pneumoniae Alypical
  - Microorganisms that have impermeable cell walls +++ the drug

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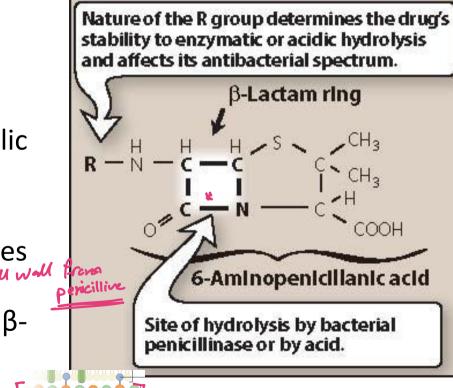


#### **Mechanisms of resistance**

- Acquired Resistance:
- **1.** β-Lactamase activity:
- Enzymes that  $\underline{\textit{hydrolyze}}$  the cyclic amide bond of the  $\beta$ -lactam ring
- Mostly acquired (plasmids)
- Gram-positive: secrete β-lactamases extracellularly out cell to protect the cell wall

periplasmic

- Gram-negative: lactamases







# Production of β-Lactamases is the main resistance mechanism against β-Lactams.

### How is this problem solved? by use B-Lactamase Inhibitors



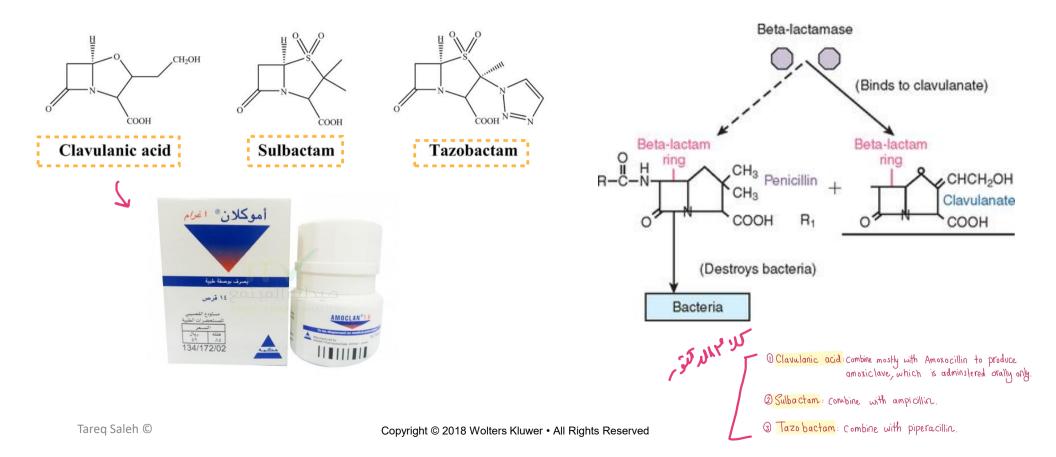




- كلام الدكتور

On their own, this chemical don't have antibiotic affect they don't kill bacteria if they used in their own, their only use to interfere with the action of the B-lactamase enzyme produced by the bacteria, in order to protect the the penicillin from the resistant mechanism

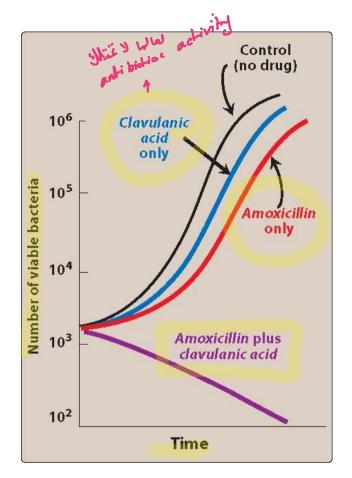
#### β-Lactamase Inhibitors





## β-Lactamase Inhibitors

- Contain  $\beta$ -Lactam rings
- BY THEMSELVES, no antibacterial activity
- Protect antibiotics that are normally substrates for β- Lactamases
  - Example.....? إلى فوق بالسلايد



The in vitro growth of Escherichia coli in the presence of amoxicillin, with and without clavulanic acid.







#### **Mechanisms of resistance**

- Acquired Resistance:
  - Prevent reach penicillin to the target cell wall
- 2. Decreased permeability to the drug:
- Reduced permeability e.g., Pseudomonas aeruginosa
- Efflux pump e.g., Klebsiella pneumoniae.
- 3. Altered PBPs:

بتشوف البنسلين مثلا وبتعملو pump لبرا حتى ما يوصل ل periplasmic

Decreased penetration of the antibiotic through the outer cell membrane of the bacteria prevents the drug from reaching the target PBPs

The presence of an efflux pump can also reduce the amount of intracellular drug (for example, Klebsiella pneumoniae).

- Modified PBPs with lower affinity for  $\beta$ -lactams e.g., MRSA resistance to most  $\beta$ -lactams.

3. Altered PBPs:

Modified PBPs have a lower affinity for  $\beta$ -lactam antibiotics, requiring clinically

unattainable concentrations of the drug to effect inhibition of bacterial growth. This

explains MRSA resistance to most commercially available  $\beta$ -lactams.

البكتيريا بتعمل mutates of gen للبنسلين كود بروتين ف بتعمل , change in structure which make it reduce the affinity to binding b lactams penicillin now don't bind to penicillin bind protein as should be

> These modified PBPs change the active site, causing the  $\beta$ lactam agents to lose or diminish their affinity with the target protein, promoting resistance