clindamycin pharmacology

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Itfreely crosses the placenta. It issemi-synthetic and belongs to lincosamide class. Clindamycin is used as an alternative, especially in patients with -lactam allergies as it has decent activity against aerobic and anaerobic gram-positive cocci and high oral bioavailability. The phosphate ester of clindamycin, which is given parenterally, is also promptly hydrolyzed in vivo to the active parent compound. The binding site for clindamycin is on the 50S subunit of the bacterial ribosome which is identical with that for erythromycin. It has a molecular weight of Build-up of clindamycin can occur in severe hepatic failure, and dosage adjustments may be essential. It binds on the 50S subunit of the bacterial ribosome. It penetrates well into abscesses and is actively taken up and concentrated by phagocytes, polymorphonuclear leukocytes, and alveolar macrophages. Resistance commonly occurs via macrolide -lincosamide-streptogramin B MLSB type of resistance which may be constitutive or inducible. It is generally combined with aminoglycoside or cephalosporin. So it is useful for treatment of abdominal and pelvic abscess, respiratory tract infections including lung abcess, skin and soft-tissue Infections. Peak plasma concentrations are attained within 1 hour after mg dose. Antibiotic Drugs Clindamycin Clindamycin is a semi-synthetic and belongs to lincosamide. Though, antimicrobial activity continues in faeces for 5 days after parenteral therapy with clindamycin is stopped; growth of clindamycin-sensitive microorganisms in colonic substances may be inhibited for up to 2 weeks. After intramuscular injection, peak concentrations are not achieved until 3 hours in adults and 1 hour in children. Clindamycin is nearly completely absorbed orally.Mar 20, - The spectrum of activity, pharmacology, and adverse effects of clindamycin will be reviewed here. The clinical use of clindamycin is discussed separately in the appropriate topic reviews on specific infections. (See "Anaerobic bacterial infections" and "Complications, diagnosis, and treatment of odontogenic. Pharmacology. Metabolism: liver; CYP 3A4 (primary), 3A5 substrate; Info: active metabolites. Excretion: urine, feces; Half-life: h. Subclass: Bioterrorism; Other Antibacterials; Malaria. Mechanism of Action bacteriostatic or bactericidal, depending on susceptibility and concentration; binds to 50S ribosomal subunit. Mechanism of action. Clindamycin is bacteriostatic drug acts by inhibiting protein synthesis. It binds on the 50S subunit of the bacterial ribosome. It suppresses protein synthesis by interfering with the development of initiation complexes and with aminoacyl translocation reactions. CLEOCIN (Clindamycin) drug information & product resources from MPR including dosage information, educational materials, & patient assistance. Generic Name and Formulations: Clindamycin (as HCl) 75mg+, mg+, mg; caps; +contains tartrazine. Pharmacological Class: Lincosamide. SPL Unclassified section. To reduce the development of drug-resistant bacteria and maintain the effectiveness of clindamycin hydrochloride and other antibacterial drugs, clindamycin hydrochloride should be used only to treat or prevent infections that are proven or strongly suspected to be caused by bacteria. Dec 14, - Clindamycin answers are found in the Johns Hopkins ABX Guide powered by Unbound Medicine. Available for iPhone, iPad, Android, and Web. Clindamycin is a semisynthetic broad spectrum antibiotic produced by chemical modification of the parent compound lincomycin. Clindamycin dissociates peptidyl-tRNA from the bacterial ribosome, thereby disrupting bacterial protein synthesis. (NCI04). Pharmacology from NCIt. Clindamycin is a broad spectrum antibiotic Molecular Formula?: ?C18H33ClN2O5S. Learn about the causes, symptoms, diagnosis & treatment of Bacteria and Antibacterial Drugs from the Professional Version of the Merck Manuals. Serum level studies with a mg oral dose of clindamycin hydrochloride in 24 normal adult volunteers showed that clindamycin was rapidly absorbed after oral administration. An average peak serum level of mcg/mL was reached in 45 minutes; serum levels averaged mcg/mL at 3 hours and mcg/mL at 6. Absorption. Blood level studies comparing clindamycin palmitate HCl with clindamycin hydrochloride show that both drugs reach their peak active serum levels at the same time, indicating a rapid hydrolysis of the palmitate to the clindamycin. Serum level studies with clindamycin palmitate HCl in normal pediatric patients.