



Azithromycin for the treatment of chlamydia trachomatis infection in women

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DESCRIPTION

Cases with acquired immunodeficiency pattern have been treated with clarithromycin and azithromycin for MAC and Toxoplasma infections. Nausea, diarrhea, and abdominal pain were the most generally reported side goods of both medicines. Oral phrasings of azithromycin and clarithromycin lately entered FDA blessing. An integral part of trying to control syphilis is preventative remedy. There's presently no single- cure volition to *penicillin G* benzathine recommended for the treatment of idle syphilis. Newer macrolides clarithromycin and azithromycin may be superior to erythromycin in 96 participants who had sexual contact with a mate infected with syphilis within the once 30 days.

Azithromycin has a serum half- life of further than 60 hours and is largely excreted through the biliary and faecal pathways. Multitudinous clinical studies have demonstrated that for the treatment of infections of the upper and lower respiratory tract, skin structure, for 5 day course of azithromycin taken formerly daily is just as effective as a 7 to 14 day course of other extensively used oral antimicrobials taken doubly - four times daily. A single 1 g cure is used to treat chlamydial urethritis and cervicitis. Azithromycin's adverse- effect profile has been demonstrated in studies to be similar to or indeed superior to that of other specifics, with only 0.7 of cases stopping treatment compared to 2.6 for treatments of an analogous class. Azithromycin performs well against *Haemophilus influenzae*, a strain for which former macrolide antibiotics have had mixed results. Chlamydia trachomatis and Legionella are two clinically applicable intracellular infections that it's veritably successful at suppressing.

Both *H. influenzae* and a many specific streptococci have bactericidal action. The unique pharmacokinetics of azithromycin is nearly related to its microbiologic action. The antibiotic azithromycin peregrination snappily from the rotation to towel chambers, where it stays for a long

time. The situations (generally > 2 mg/kg) are advanced than the minimum inhibitory attention for numerous common pathogens, despite the fact that serum attention are still low, and phagocytic cells' transport of the drug to infection spots is a factor in these attention.

A single 1.0 g cure of azithromycin appears to be effective for precluding syphilis in people who have had sexual contact with infected mates. Although azithromycin has an analogous medium of action and perceptivity to resistance to macrolide antibiotics, it has a wider range of exertion that extends to gram-positive and gram-negative bacteria as well as atypical infections. Following oral treatment, azithromycin has an absolute bioavailability of about 37 and is stable at stomach pH. The drug accumulates heavily in towel despite having typically low serum attention. The extended diapason of azithromycin's efficacy, particularly against intracellular organisms, may be due to this penetration into eukaryotic and prokaryotic cells. The use of antibiotic blood situations as breakpoints for vulnerability would appear to be unhappy in the case of azalides.

The *invitro* conditioning of azithromycin, together with its unique towel pharmacodynamics, define an agent that should demonstrate mileage in infections of the respiratory tract, skin and skin structures, and certain sexually transmitted conditions. The use of azithromycin has significantly bettered the operation of a number of infections acquired in the community.

CONCLUSION

This medicine should have an impact on the treatment of infections of the respiratory system, skin, and skin structures in addition to potentially revolutionizing the way that chlamydia- related sexually transmitted conditions are handled. When compared to other regularly used oral antimicrobials, patient compliance should be significantly bettered because of its exceptional adverse effect profile and distinctive pharmacokinetics. In the near future, the

community setting will play the main part for azithromycin. This drug will be a useful treatment choice to have on hand in the exigency room and inpatient clinic, indeed though its use in the sanitarium may be

confined. In the future, opportunistic infections in immunocompromised cases may also be treated with azithromycin.