

Messung von Antibiotika im Gewebe

Markus Zeitlinger

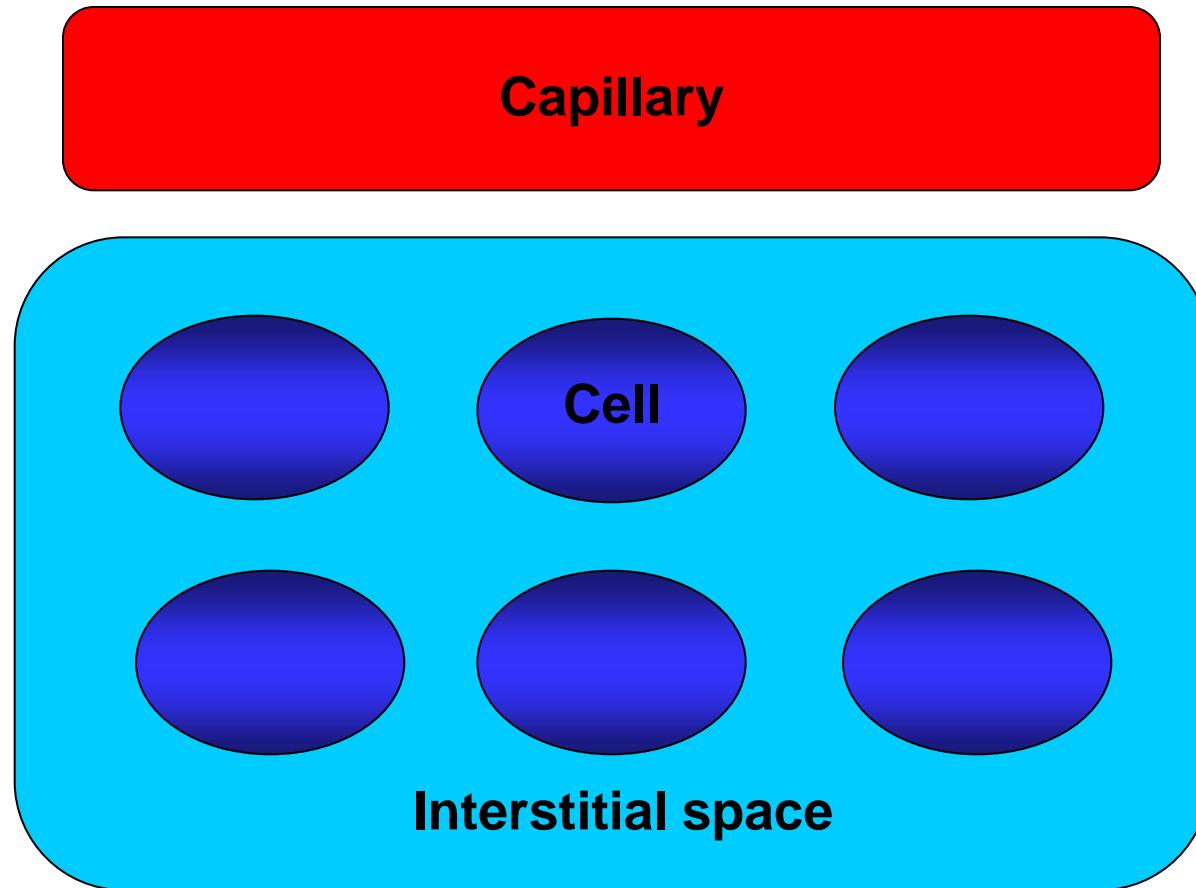
Überblick

- 1) Wieso ist das Gewebe von Interesse, reicht Plasma nicht?
- 2) Welche Techniken stehen uns zur Verfügung?

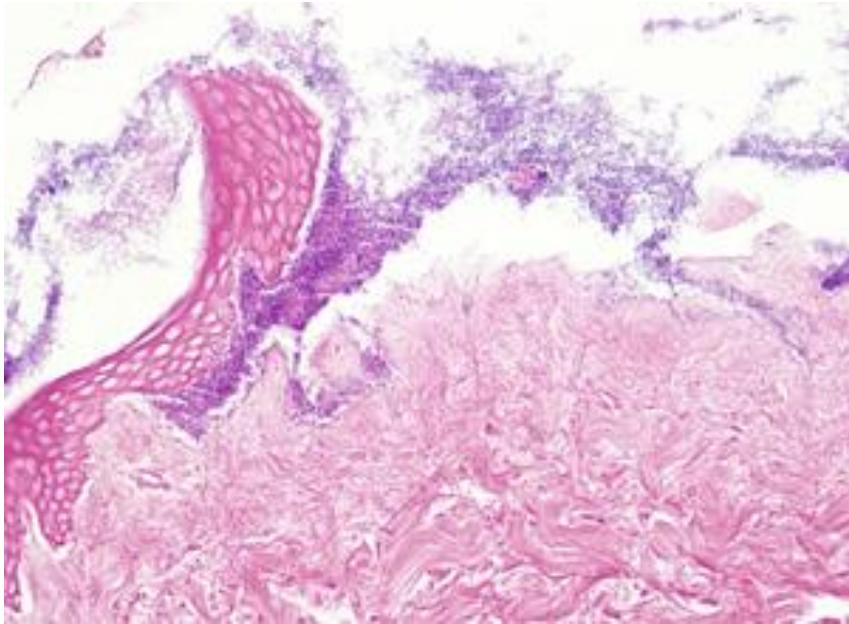
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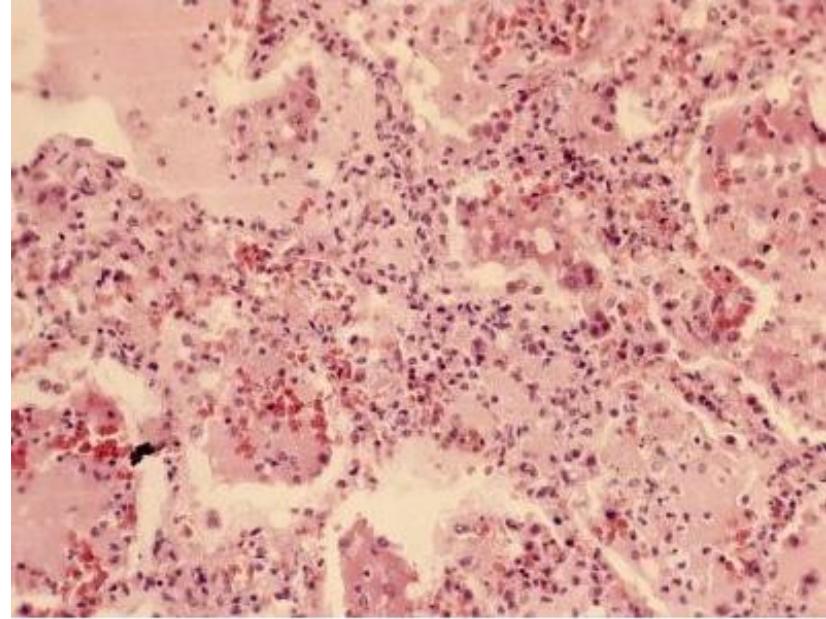
I: Wo messen wir und wo befindet sich der Keim?



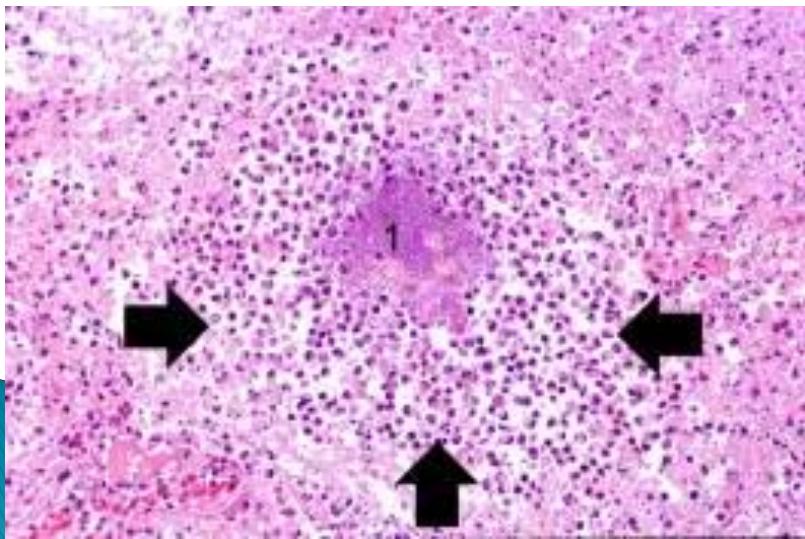
Wunde



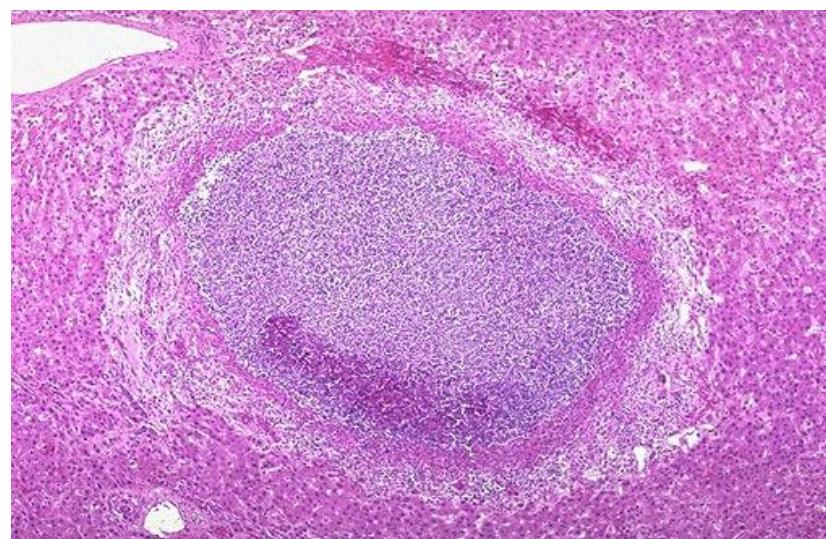
Pneumonie



Früher Abszess



Reifer Abszess



II: Ist Blut/Gewebe Equilibrium immer garantiert?

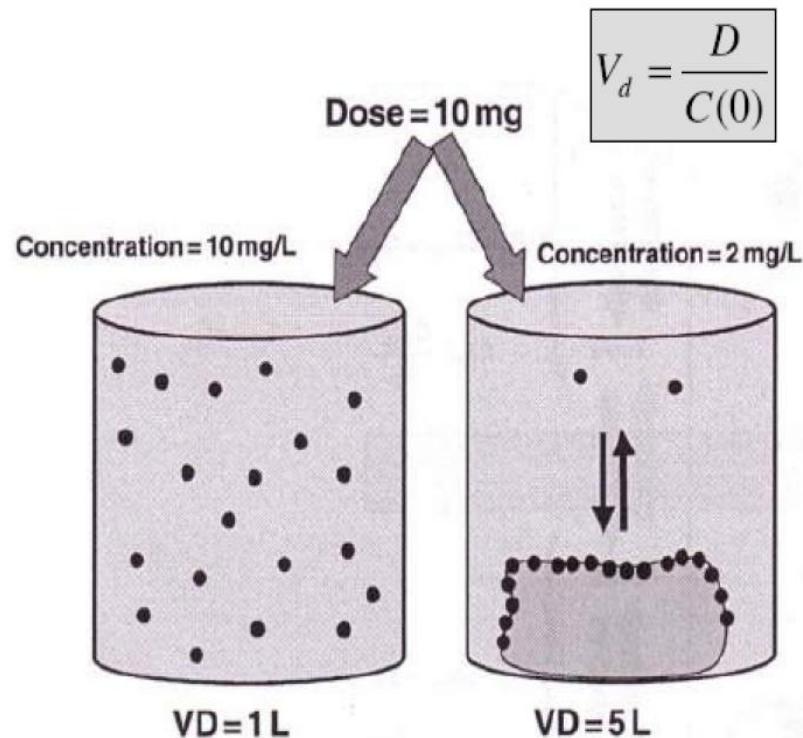


Scheinbares Verteilungsvolumen

Amoxicillin 0.2 l/kg

Isoniazid 0.6 l/kg

Azithromycin 30.0 l/kg



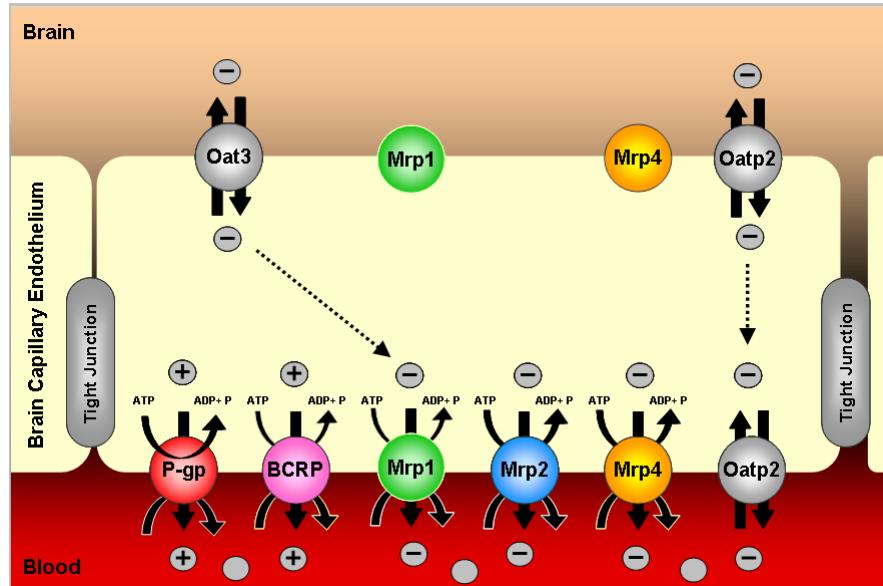
Verteilung ist nicht nur durch spontane Diffusion bestimmt

- ▶ Dichte der Kapillaren und Blutfluss

Ungleichgewicht im Steady State

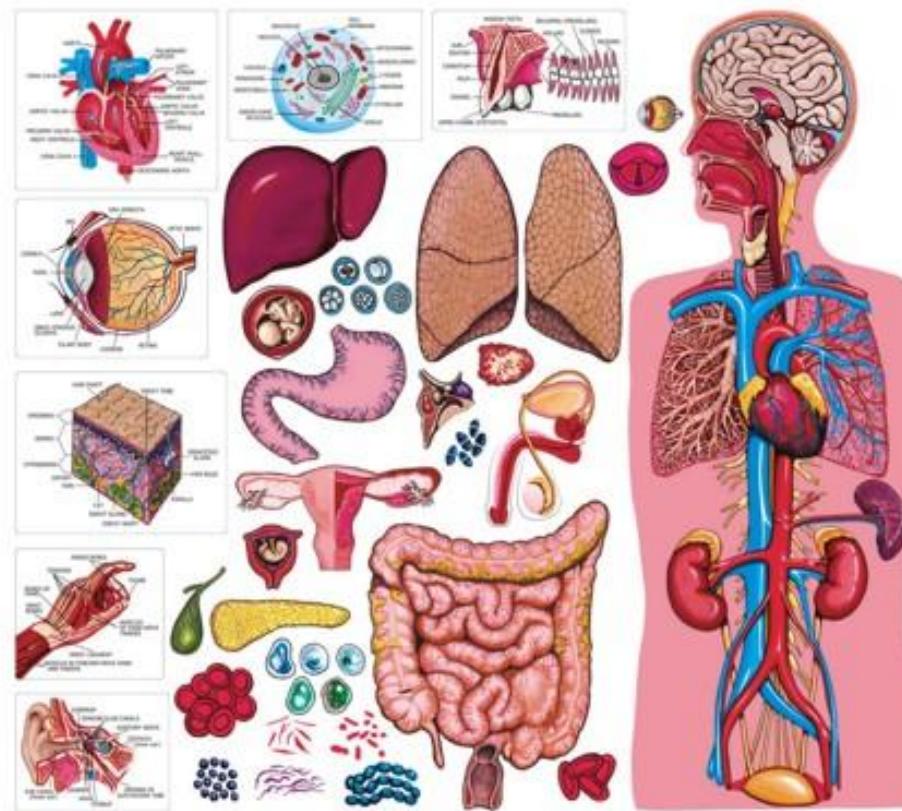
- ▶ Aktive Transporter
- ▶ pH-Falle
- ▶ Onkotischer Druck
- ▶ Spontanmetabolismus
- ▶ Abtransport durch Lymphgefässe

Verschiedene Barrieren im Körper

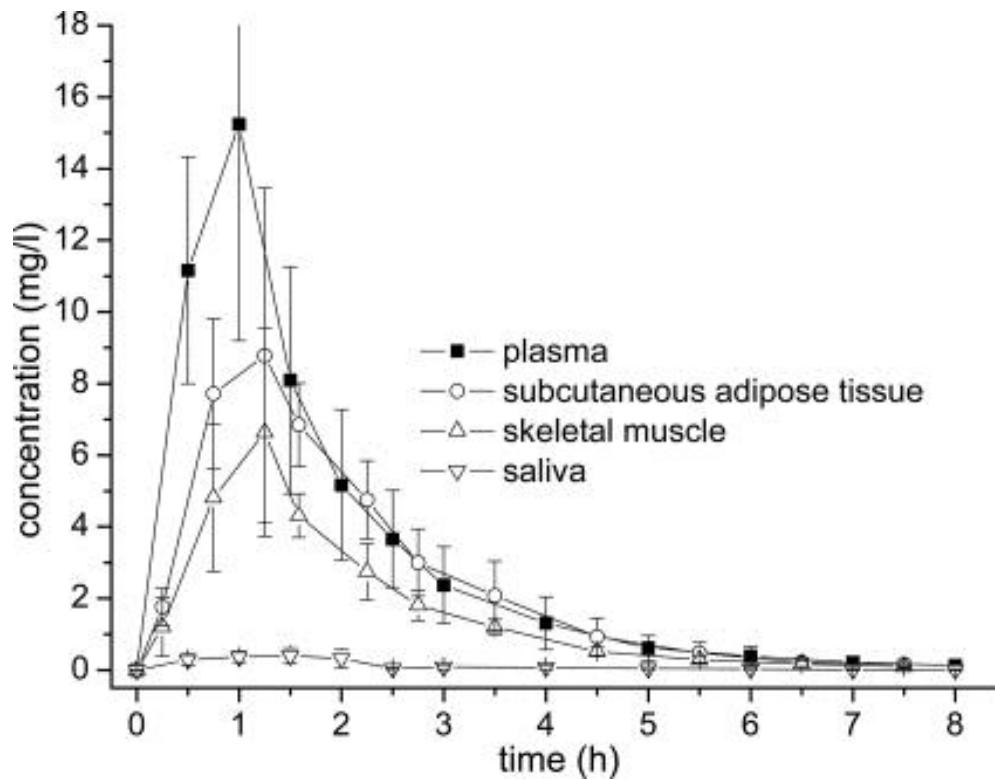


P-glycoprotein
Multidrug resistance proteins
Breast cancer resistance protein
Organic anion transporting polypeptides
Organic anion transporter

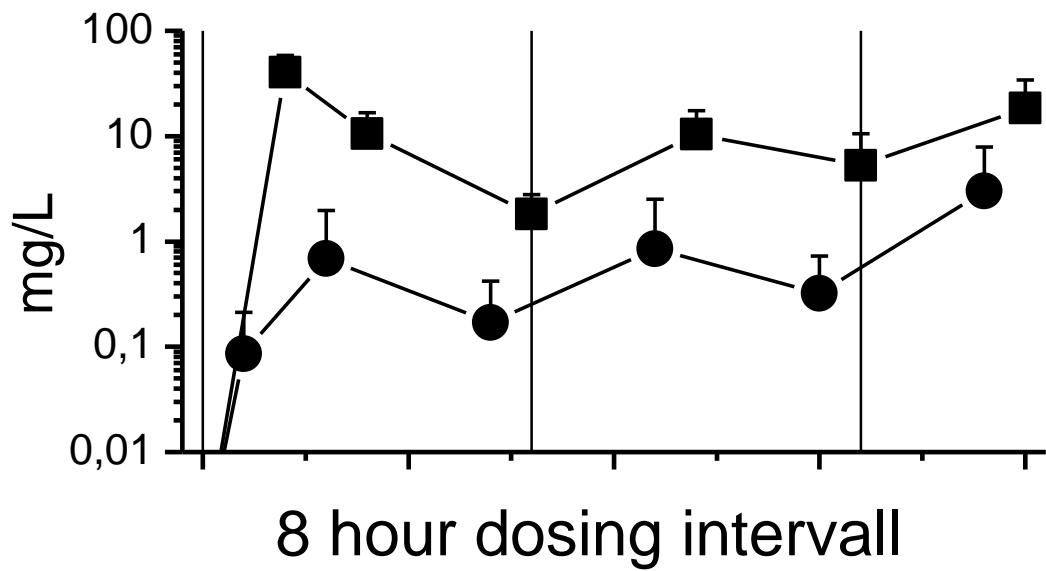
III: Reicht ein Gewebe aus um die PK in anderen vorherzusagen?



Doripenem PK I



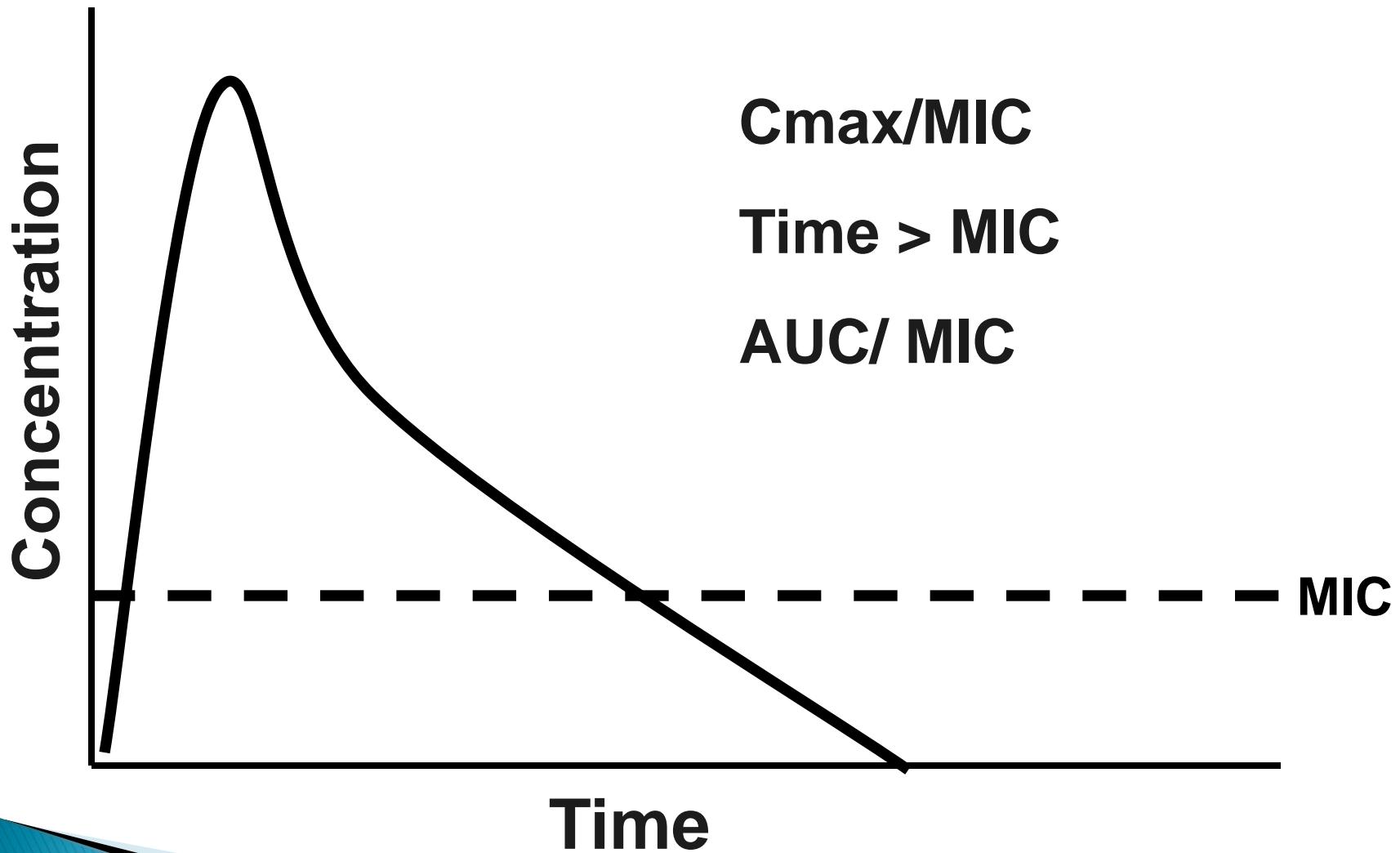
Doripenem PK II



Überblick

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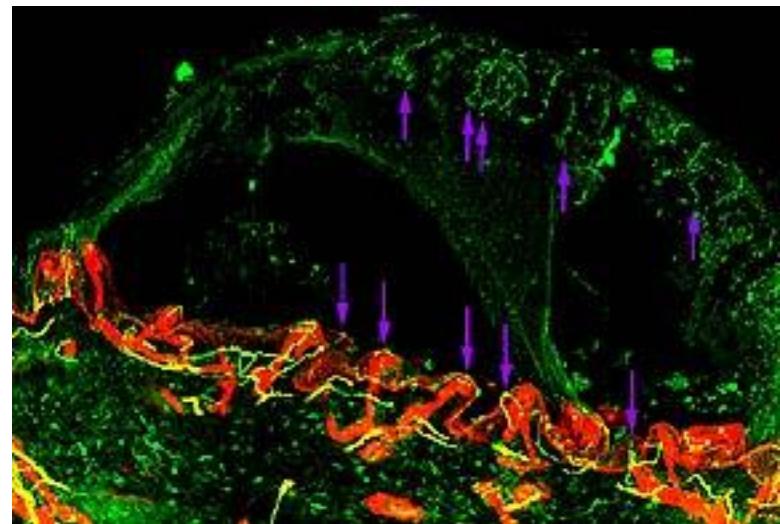
Optimal I: Volles Konzentrations – Zeit Profil



Optimal II:
Anatomisch – Histologische Zuordnung

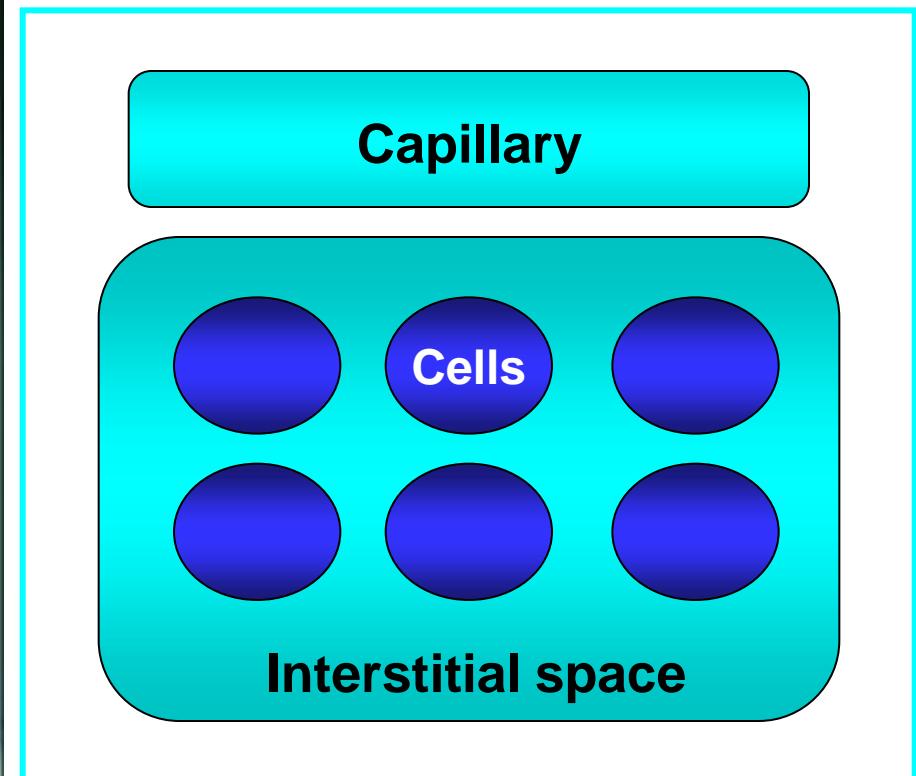
Optimal III:
Invasivität und Schmerz für Probanden

Skin Blister



Biopsie:

Vermischung verschiedener Kompartimente



EMA Points to consider on PK and PD in the development of antibacterial medicinal products

- ▶ *“...include measurement of human tissue and body fluid concentrations.”*
- ▶ *“...unreliable information is generated from assays of drug concentration in whole tissues (e.g. homogenates)”*

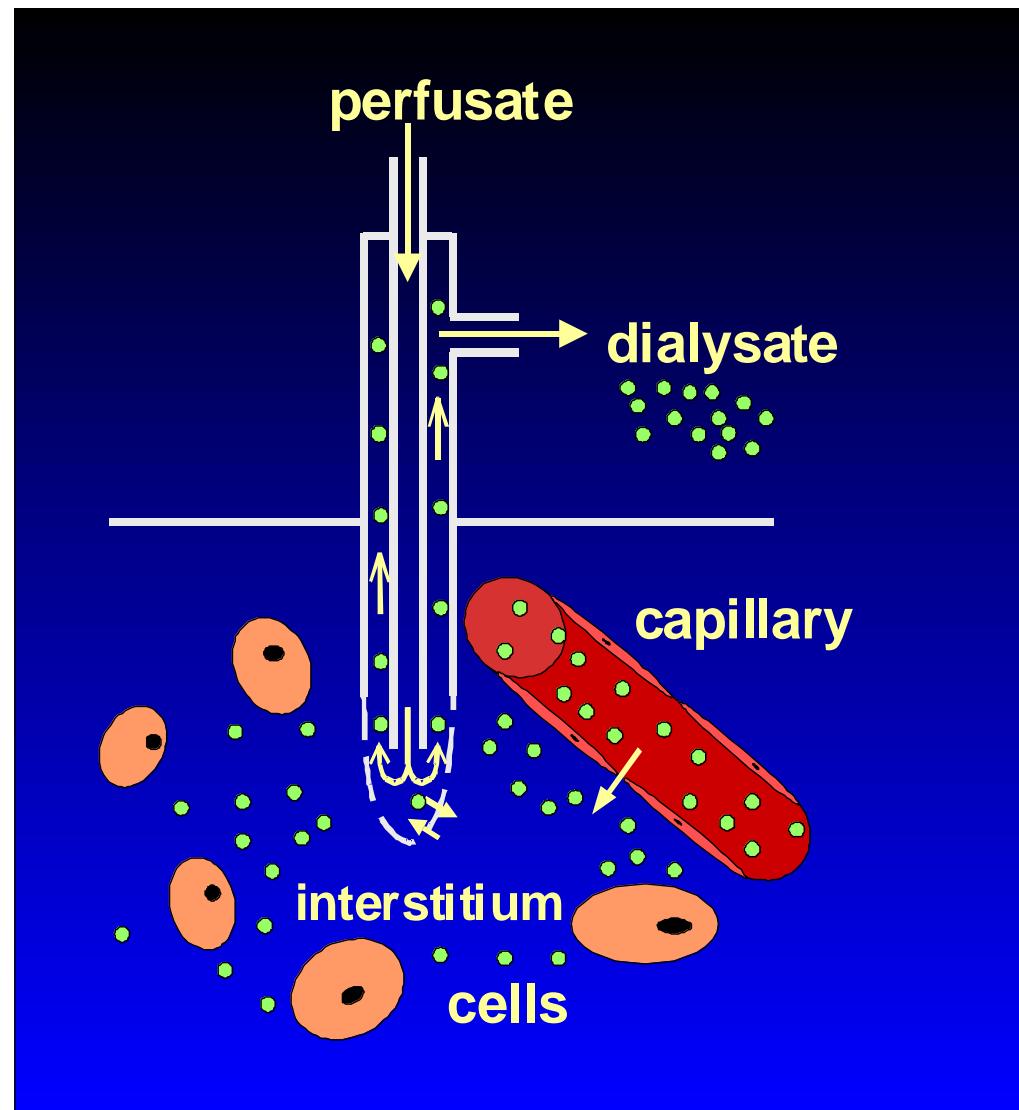
Biopsie



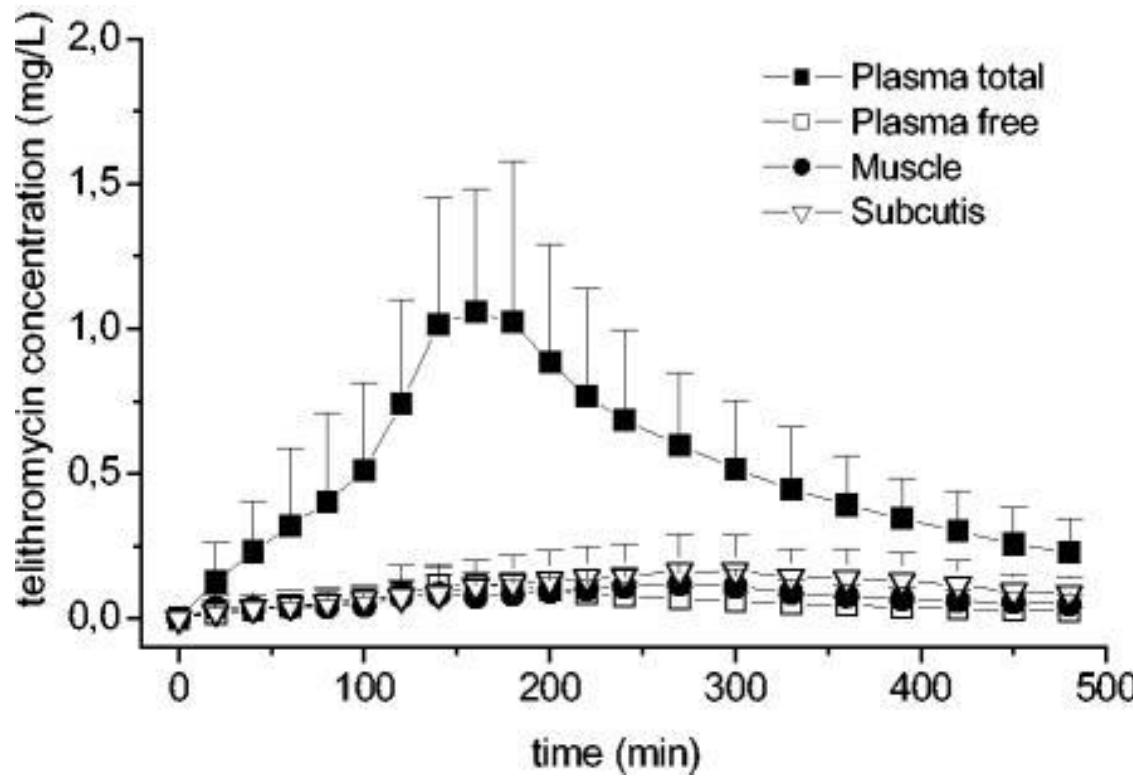
	C_{max} tonsill (mg/L)	C_{max} tonsill/ p_{max} Plasma
Azithromycin	5.5	13.8
Clarithromycin	6.7	3.72
Roxithromycin	2.2	0.28
Telithromycin	3.95	3.4

Fraschini F. J Antimicrob Chemother 1991
Foulds G. J Antimicrob Chemother 1993
Gehanno P. Int J Antimicrob Agents 2003

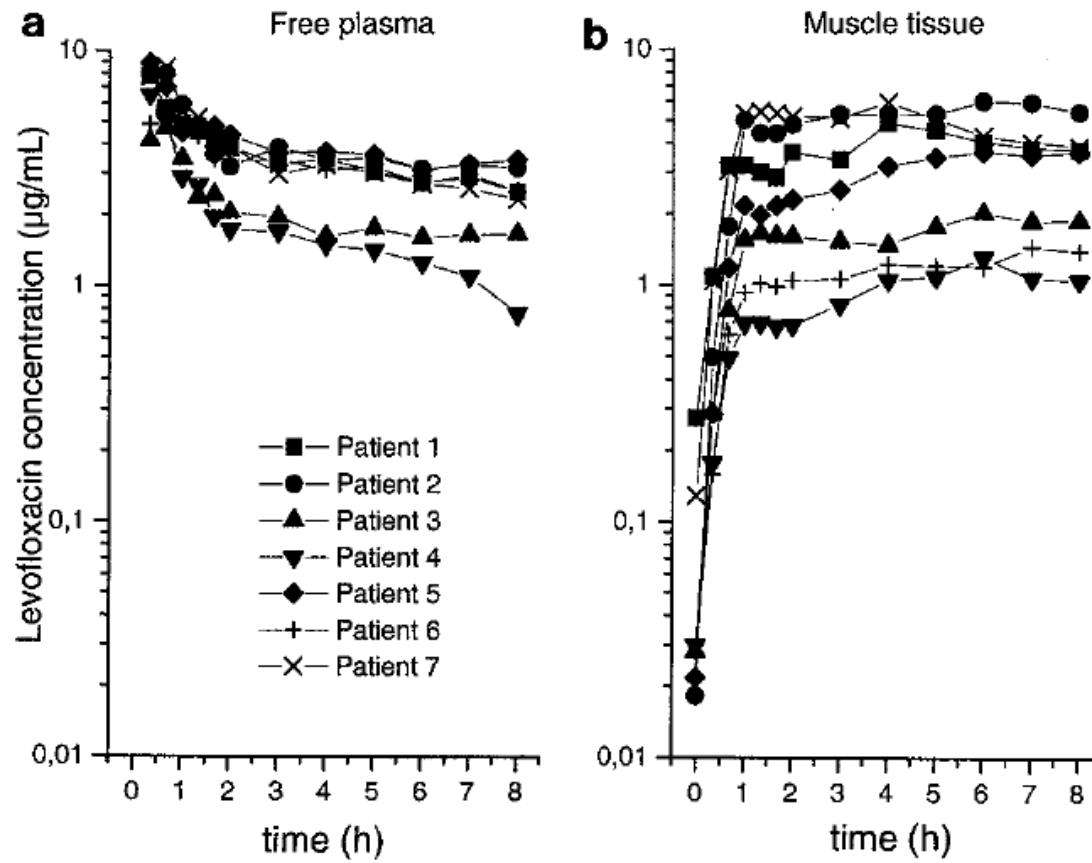
Microdialyse



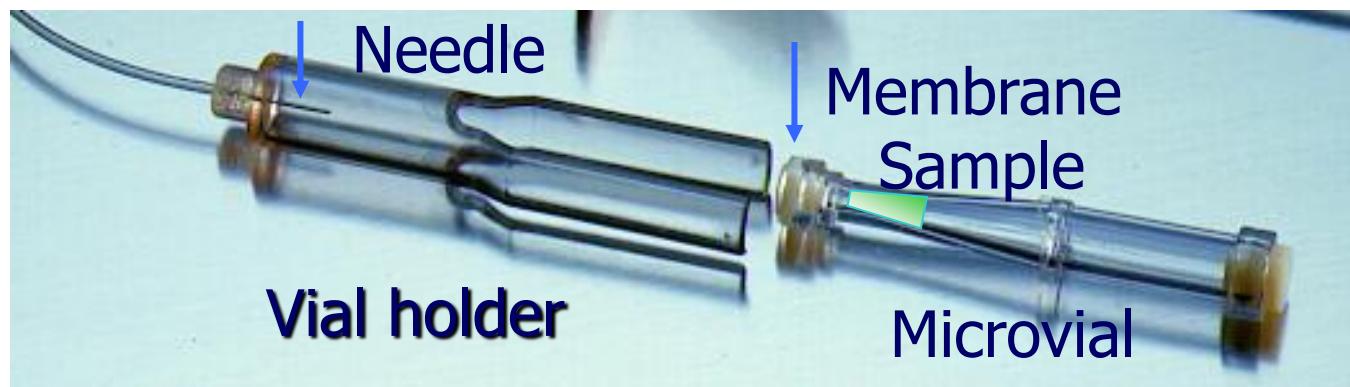
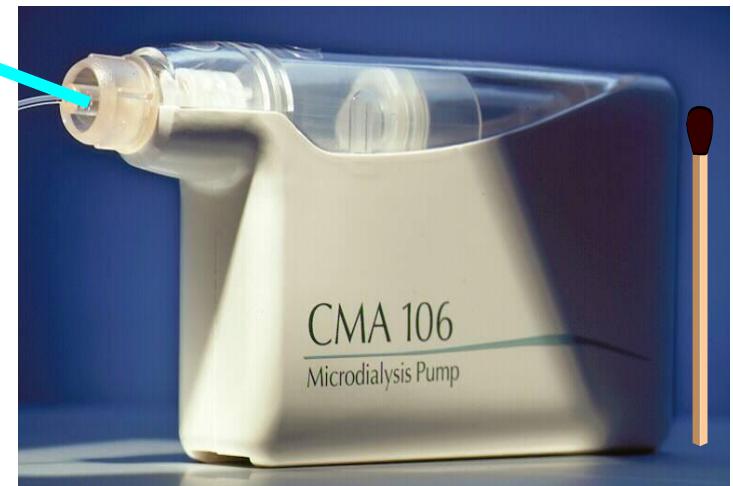
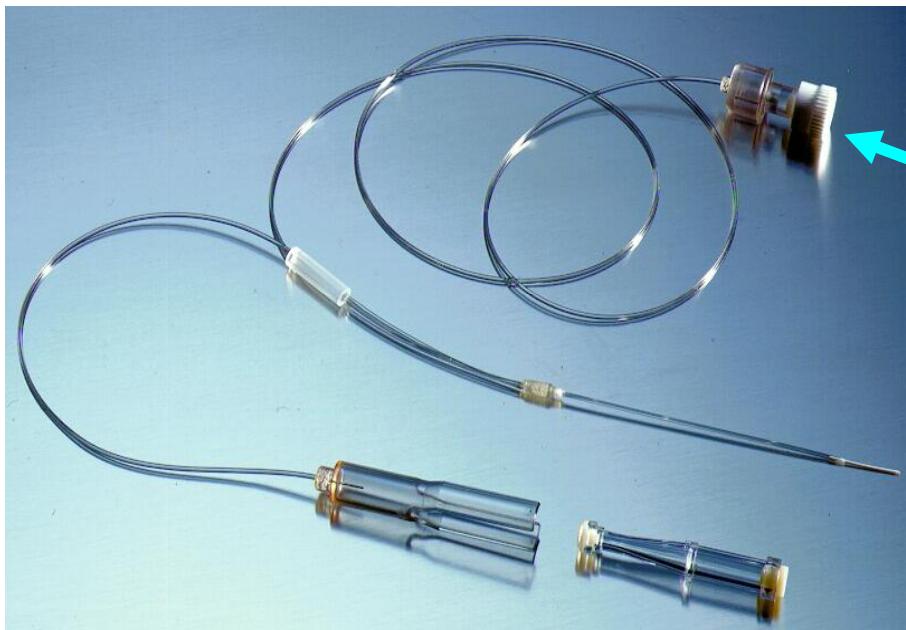
Telithromycin 800mg



Individual penetration of levofloxacin in ICU patients

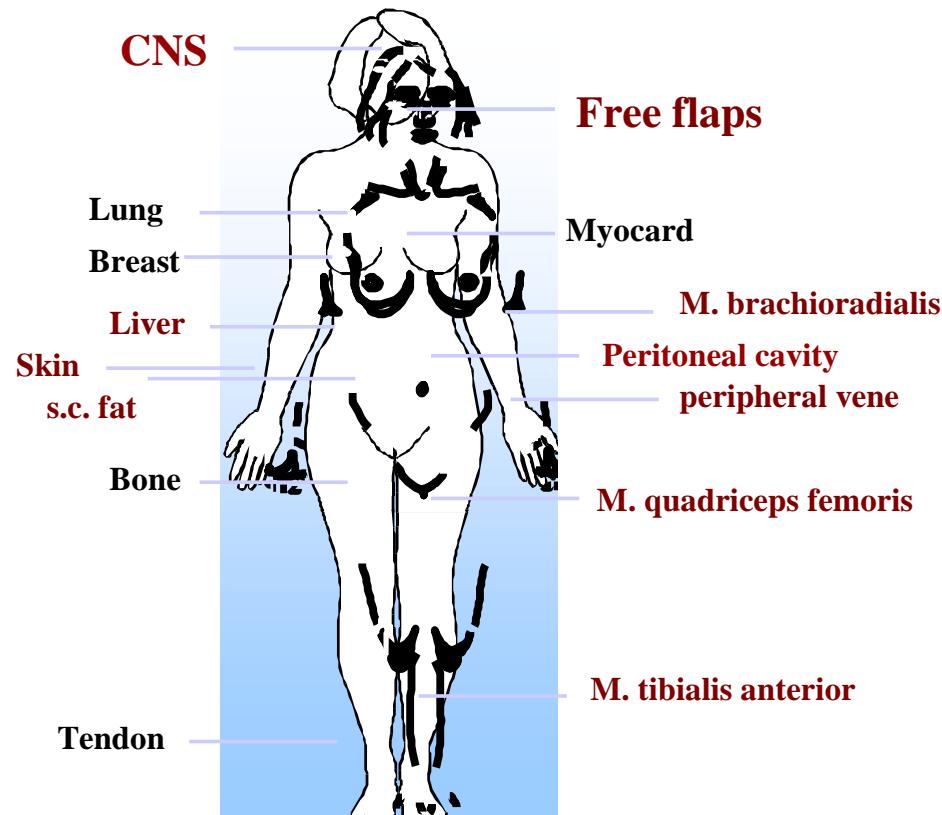


Ausrüstung

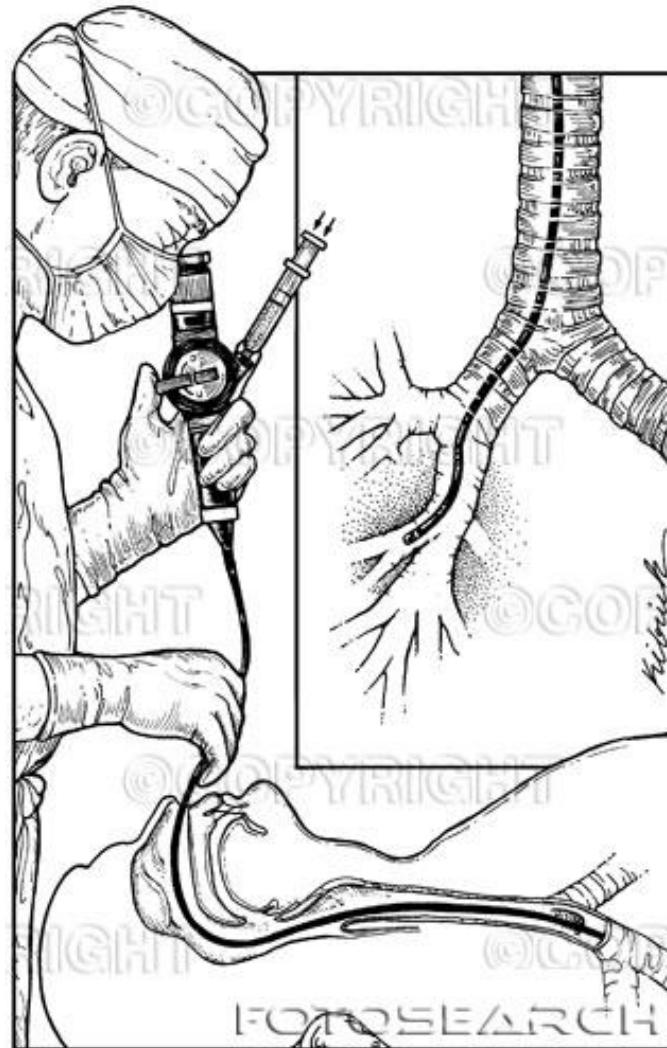


Wo ist Mikrodialyse möglich?

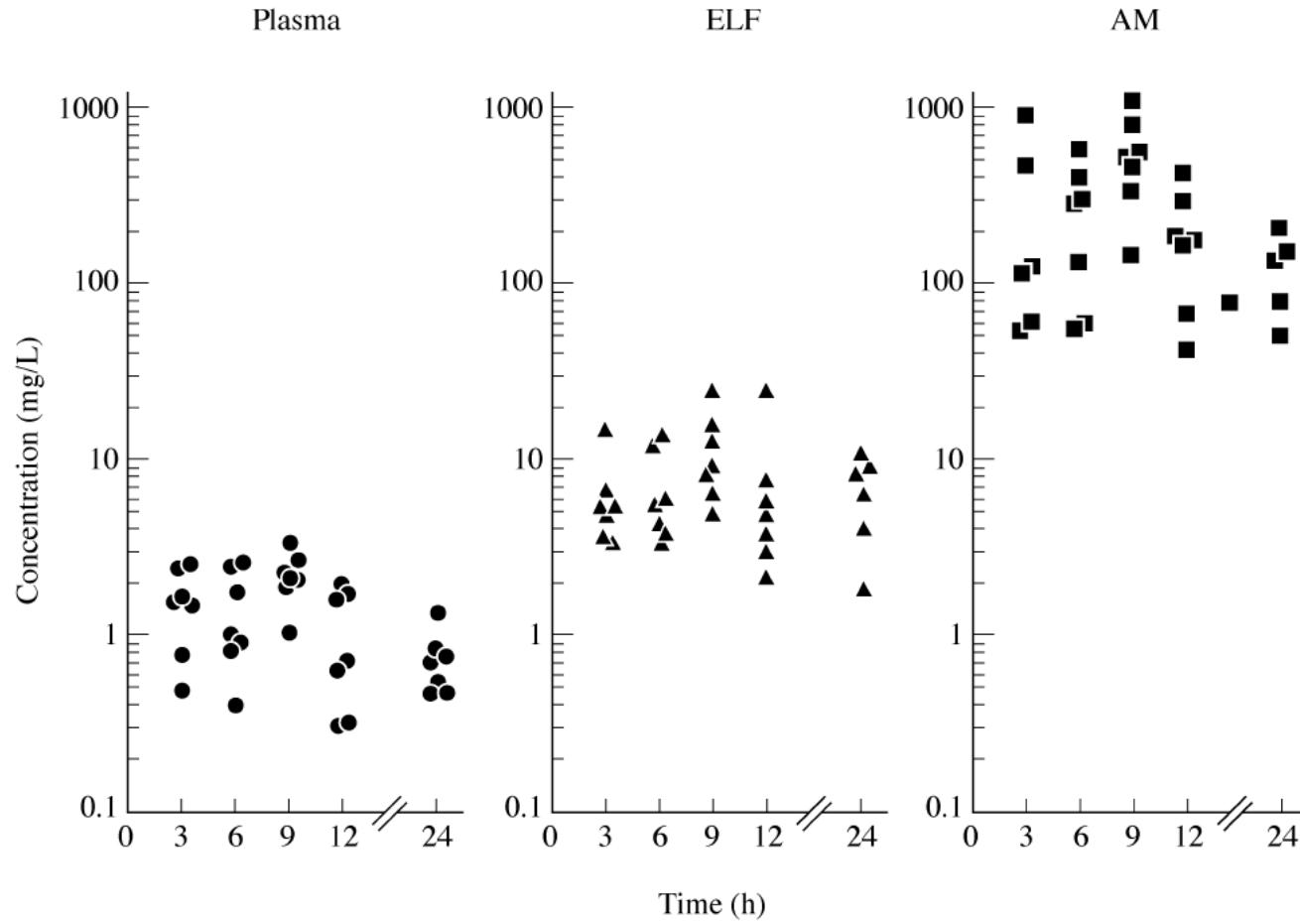
Red:
CE certiced



Bronchoalveolar Lavage (BAL)



Clarithromycin





PET

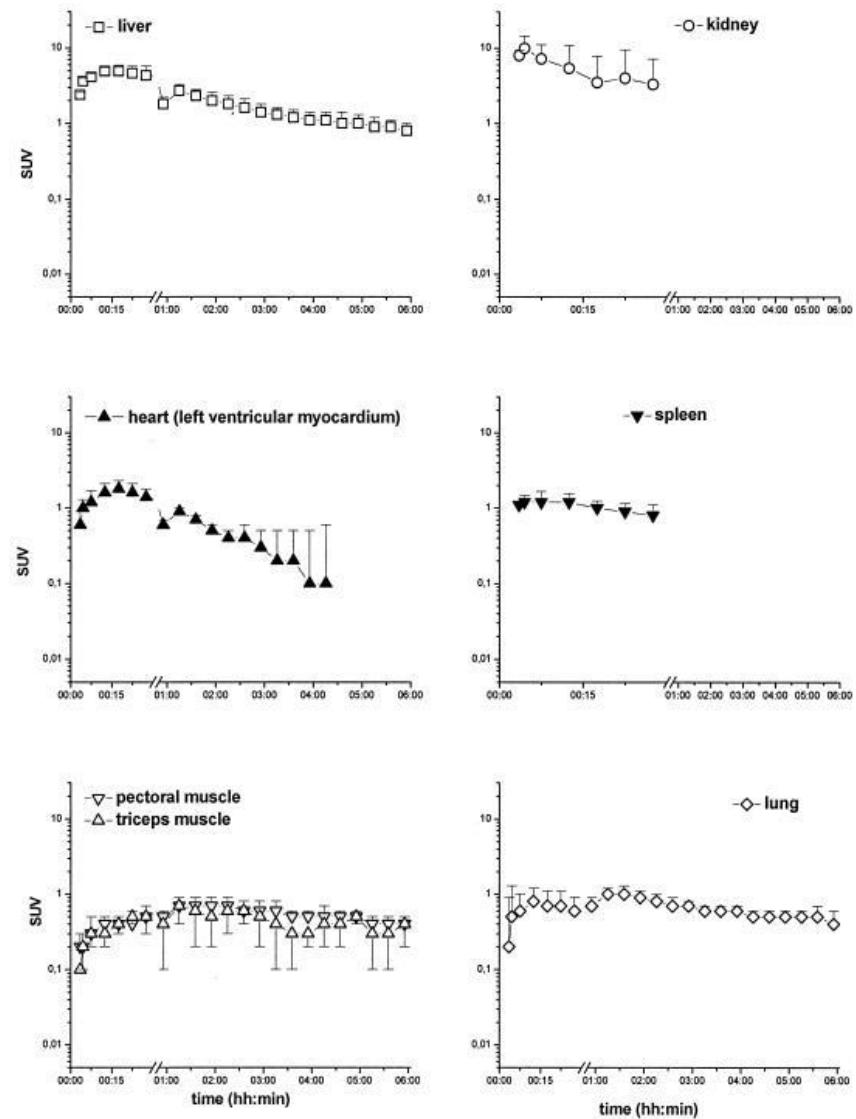
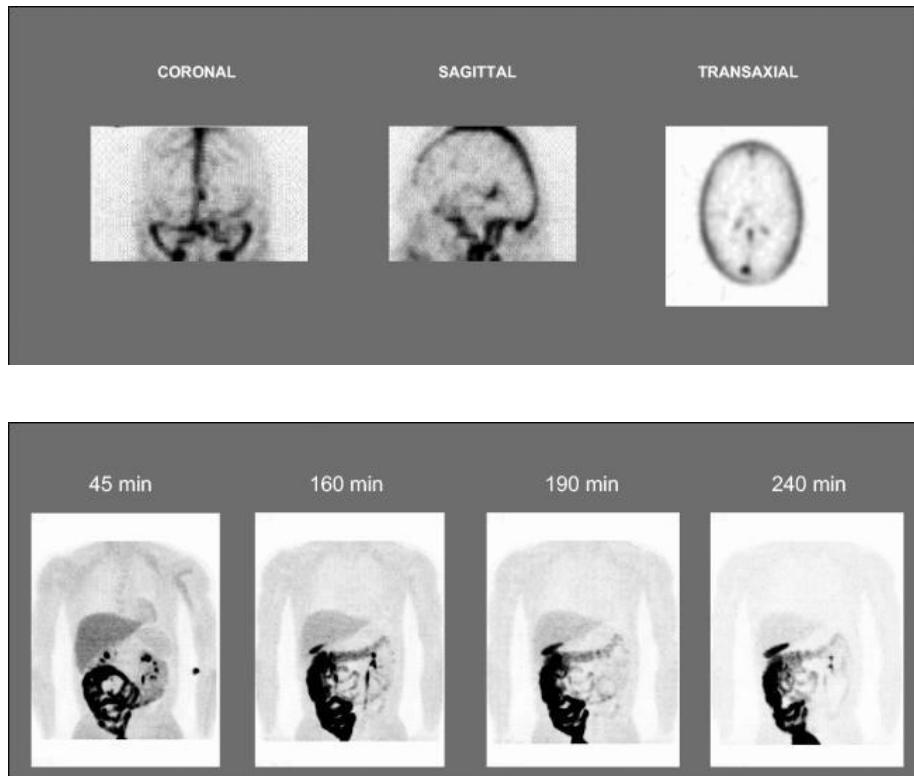
ARCS, Radiopharmaka



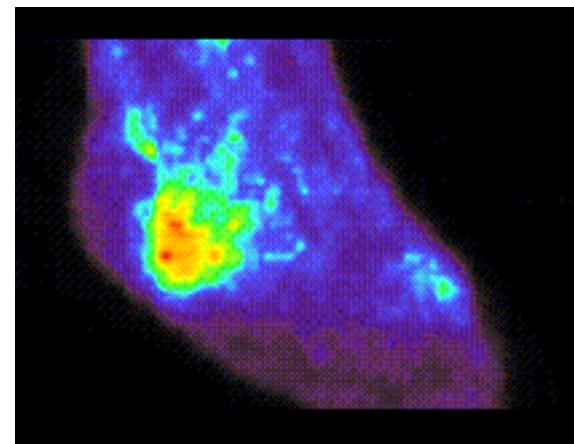
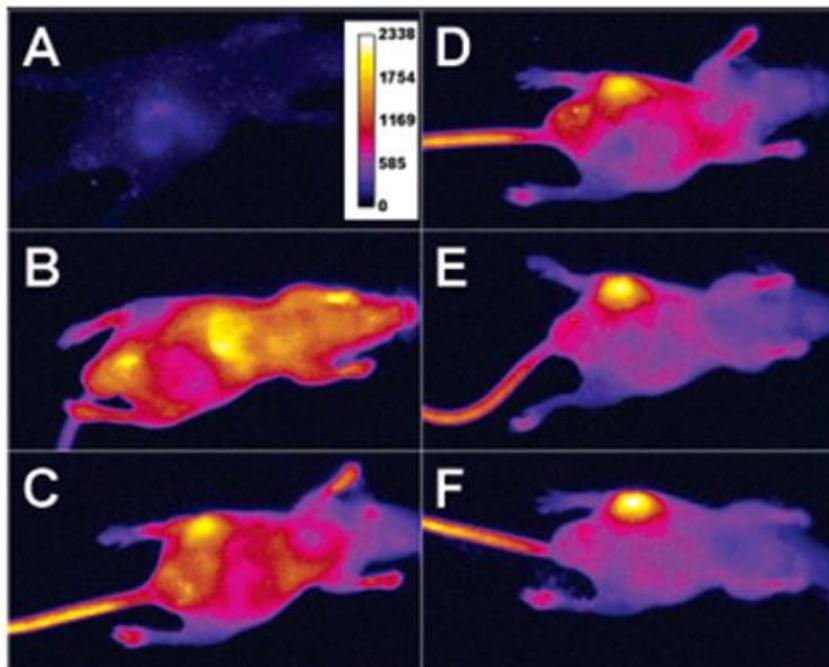
Physical characteristics of radionuclides used in PET imaging^a

Radionuclide	Half-life	Common forms
^{15}O	2 min	$^{15}\text{O}_2$, C^{15}O_2 , C^{15}O
^{13}N	10 min	$^{13}\text{NH}_3$, $^{13}\text{N}_2$
^{11}C	20 min	$^{11}\text{CO}_2$, ^{11}CO , ^{11}CH
^{18}F	1.8 h	$^{18}\text{F}_2$, H^{18}F
^{76}Br	16.2 h	$^{76}\text{Br}_2$
^{124}I	4 days	Na^{124}I

[¹⁸F]ciprofloxacin

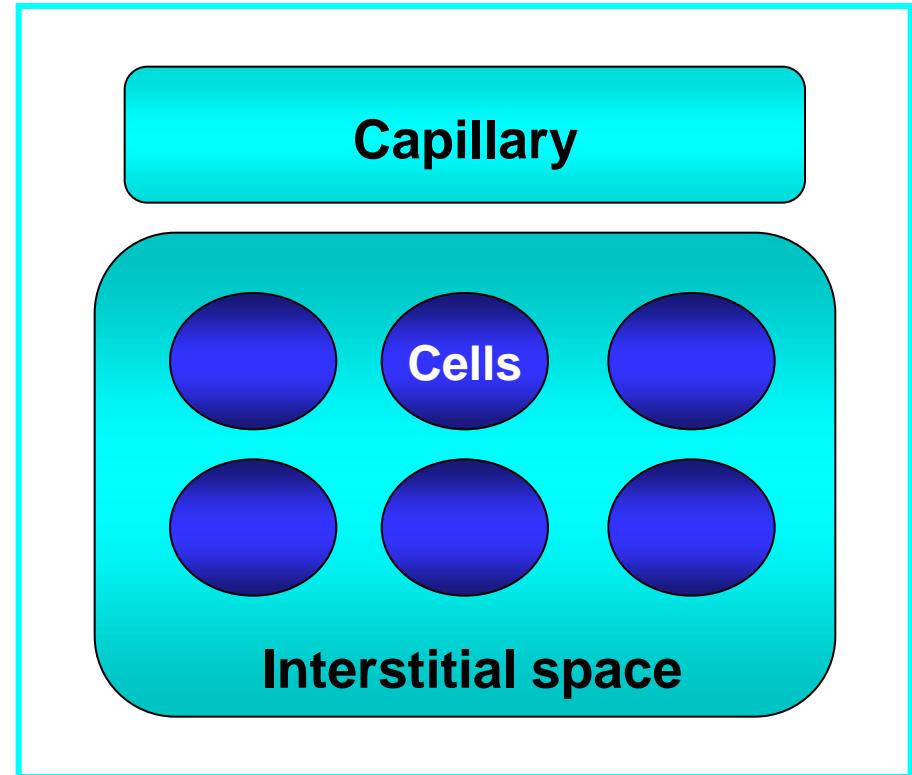


Visualisierung von Infektionen



PET:

Vermischung verschiedener Kompartimente



PET + Microdialyse

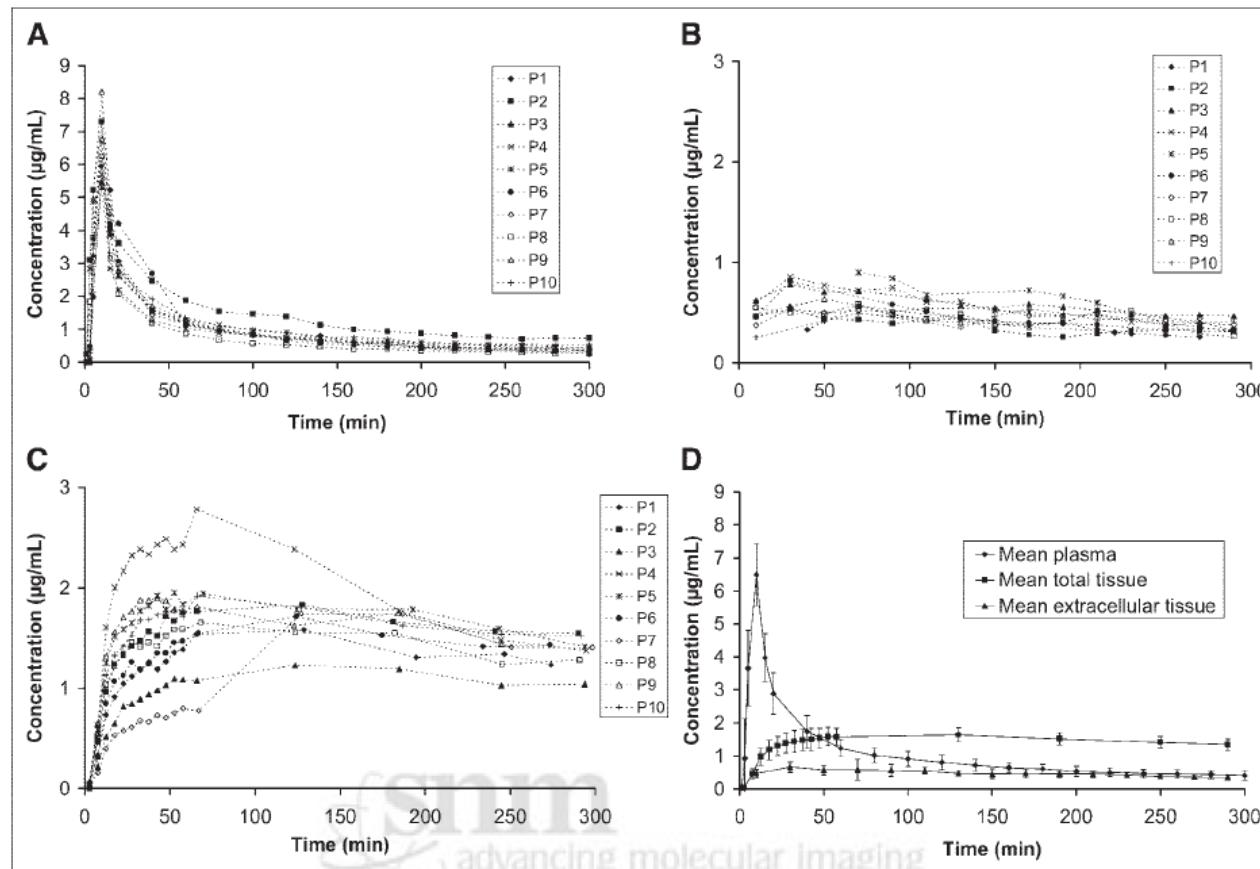


FIGURE 2. Individual (A–C) and mean \pm SD (D) concentration–time profiles of ciprofloxacin in plasma (A), extracellular space of skeletal muscle tissue (B), and total skeletal muscle (C) measured by combined microdialysis and PET after intravenous administration of a mixture of 687 ± 50 MBq of ^{18}F -ciprofloxacin and 200 mg of unlabeled ciprofloxacin to 10 healthy male volunteers (P1–P10 indicate individual subjects).

PET + Microdialyse

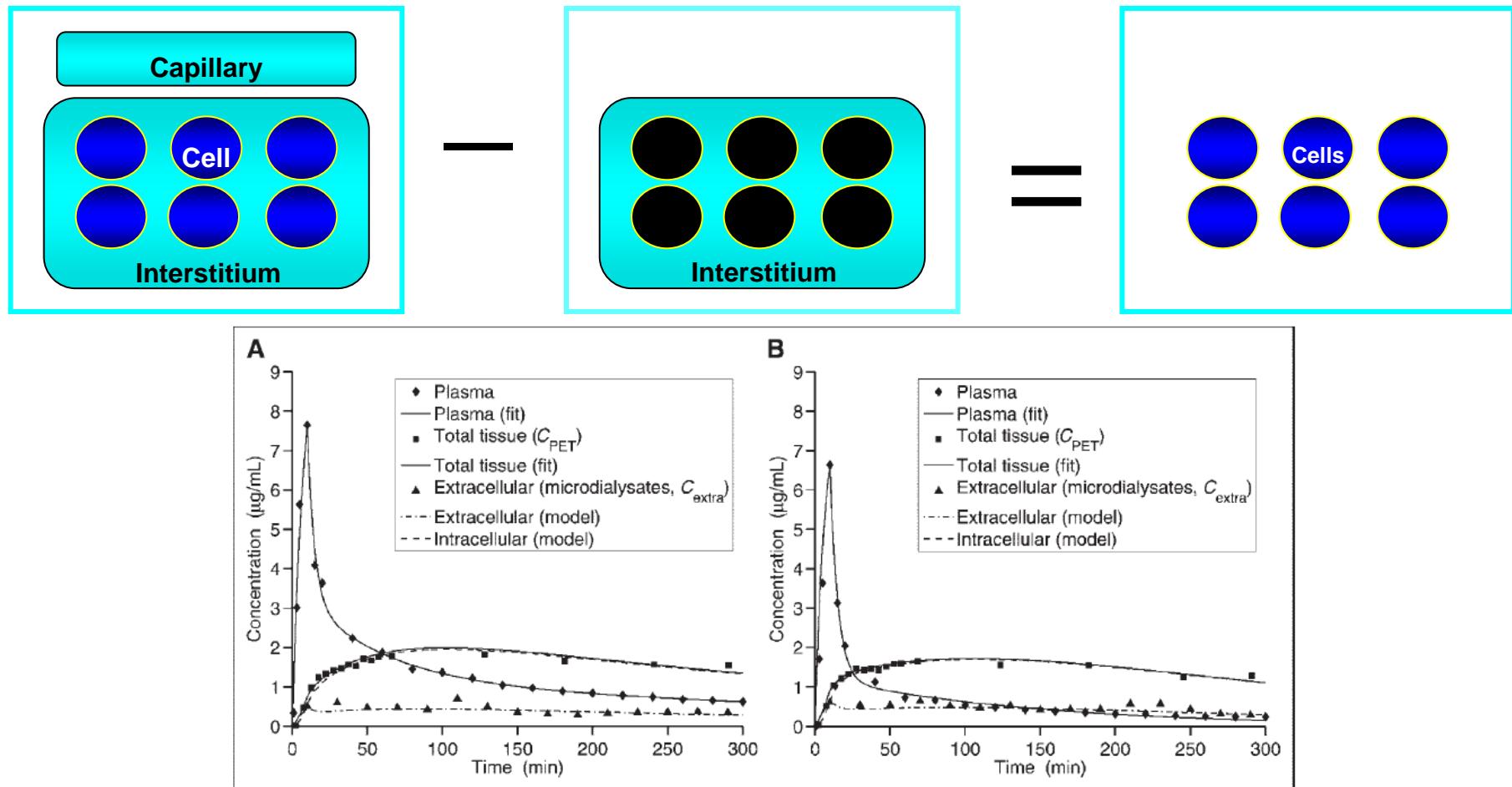
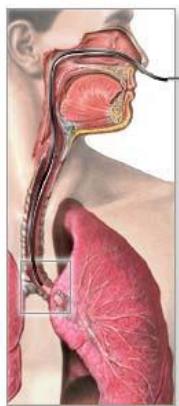
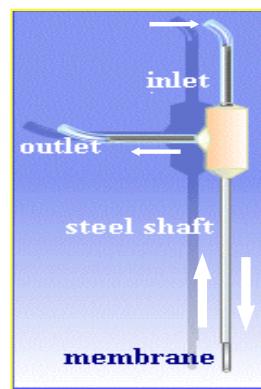


FIGURE 3. Blood and tissue concentration–time profiles of ciprofloxacin and fits obtained from 3-compartment, 4-rate-constant pharmacokinetic model from 2 representative subjects (A, subject 2; B, subject 8). Microdialysis data points (C_{extra}) were corrected for extracellular protein binding.

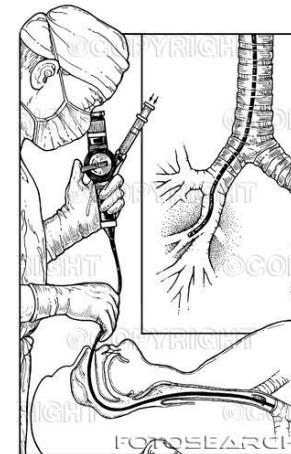
Biopsie



MD



BAL



PET



Konzentration-
Zeit Profil

-

+

-

+/-

Anatomisch-
Histologisch

+/-

+

+/-

+/-

Invasivität/
Schmerz

-

+/-

-

+/-