

Erythro

Erythromycin

COMPOSITION:

Erythro PFS: Each 5 ml suspension contains Erythromycin Ethylsuccinate USP equivalent to 125 mg Erythromycin USP.

PHARMACOLOGY:

Erythromycin inhibits microsomal protein synthesis in susceptible organisms by inhibiting the translocation process. Specific binding to the 50S subunit or 70S ribosome occurs in these organisms but there is no binding to the stable 80S mammalian ribosome. Erythromycin is active against many Gram-positive bacteria, some Gram-negative bacteria and against mycoplasmas and chlamydia.

INDICATIONS:

Erythromycin is the drug of choice in the following indications-
Alternative to a penicillin in penicillin-sensitive patients, penicillin-resistant staphylococcal infections, alternative to a tetracycline in mycoplasma pneumonia, Pertussis diphtheria- especially in treatment of the carrier state, rheumatic fever prophylaxis, Chronic bronchitis, Otitis media and Chronic prostatitis.

DOSAGE & ADMINISTRATION:

Children: The usual regimen is 30-50 mg/kg/day. In severe cases the dose may be doubled.

CONTRAINDICATIONS:

Erythro is contraindicated in patients hypersensitive to erythromycin.

SIDE EFFECTS:

Erythro is one of the safer antibiotics. Nausea, gastrointestinal disturbances and allergy being the commonest (0.5-5%) adverse effects.

PRECAUTIONS:

Erythro should be given with care in patients with impaired hepatic function.

USE IN PREGNANCY AND LACTATION:

There is no evidence that the use of erythromycin is hazardous in pregnancy though it does cross the placental barrier.

DRUG INTERACTIONS:

Theophylline: Intravenous theophylline reduces the mean steady state erythromycin concentration after oral dosing by 37%. The clearance of intravenous theophylline is reduced by 83% in subjects currently taking oral erythromycin.

Carbamazepine: Several patients receiving treatment with carbamazepine showed two or three fold increases in their steady state plasma concentrations when erythromycin was given.

Digoxin: 12% of patients receiving digoxin metabolize up to 40% of an oral dose into cardioinactive metabolites in their guts. This microbiological conversion may be inhibited by erythromycin, resulting in increases in the serum digoxin level of up to 200%.

Warfarin: There have been several case reports of prolongation of the prothrombin time and bleeding in patients on warfarin given erythromycin.

Ergotamine: A single case report describes ergotamine toxicity in a patient under treatment with ergotamine.

OVERDOSE: In case of overdosage, Erythromycin should be discontinued. Overdosage should be handled with the prompt elimination of unabsorbed drug and all other appropriate measures should be instituted. Erythromycin is not removed by peritoneal dialysis or haemodialysis.

PHARMACEUTICAL PRECAUTION:

It should be stored in a cool and dry place, protected from light and moisture.

HOW SUPPLIED:

Erythro PFS: Bottle containing dry ingredients to make 100 ml syrup and a measuring spoon.

Manufactured by



MEDICON Pharmaceuticals Ltd.
Mirpur, Dhaka, Bangladesh.