

Chemotherapy Guide

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THIS REVIEW IS intended as a guide to proper antimicrobial therapy rather than as an exhaustive, definitive compendium. The outline format was selected to make the material more useful as a ready reference source and to permit early publication, insuring up-to-date data. Much of the presentation requires weighing of one agent against another; every effort has been made to avoid arbitrary or biased interpretations.

The material is organized into sections as follows: sulfonamides (sub-organized into various classes), antibiotics and other antibacterials (arranged in groups, where possible), drugs of choice for specific bacteria, investigational antimicrobial agents (the more promising agents), the use of antibacterial agents in renal insufficiency, and antibiotics and liver disease. Other material which might have been useful (information on antimycobacterial and antiparasitic drugs, principles of antibacterial chemotherapy, additional pharmacologic information, therapy of infectious diseases requiring special regimens, etc.) has been left out in the interest of brevity.

Doses given are for adults. In the presence of impaired renal function, it may be important that

dosages be reduced since most antibiotics are principally excreted in the urine. For specific information on this see section "Antibacterial Agents in Renal Insufficiency" by Dr. Ziment.

Superinfections are not mentioned as side effects but may be encountered with any of these agents. They are more likely to occur after the use of "broad-spectrum" agents, which suppress more of the normal flora.

SULFONAMIDES

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The therapeutic effectiveness of sulfonamides is reduced by pus, necrotic tissue, heavy inocula of organisms and thick fibrin barriers at the periphery of a lesion. Hence, sulfonamide therapy is optimally effective in mild and moderate infections which exhibit minimal suppuration.

I. PRESENT-DAY USES:

A. Urinary infections — chiefly those due to *E. coli*.

B. Meningococcal infections — only if organism known to be sensitive. No longer drugs of choice.

C. *Nocardia* infections—treatment of choice.

D. Bowel surgery — pre- and post-operatively; sulfasuxidine, sulfathalidine.

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