BÖLÜM 20

OKSAZOLİDİNONLARIN VE DAPTOMİSİNİN ETKİ SPEKTRUMU VE KULLANIM ALANLARI

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Giriş

Oksazolidinon grubu antibiyotikler gram pozitif mikroorganizmalar üzerine etkinlik gösterir. Linezolid ve tedizolid bu grupta yer alır. Metisilin dirençli stafilokoklar (MRSA, koagülaz negatif stafilokoklar) ve vankomisin dirençli enterokokların (VRE) da dahil olduğu yumuşak doku enfeksiyonları, hastane veya toplum kökenli pnömoni tedavisinde kullanımı vardır. Uzun sureli kullanımda daha sık görülebilen en önemli yan etkisi miyelosupresyondur. Daptomisin de gram pozitif enfeksiyonların tedavisinde kullanılan lipopeptit grubu antibiyotiktir. MRSA ve VRE'nin etken olduğu bakteriyemi, endokardit, kemik eklem enfeksiyonları tedavisinde kullanılır. Alveolar surfaktan ile inaktive olması nedeniyle pnömoni tedavisinde yeri yoktur. En önemli yan etkisi rabdomiyoliz ve eozinofilik pnömonidir. Bu bölümde gram pozitif enfeksiyonların tedavisinde oldukça önemli yere sahip olan oksazolidinon grubu antibiyotikler ve daptomisinin genel özellikleri, etki spektrumu ve klinik kullanımları ele alınacaktır.

Oksazolidinonlar

Linezolid

Genel özellikler

Linezolid, gram pozitif mikroorganizmalara karşı bakteriyostatik etkinlik gösteren oksazolidinon grubu bir antibiyotiktir. Bakteri ribozomunun 50S alt birimine

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bağlı kas ağrısı, güçsüzlük gibi semptomlar gözlenebilir. Miyopati varlığında ve serum keratin fosfokinaz değeri normalin üst sınırının 5 katından fazla (veya ≥1000 U/L) olan vakalarda veya semptom tarfilemeyen ve serum keratin fosfokinaz değeri normalin üst sınırının 10 katından fazla (veya ≥2000 U/L) olan vakalarda daptomisinin kesilmesi önerilir (38). Semptomlar sıklıkla 2-3 içinde geçer. Daptomisin tedavisi alan hastalarda haftada bir olarak serum keratinfosfokinaz değerinin takibinin yapılması gerekir.

Daptomisine bağlı görülebilecek eozinofilik pnömoni diğer bir önemli yan etkidir. Ateş yüksekliği, hipoksemi, diffüz pulmoner infiltrasyon ve bronkoalveoler lavajda eozinofili varlığı ile karakterizedir. Fizik muayenede ince raller duyulur. Bu durumda daptomisin tedavisi kesilir, destekleyici tedavi önerilir. Ayrıca sistemik glukokortikoid tedavisinin de hasta yönetiminde yeri gösterilmiştir (39).

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