Abstract

Introduction and Objectives

A total of 196 clinical isolates were collected from 2008 to 2011. Among these included isolates (72 isolates) which have been retained in our previous study for their susceptibility profiles (S.&R.) as well as strains with reduced susceptibility, and resistant to azithromycin. Intracellularly resistant isolates included in the study were genetically characterized as described.\(^1\)

Determination of MICs

Each strain was subcultured twice on NYC agar before antimicrobial testing. The MICs of solithromycin were determined using the CLSI agar dilution method\(^2\) with replicates plating of the organisms onto a series of agar plates of increasing concentration from 0.015 mg/L to 8 mg/L for solithromycin and from 0.031 mg/L to 2048 mg/L for azithromycin. N. gonorrhoeae strains (NG723, CEM-101 MIC= 0.25 mg/L, NG724, CEM-101 MIC= 0.250 mg/L, NG725, CEM-101 MIC= 0.125 mg/L) were included as quality control strains.

Materials and Methods

Conclusions

The efficiency and the efficacious intracellular activity of solithromycin combined with the low MICs of this agent for N. gonorrhoeae strains make it an attractive option for gonorrhea treatment, especially when multidrug-resistant strains displaying full resistance to azithromycin and to 2nd generation cephalosporins are now emerging.

Results

The intracellular activity of solithromycin combined with the low MICs of this agent for N. gonorrhoeae strains make it an attractive option for treatment of gonococcal infections, especially when multidrug-resistant strains displaying full resistance to azithromycin and to 2nd generation cephalosporins are now emerging clinically.

Conclusions

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Antimicrobial activity of the fluoroquinolone solithromycin (CEM-101) against Neisseria gonorrhoeae

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REFERENCES


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References