Metronidazole Treats Tonsillitis Anaerobes

BY MIRIAM E. TUCKER

BY MICHÈLE G. SULLIVAN

SAVANNAH, Ga. — Brief metronidazole treatment has been associated with a case of reversible autonomic neuropathy in a 15-year-old girl, Lisa Hobson-Webb, M.D., reported in a poster at the annual meeting of the American Association of Electrodagnostic Medicine.

“This has never been reported in the literature,” said Dr. Hobson-Webb of Wake Forest University, Winston-Salem, N.C. “There are cases of motor or sensory neuropathies after a large dose or an extended treatment period but not any reports of autonomic involvement.”

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Dr. Hobson-Webb presented a case study of a 15-year-old black girl who had taken a 3-day course of metronidazole for bacterial vaginitis; she had been unre- sponsive to a prior course of trimetho-

prin-sulfamethoxazole. Within 2 weeks of initiating metronidazole treatment, the girl developed such a severe, burning pain in the soles of her feet that she found relief only by keeping her feet and lower legs submerged in buckets of ice water at all times. “She was even sleep- ing like this,” said Dr. Hobson-Webb. The patient did not respond to pain med- ication, including oxycodone.

Examination revealed pitting edema and erythema to the mid-calf bilaterally. When removed from the ice water, the lower legs and feet rapidly became hot and erythematous. Her perception of temperature was reduced to the upper third of the shin bilaterally. Deep tendon reflexes and strength were maintained. The patient’s past medical history was unremarkable, and an examination showed no medical cause for her pain. Nerve conduction studies showed re-
duced sensory nerve and compound muscle action potential. Reproducible sympathetic skin potential responses could not be obtained in the right foot, and only diminished responses were seen in the right hand.

“Based on these results, she was diag- nosed with a severe sensorimotor and au-
tonomic neuropathy, which was suspect- ed to be a toxic reaction to the metronidazole,” Dr. Hobson-Webb said.

The patient was placed on gabapentin and carbamazepine for pain control, and improved over several weeks. After 3 months, her neuropathy had clinically resolved and conduction studies showed normalization of autonomic function. The mechanism underlying neurotox- icity of metronidazole is unclear. How- ever, Dr. Hobson-Webb said, it’s thought to be related to decreased protein syn-
thesis in the nerve.

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Beat Penicillin

BY MITCHEL L. ZOLER

WASHINGTON — A short-course regi- men with a cephalosporin was more ef-
fective than a 10-day regimen with peni- cillin for curing strep throat, based on a metaanalysis of 14 studies done in adults and children.

A short-course regimen, which usually lasts 5 days, runs counter to what most physicians were taught to use to treat tonsilopharyngitis caused by group A strep- toccoci, Janet R. Casey, M.D., said in a poster presentation at the annual Inter-
science Conference on Antimicrobial Agents and Chemotherapy.

But physicians must realize that many pa-
tients won’t take an antibiotic for 10 days, and so they should consider prescribing a 5-day course. The results from the meta-
analysis “are a start toward changing phy-
cian behavior,” said Dr. Casey, a pediatrian at the University of Rochester (N.Y.).

The metaanalysis included 14 studies with a total of 1,880 patients treated with one of seven cephalosporins and 2,760 patients treated with penicillin. The most commonly used drug was cefpodoxime (Vimox?), in four studies, followed by ce-
furoxime (Cefxim? or Ce-
fixime) (Suprax?) and cefdinir (Omnicef?) were each used in two studies, and ce-
fadroxil (Duricef?) , cefotiam, and cefprozil (Cefzil?) were each used in a single study.

Twelve of the studies involved a 5-day course of cephaparin. One study used a 4-day regimen of cefetaxime, and an-
other a 4-day course of used cefixime.

Overall, the results of these 14 studies showed that treatment with a short-course of a cephaparin produced a 63% high-
er cure rate than a 10-day course with penicillin, a difference that was statistical-
ly significant.

The value of a short-course regimen was highlighted in an analysis of four studies that each compared a 1-day course of a cephaparin with a 10-day course of the same drug. The results showed that compliance with the 5-day regimens was three-fold greater than compliance with the 10-day regimens, Dr. Casey said at the conference, sponsored by the American Society for Microbiology.

The only short-course regimens cur-
rently approved by the Food and Drug Ad-
mistration for treating strep throat are 5 days of treatment with azithromycin, cef-
dinir, or cefpodoxime. Dr. Casey told FAM-
LY PRACTICE NEWS.

The metaanalysis included additional studies that compared short-course regi-
ments that used penicillin, amoxicillin, or a macrolide against 10 days of treatment with penicillin or another comparator drug.

The results showed that the short-
course penicillin regimens (5 or 7 days’ du-
ratation) were inferior to a 10-day regimen and that 6 days of treatment with amoxi-
cillin or 5 days of treatment with a macrolide was similar in efficacy to a 10-
day regimen.