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Touching Lives over 100 years

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American College of Physicians
Leading Internal Medicine, Improving Lives

India Chapter

Azithromycin

– Simplifying Skin Infection Care Without Compromising Efficacy

Clinically Equivalent. Adherence Superior. Tolerability Excellent.

CASE LBL 2

Scientific Initiative from the Makers of

Azithral® 500 / 250
(Azithromycin 500/250 mg Tabs)

Azithral® Liquid
Azithromycin 100 mg / 200 mg / 5 ml

Redefining SSTI Management

Skin and soft tissue infections (SSTIs) are a common cause of outpatient and inpatient visits. Effective treatment must balance microbial coverage, patient adherence, and minimal adverse events. Azithromycin, a macrolide with excellent tissue penetration and long half-life, has shown significant potential as a front-line therapy for uncomplicated SSTIs.

Clinical Evaluation of Azithromycin in Uncomplicated SSTIs

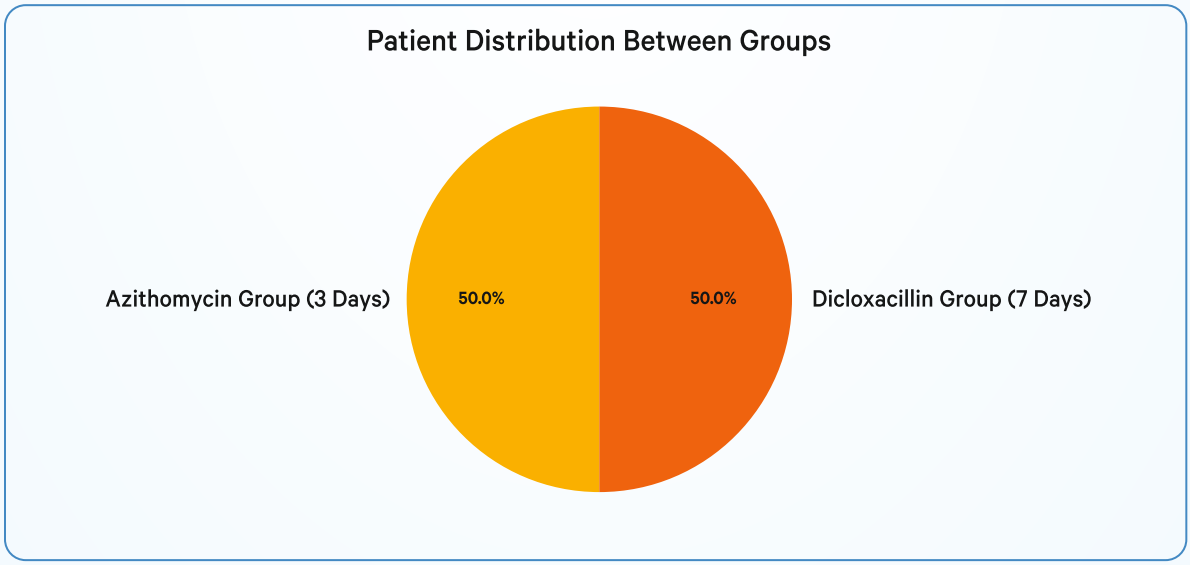
A randomized, double-blind clinical trial compared the efficacy, bacteriological eradication, adher ence, and safety profile of Azithromycin versus Dicloxacillin in adult patients with uncomplicated skin and soft tissue infections.

Study Design and Methodology

Study Population: 62 patients with cellulitis, abscesses, wound infections, and furuncles

Randomized to:

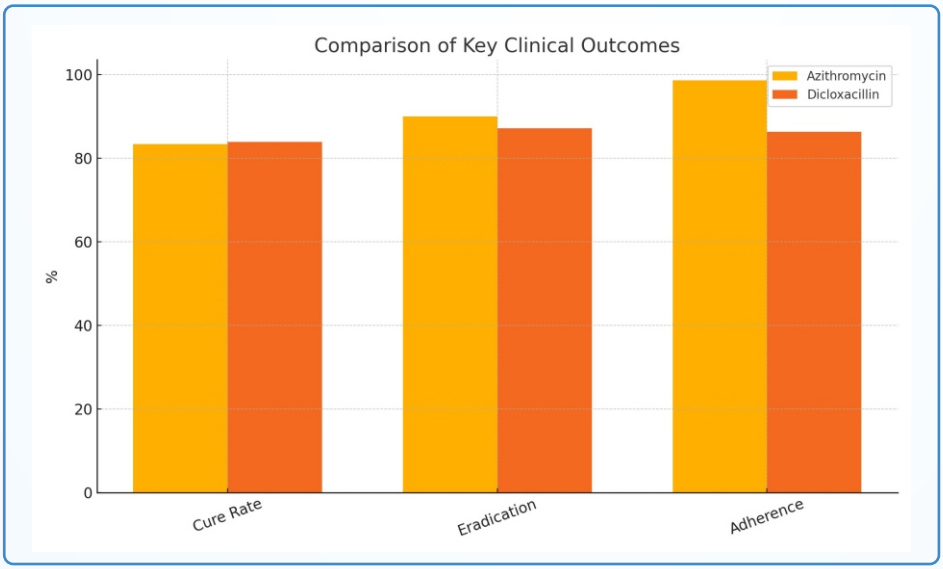
- Azithromycin 500 mg OD for 3 days
- Dicloxacillin 250 mg QID for 7 days



- Double-blind setup, third-party randomization, and ethics committee approval
- Follow-up at Day 1, Day 3–5, and Day 8–10
- Primary endpoints: Clinical cure, bacteriological eradication, and adherence
- Tools used: MicroScan system, Kirby-Bauer disc diffusion, microdilution

Parameter	Azithromycin (3 Days)	Dicloxacillin (7 Days)
Clinical Cure Rate (%)	83.3%	83.9%
Bacteriological Eradication (%)	90%	87.1%
Patient Adherence (%)	98.65%	86.3%
Adverse Events (GI-related)	Mild (Low withdrawal)	Mild (Some withdrawals)
Treatment Duration (Days)	3	7

Observations & Outcomes



Azithromycin's once-daily 3-day regimen not only provides a comparable clinical and bacteriological outcome to the 7-day Dicloxacillin course but also enhances adherence. Fewer doses translate into better patient compliance, minimized resistance risk, and improved real-world outcomes.

Key Clinical Insights & References

- Azithromycin 500 mg OD for 3 days provides non-inferior efficacy for uSSTIs
- Offers superior patient adherence due to short duration and fewer daily doses.
- Safety profile is favorable with fewer dropouts from side effects
- Especially for outpatient care with high success rates in cellulitis, abscesses, and furuncles.
- Practical and economical alternative to multi-dose therapies.

Study Reference

Amaya-Tapia G, et al. 'Once-daily Azithromycin in the Treatment of Adult Skin and Skin-Structure Infections.' J Antimicrob Chemother. 1993; 31(Suppl. E):129-135

Key Clinical Insights & References

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- Zhanel GG, et al. Clin Pharmacokinet. 1999; 37(3):215-230.
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