KEY WORDS OF MODERN ANTIFUNGAL THERAPY

CYTOCHROME P450

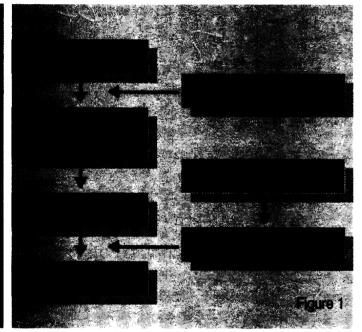


Figure 1 is a simplified illustration of one of the pathways for the enzymatic ergosterol synthesis in fungal cell membranes. (Ergosterol is essential for the structural cohesion of these membranes). Pharmacologically one can disrupt this process at two distinct points. The first is where squalene is made into an oxide. Alternatively, one can interfere where lanosterol is converted into ergosterol, by inactivating **cytochrome P450** — a chemical catalyst that performs a vital function in the enzymatic reaction. The broadest research experience to date has been gathered with the latter approach. Importantly, in view of the close similarities between the enzymatic processes in fungi and humans, either approach must be highly selective in disrupting the fungal enzyme systems only.

OR WHAT'S IN A NAME...

The metabolism of fungi is almost identical to that of other eukaryotic organisms, such as humans. Therefore, trying to design a systemic drug that kills fungi without harming their human host means searching for infinitesimal differences in metabolic pathways.

Selective precision for the metabolic pathways in fungi, as distinct from those in humans, remains the key determinant for any systemic antimycotic, regardless of its point of biochemical interaction. This precision has been achieved to an exceptional degree with itraconazole, alias Sporanox*, because it selectively inactivates the fungal cytochrome P450 only.

Sporanox *

SHORT AND SIMPLE ORAL THERAPY

standard dose in dermatomycoses: 1 capsule (100 mg) once daily for 15 days standard dose in vaginal candidosis: 2 x 2 capsules (400 mg) for 1 day only

* Trademarks: SPORANOX, SEMPERA, SISTIZOL, TRISPORAL.

PHARMACEUTICA 2340 Beerse, Belgium expertise in antimycotic research Properties: Sporanox (itraconazole), a triazole derivative, is orally active against infections with dermatophytes (Trichophyton spp., Microsporum spp., Epidermophyton floccosum), yeasts (Candida spp., Pityrosporum spp.), Aspergillus spp. and various other yeasts and fungi. Indications: Sporanox (itraconazole) is indicated for vulvovaginal candidosis, pityriasis versicolor, dermatophytoses, fungal keratitis and oral candidosis. Dosage and administration: Vulvovaginal candidosis: 2 capsules (200 mg) morning and evening for 1 day, Pi-

tyriasis versicolor: 2 capsules (200 mg) once daily for 7 days. - Tinea corporis, tinea cruris, tinea pedis, tinea manus: 1 capsule (100 mg) daily for 15 days; highly keratinized regions, as in plantar tinea pedis and palmar tinea manus, require 1 capsule (100 mg) daily for 30 days. - Oral candidosis: 1 capsule (100 mg) daily for 15 days. - Fungal keratitis: 2 capsules (200 mg) once daily for 21 days. Contra-indications: Sporanox (traconazole) is contra-indicated during pregnancy. Warnings and precautions: Although clinically Sporanox (tracoria-

zole) has not been associated with hepatic dysfunction, it is advisable not to give this drug to patients with a known history of liver disease. **Nursing mothers:** It is recommended not to breast feed whilst taking Sporance (fraconazole).

Drug interactions; Sporanox (fraconazole) should not be given concomitantly with rifampion.

Full prescribing information is available on t



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British Heart ournal

In association with the British Cardiac Society

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THE BRITISH HEART IOURNAL

is a major international journal which concentrates on providing up to date clinical information. Found worldwide in leading libraries, and read by physicians and surgeons with more general interests, as well as by cardiologists, features include concise, readable editorials, written by international experts, which tie in with original research papers published in areas vital to the development of cardiology.

FUTURE FEATURES INCLUDE:

- In August the focus is on new technology - battery powered angioplasty. Professor Serruys and his group from the Thorax Centre, Rotterdam compare the new technique with an established one (balloon angioplasty). In the same issue a team at St. George's Hospital describe their early experience with low speed rotational angioplasty. The whole topic is put in context in an accompanying editorial by Ulrich Sigwart, a pioneer in interventional cardiology.
- An editorial in the june issue asks "Should we get up in the morning?"prompted by the growing awareness of the circadian variation in cardiac events. The was fuelled by an original article. published in the April issue, "Circadian Variation in the Frequency of Onset of Chest Pain in Acute Myocardial Infarction."
- The pathophysiology of the processes underlying the development (atherosclerosis) and timing (thrombosis) of cardiac events was reviewed in the June issue by M.J. Davies and Drs Krikler and Katz (Atherosclerosis: inhibition or regression as therapeutic possibilities.)

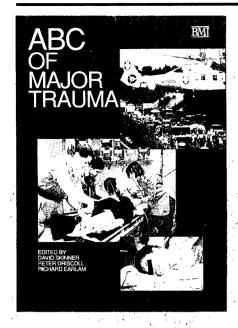
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Suddenly it happens: can you cope?

Injury is an enormous problem in Western society. It is the commonest cause of death among those aged under 35, and about 100 people die each week in road traffic accidents in Britain. Hospital staff have to manage about 500,000 patients with injury who are admitted each year, often with multiple injuries requiring urgent treatment.

The ABC of Major Trauma is a comprehensive guide to the early management of the multiply injured patient. All immediately life threatening problems are dealt with, the chapters being written by experts in all of the relevant specialties and by doctors who have day to day experience of treating patients with major injuries in the accident and emergency department. Also covered are the handling of accident victims and their transport to hospital and how to deal with major accidents. Practical guidance is clear and dogmatic to avoid delay in urgent treatment and is relevant to all medical, paramedical, and nursing staff who are concerned with the management of patients from the moment of injury to eventual discharge.

March 1991

UK £12.95; Abroad £15.00 (BMA members £11.95 or £14.00)

The second edition of the ABC of Resuscitation incorporates the latest standards and guidelines for cardiopulmonary resuscitation issued by the Resuscitation Council (UK) in 1989. The are three new chapters—one on trauma, one on resuscitation in late pregnancy, and one on avoiding HIV infection—and throughout, recommendations have been updated where necessary and other revisions have been made in view of current theory and practice. Written by members of the Resuscitation Council (UK) and other invited experts, the new edition of ABC of Resuscitation offers the most up to date information and advice on this vital aspect of health care.

Review of the first edition

"This book represents a major achievement on the part of the Resuscitation Council and the *British Medical Journal* and must be essential reading for every practising doctor, and especially those in the 'front-line' of pre-hospital care." *BASICS*, *Journal of the Association for Immediate Care*

Second edition 1990

UK £6.95; Abroad £9.00 (BMA members £6.45 or £8.50)

In spinal cord injury correct management from the outset is vital to prevent further damage. But what is the correct management? The ABC of Spinal Cord Injury sets it out step by step: how the injured patient should be moved from the scene of the accident; the assessment of his injuries; transfer to a spinal treatment centre; immediate medical problems and later complications; and the specialised nursing, physiotherapy, and occupational therapy that are essential in helping the patient and his family adjust to what may be a lifetime of disability. A valuable introduction to a topic that non-specialists need to know more about.

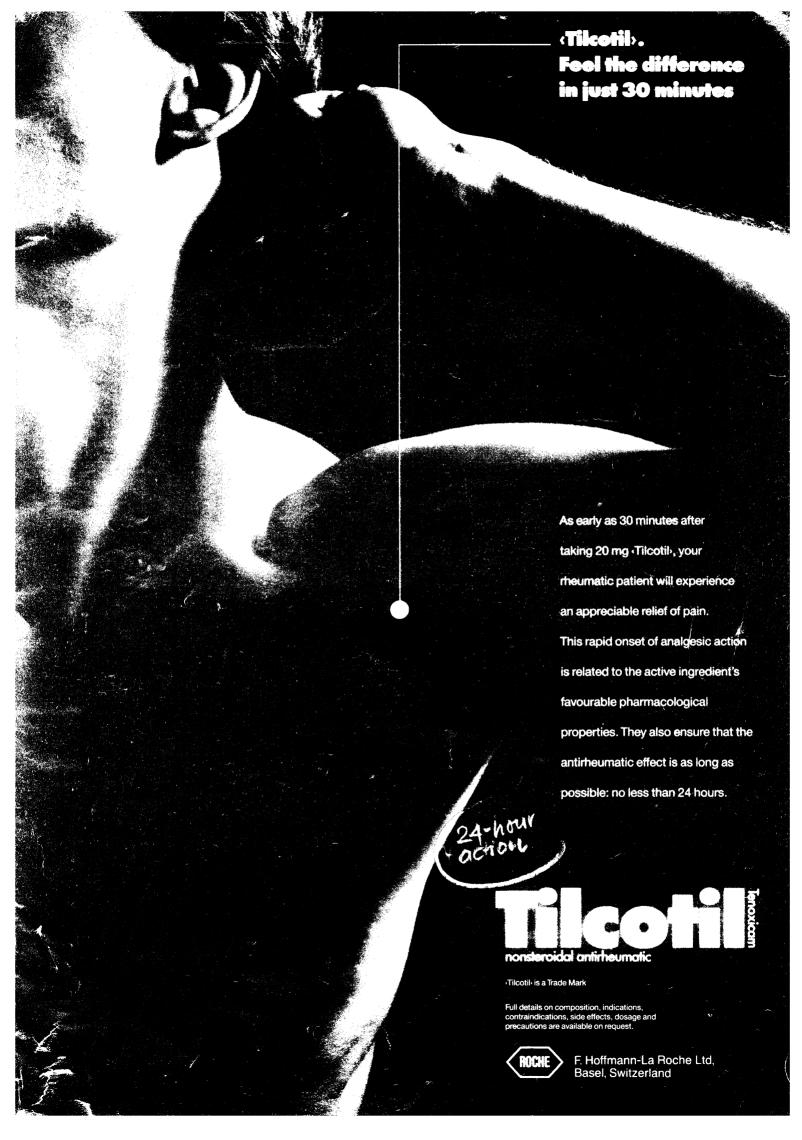
Third impression 1990

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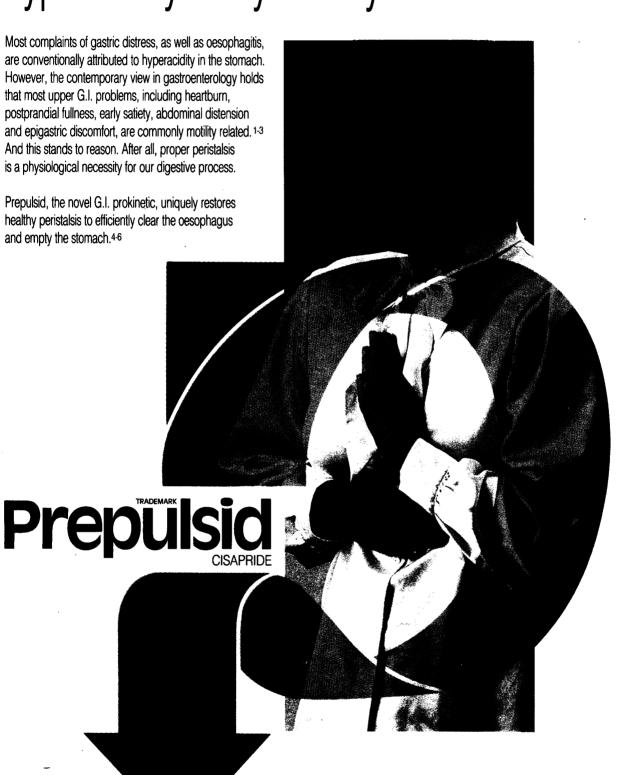




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