

KEY
WORDS

THE ADVANTAGE
OF BEING

LIPOPHILIC

Fungi have a strong affinity for the lipid-rich layers of the skin, the mucosa and other tissues. In addition, fungal cell membranes consist largely of lipids.

Since most antifungal drugs are targeted at the fungal cell membranes, it is advantageous if they too are lipophilic in nature. Its lipophilicity is what helps an oral drug like itraconazole to exert its antifungal effect precisely where it is needed: in the fungal membranes and in the target tissues.

It also helps that itraconazole is decidedly keratinophilic. For this is why it is strongly attracted to the skin's stratum corneum where many fungi find the keratin they need to subsist.

Possessing both properties gives itraconazole the additional advantage that it remains in the epithelial cells for as long as it takes these cells to be desquamated. Its antifungal activity will therefore continue for several days or even weeks after stopping treatment, thus permitting oral dosage schedules to be limited to a short period of time.

In other words, in much the same way as we have become accustomed to using oral antibiotics, we can now also combat fungal infections with **short, fixed oral treatment schedules**.

Sporanox^{*}
itraconazole 100 mg

SHORT AND SIMPLE ORAL THERAPY

(See prescribing information below)

Basic 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, TRISPORAL

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, dermatomycoses, fungal keratitis and oral candidosis. **Dosage and administration:** Vulvovaginal candidosis: 2 capsules (200 mg) morning and evening for 1 day; pityriasis

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 planter 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 (itraconazole) is contra-indicated during pregnancy. **Warnings and precautions:** Although clinically Sporanox (itraconazole) has

not been associated with hepatotoxicity, it should be able not to give this drug to patients with severe liver disease. **Warnings and precautions:** Not to breast feed, when taking Sporanox (itraconazole). **Drug Interactions:** Sporanox (itraconazole) should be given concomitantly with antifungal drugs.

Full prescribing information is available on request.

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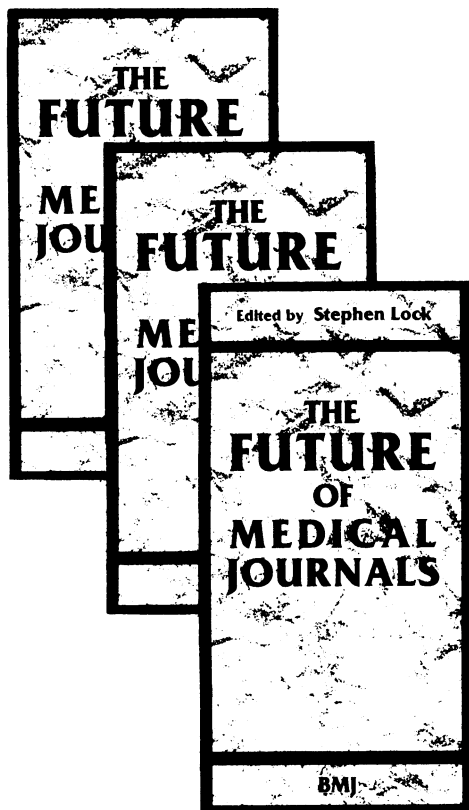
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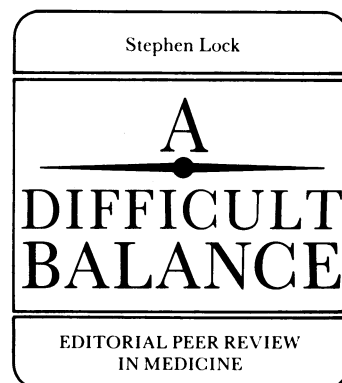
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