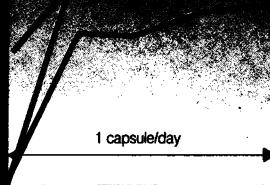


# SHORT COURSE ORAL THERAPY FOR PROLONGED ANTIFUNGAL ACTIVITY



Itraconazole plasma and stratum corneum levels.  
Ref.: Fromting, R.A.: Recent trends in the discovery, development and evaluation of antifungal agents.  
J.R. Prous Science Publishers (1987)

In the past, fungal infections had to be treated until the lesions had disappeared — and sometimes even longer. Today, with modern oral medication, antifungal therapy may be stopped much earlier.

The explanation is one of pharmacokinetics: because itraconazole is an oral antifungal with a strongly lipophilic profile, it rapidly reaches the lipid-rich tissues, such as those of the skin and the mucosa. From there it is gradually eliminated as the cells desquamate.

Therefore, when treatment is stopped, itraconazole's fungicidal activity continues for up to 4 days in the vaginal tissue and for up to 4 weeks in the skin.

Thus, a conveniently short oral course of itraconazole provides prolonged antifungal activity, allowing treatment to be stopped before the lesions have completely disappeared.

## Sporanox® itraconazole 100 mg

### SHORT AND SIMPLE ORAL THERAPY

(See prescribing information below)

Basic dose in dermatology: 1 capsule (100 mg) once daily for 15 days.

Standard dose in vaginal candidosis: 2 x 2 capsules (400 mg) for 14 days.

\* 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, dermatophyoses, 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 plantar tinea pedis and tinea manus, require 1 capsule (100 mg) daily for 30 days. Oral candidosis: 1 capsule (100 mg) daily for 14 days. Fungal keratitis: 2 capsules (200 mg) daily for 21 days. **Contraindications:** Do not use in patients with a known hypersensitivity to itraconazole.

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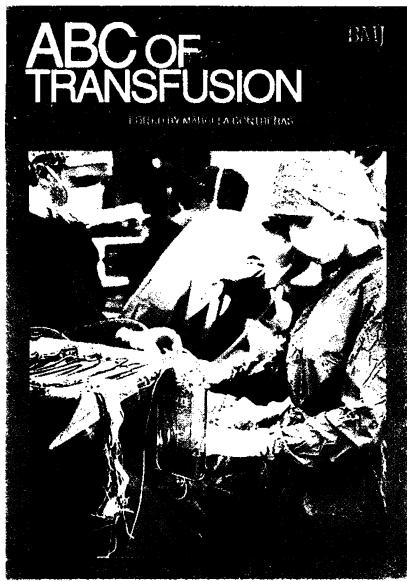
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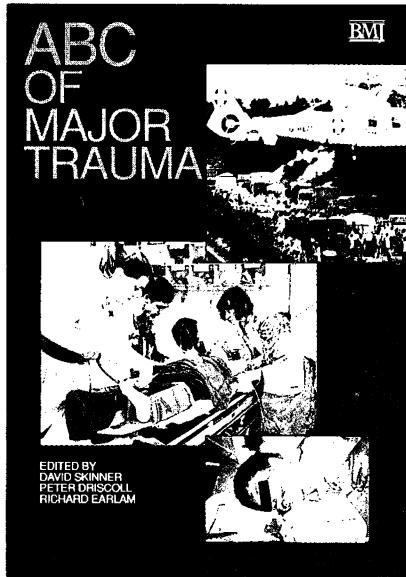
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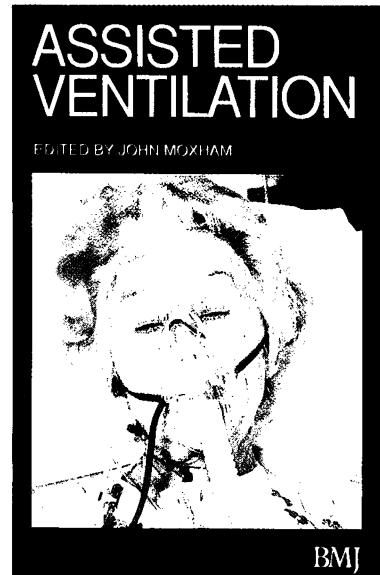
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# gastric distress & oesophagitis

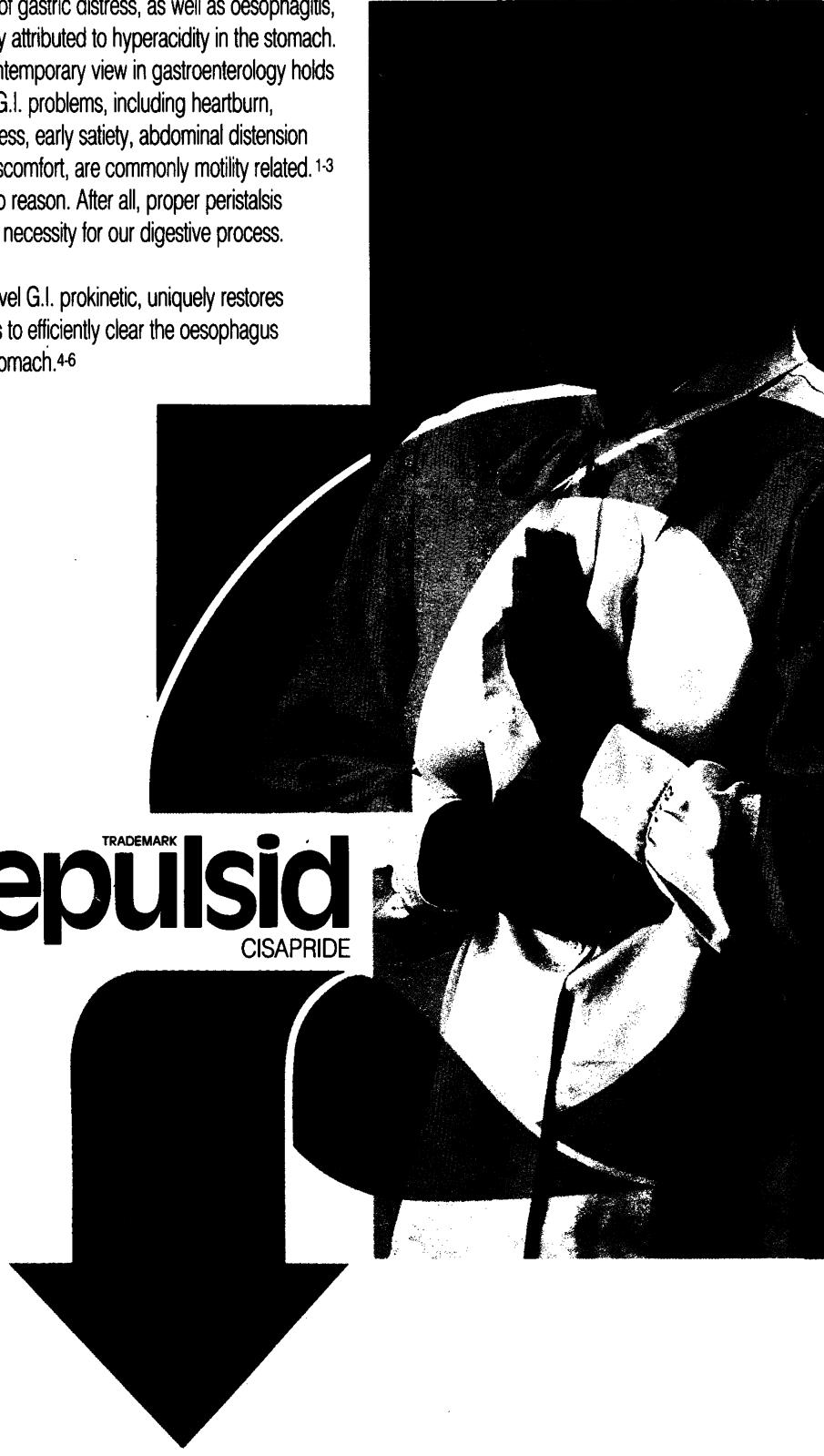
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