



Bacterial skin and soft tissues infections (SSTI) are one of the most common infections among different age groups¹

Bacterial skin and soft tissue infections:

- Approximately 70% to 75% of all cases are managed in the outpatient setting²
- Gram-positive bacteria are the most frequently isolated pathogens with a predominance of *Staphylococcus aureus* and *Streptococcus pyogenes*¹

IDSA 2014 Practice Guidelines for the Diagnosis and Management of Skin and Soft Tissue Infections³:

 State that the clinical evaluation of patients with SSTI aims to establish the cause and severity of infection and must take into account pathogen-specific and local antibiotic resistance patterns

Cefuroxime axetil in SSTI

- Good coverage of pathogens relevant in dermatology such as methicillin susceptible *S. aureus* and beta hemolytic streptococci*4,5
- Established clinical and bacteriological efficacy in treating SSTI in historical clinical trials in adults and children⁶⁻⁹

Significantly more effective than cephalexin in mild to moderate infections of skin and skin structure⁸

Comparable efficacy to cefadroxil in resolving SSTIs in children⁹





*Considerable variability exists in susceptibility patterns to cefuroxime. These will vary with time and geography, always refer to local susceptibility data before prescribing

Dosage and Administration⁴

The usual course of therapy is seven days (range five to ten days) Tablets:

Cefuroxime axetil tablets should be taken after food for optimum absorption.

Adults and children ($\geq 40 \text{ kg}$): Most infections: 250 mg twice daily

Children (<40 kg): Most infections: 15 mg/kg twice daily to a maximum of 250 mg twice daily.

Suspension:

For optimal absorption cefuroxime axetil suspension should be taken with food. Adults and children ($\geq 40 \text{ kg}$): Dosage as for Tablets

Children (<40 kg): The usual dose of Zinnat Suspension is 10 mg/kg (a maximum of 125 mg) to 15 mg/kg (a maximum of 250 mg) twice daily depending on the severity and type of infection and the weight and age of the child.

Main Zinnat (cefuroxime axetil) safety information⁴

- Contraindicated in patients with known hypersensitivity to cephalosporin antibiotics, and special care must be taken in patients with previous allergic reaction to beta lactams
- Gastrointestinal disturbances are common
- Prolonged use may result in overgrowth of non susceptible organisms



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ל-PI המלא נא ללחוץ כאן

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^{3.} Stevens DL et al. Practice guidelines for the diagnosis and management of skin and soft tissue infections: 2014 update by the Infectious Diseases Society of America 2014. Clin Infect Dis. 2014;59(2):e10-52.

^{7.} Bucko AD *et al.* Randomized, double-blind, multicenter comparison of oral cefditoren 200 or 400 mg BID with either cefuroxime 250 mg BID or cefadroxil 500 mg BID for the treatment of uncomplicated skin and skin-structure infections. *Clin Ther.* 2002;24(7):1134-47.