Bacterial skin and soft tissues infections (SSTIs) are one of the most common infections among different age groups. 

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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 structure**8

**Comparable efficacy to cefadroxil in resolving SSTIs in children**9

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

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**Graphs:**

- Satisfactory clinical response
- Satisfactory bacteriological response
- Cefuroxime axetil vs Cephalexin
- Cefuroxime axetil vs Cefadroxil

- Graph legends:
  - Cefuroxime axetil
  - Cephalexin
  - Cefadroxil

- Statistical significance:
  - *p = 0.047*
  - *p = 0.009*
  - *p = 0.242*
Dosage and Administration
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 (≥40 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 (≥40 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 information
- 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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REFERENCES
4. Zinnat MOH approved Pt.
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.

*The image shown is for representational purposes only*