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Moxifloxacin

A Viewpoint by N.S. Sadick

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The development of a once-daily antibacterial such as moxifloxacin for the treatment of skin and soft-tissue bacterial infections presents a distinct advantage in terms of patient compliance. Once-daily treatment for staphylococcal and streptococcal pyoderma is an important therapeutic consideration, given the multiple daily doses required for other more conventional antibacterials (such as the cephalosporin cephalexin, which is administered three times daily). In well controlled clinical trials, once-daily moxifloxacin was as effective as cephalexin three times daily in the treatment of uncomplicated skin and/or skin structure infections predominantly involving *S. aureus* and/or streptococci.

Important prescribing caveats for moxifloxacin include the need to administer at least 4 hours before or 8 hours after antacids containing magnesium, aluminium or sucralfate. Similar precautions are required for patients taking moxifloxacin whilst receiving iron, zinc or didanosine preparations. These are minor disadvantages of this agent which must be well understood by the practitioner.

The possibility of interactions with class IA and III antiarrhythmic agents also needs to be considered, in contrast to penicillin, macrolide and cephalosporin antibacterial agents.

The contraindication for paediatric patients means that moxifloxacin should not be used for paediatric impetigo, the most common bacterial pyoderma encountered in the dermatologic and primary care settings. The drug is also contraindicated in pregnant women.

In summary, there are definite advantages to a drug such as moxifloxacin with once-daily administration and good therapeutic efficacy for treatment of superficial bacterial skin and soft-tissue infection. However, the potential for drug interactions and restriction to certain patient populations also need to be considered. ▲