

## Synthetic antibacterial agents

- Several synthetic antibacterial agents were synthesized based on model compounds, these include:
  - Sulfonamides
  - Quinolones
  - Nitroheterocyclic compounds (nitrofurans, metronidazole)
- Some agents can be used for systematic infections
- Others are unsuitable for treating systematic infections due to inadequate concentrations achieved in plasma and tissues following oral and parenteral administrations.
- Some agents are excreted mainly unchanged in the urine, thus can be used to treat urinary tract infections e.g. nitrofurantoin and nalidixic acid.

## Quinolones

- The quinolones are group of synthetic antibacterial agents derived from nalidixic acd.
- Nalidixic acid is 1,8-naphthyridine derivative, synthesized in 1962 used mainly for UTI.

Nalidixic acid is the lead compound for this group.

According to the heterocyclic core can be divided into:

Naphthyridines	Quinolines
nalidixic acid and enoxacin	norfloxacin, ciprofloxacin, ofloxacin, lemofloxacin
O N N N H	O NH NH

- The quinolones and fluoroquinolones inhibit the replication and transcription of bacterial DNA by stabilizing
- The synthetic fluoroquinolones mostly end in the suffix -floxacin.

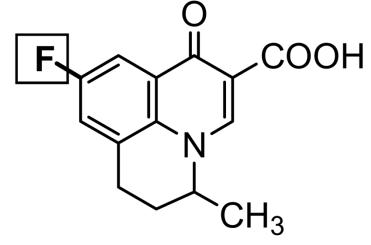
$$R_{6}$$
 $R_{7}$ 
 $X$ 
 $N$ 
 $R_{1}$ 
 $R_{1}$ 

quinolones: X= CH or C-R<sub>8</sub> naphthyridones: X= N

Figure 1. Common structure of 4-quinolones.

The presence of a **nitrogen** at position 8 identifies the naphthyridones, The presence of a **carbon** at position 8 identifies the quinolones

- The quinolones and napththyridones were further improved by the addition of groups to the N-1, C-5, C-6 and C-7 positions of their respective basic molecules.
- None of the introduced groups provides significant improvements over nalidixic acid until the development of Fuoroguinolones (Flumequine).



Flumequine

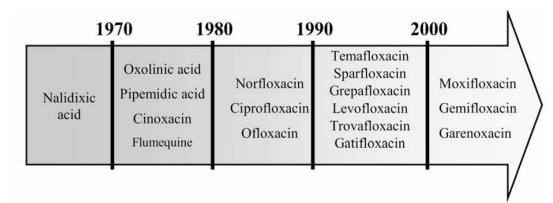


Figure 2. Clinical development of quinolones

- Derivatives of nalidixic acid were developed which showed improved broad-spectrum activity such as

   noxacin which is based on:
  - C6-F → ↑activity & ↑cellular uptake by bacteria
  - C7-piperazine → ↑basicity → zwitterion with C3-COOH (affects pharmacokinetics)

#### & ciprofloxacin which is based on:

- N1-cyclopropyl → ↑ spectrum of activity
- N8 is changed to C8 → ↓ adverse reactions & ↑ activity vs S. aureus

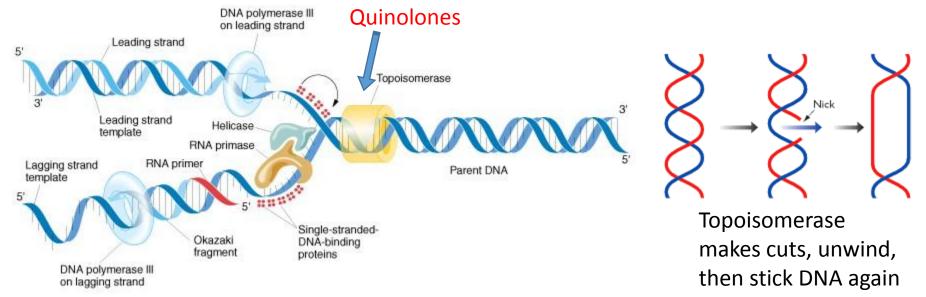
Nalidixic acid

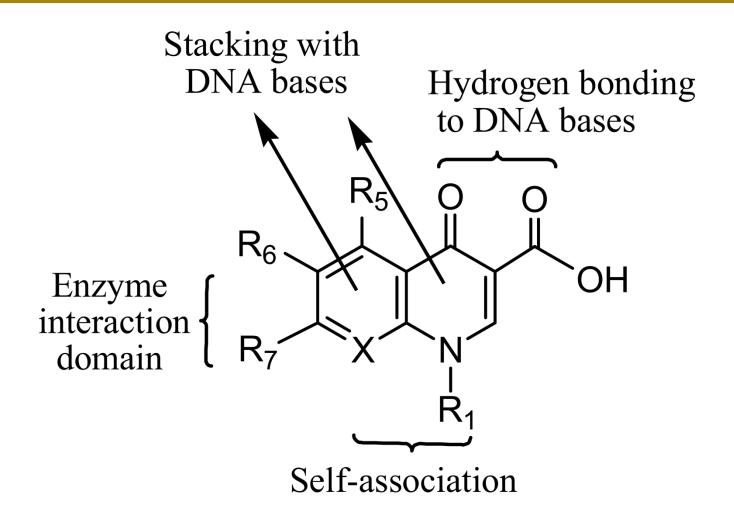
**Enoxacin** 

**FIGURE 19.71** Quinolones and fluoroquinolones.

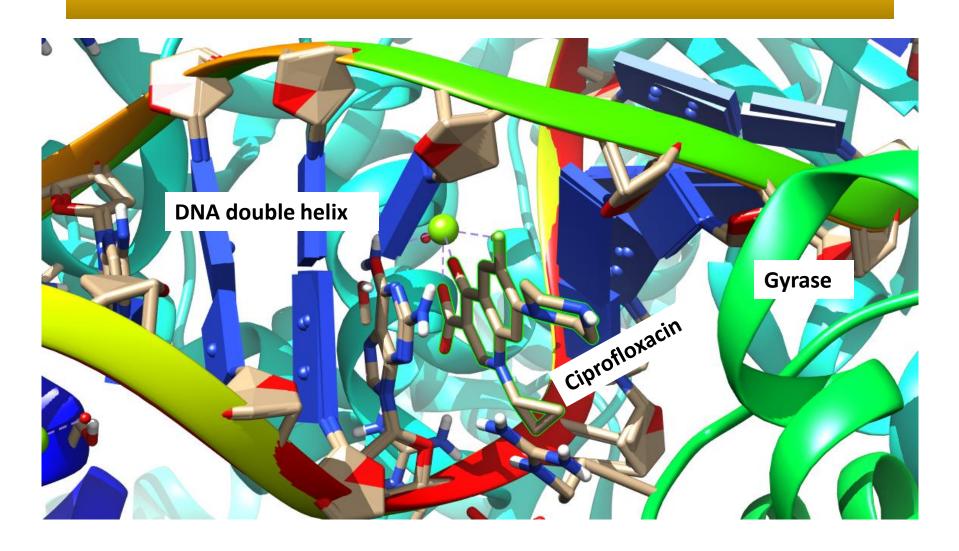
## Mechanism of action

- DNA topoisomerase (or gyrase) alters the conformation of DNA by catalyzing transient double-strand cuts, passing the uncut portion of the molecule through the gap, and resealing the molecule back together.
- Topoisomerase IV seems more important to some Gram +ve, and DNA gyrase seems more important to some Gram –ve bacteria.
- Topoisomerase and gyrase are targets for quinolones
- Human has topoisomerase II, which has low affinity to quinolones at normal doses



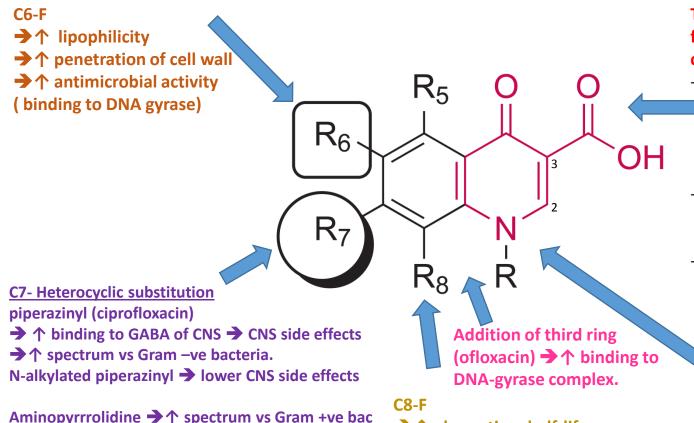


## Fluroquinolone-Gyrase-DNA complex



**Bulky group reduces bacterial efflux** 

Ring condensation at 1-8, 5-6, 6-7 and 7-8 also lead to better activity.



The essential pharmacophore for activity is the carboxy-4-pyridone nucleus

- Apparently, the carboxylic acid and the ketone are involved in binding to the DNA/ DNA-gyrase enzyme system
- Reduction of the 2,3-double bond or the 4-keto group inactivates the molecule
- substitution at C-2 interferes with enzyme—substrate complexation

N1-cyclopropyl (or small alkyl or aryl) substitution broaden spectrum of activity

- → ↑ absorption, half-life
- → ↑drug-induced photosensitivity. C8-OCH3 → ↓ phototoxicity

$$R_7$$
 $R_8$ 
 $R_1$ 
 $R_2$ 

#### Position 1.

- This position is part of the enzyme-DNA binding complex, and has a hydrophobic interaction with the major grove of DNA. The optimum substituents at position 1 appear to be ethyl, butyl. The most potent is cyclopropyl (ciprofloxacin) followed by addition of a 2,4-difluorophenyl
- Ofloxacin is tricyclic ring structure. It contains oxazine ring between positions 1 and 8. oxazine has asymmetric C3 position (S isomer is more active than R isomer, which affects binding to DNA hydrophobic pocket)

Ciprofloxacin

(±)-Ofloxacin

Levofloxacin

 $R_{7}$   $R_{8}$   $R_{1}$   $R_{2}$ 

#### Position 2.

• It is close to DNA binding site of gyrase (or topoisomerase IV). Therefore, bulky substitutions inhibit binding and antimicrobial activity

- Positions 3 and 4.
- These two positions on the quinolone nucleus are considered critical for binding to cleaved or perturbed DNA, and no useful substitutions at these positions have yet been reported.
- 4-thioxo or sulphonyl group leads to a loss of activity

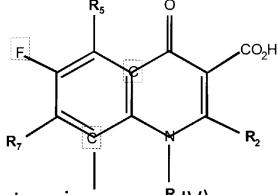
 $R_{5}$   $CO_{2}H$   $R_{7}$   $R_{8}$   $R_{1}$ 

- Position 5.
- Substituents at this position is beneficial for activity
- Bulk groups affects overall stearic configuration (planar structure) of the molecule which affects the activity
- NH2, OH, CH3 groups → increase activity vs Gram +ve bacteria
- OCH3 → reduces the activity
- NH2 → reduces the phototoxicity of Fluroquinolones

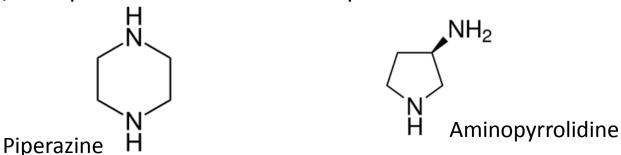
Grepafloxacin

 $R_{5}$   $CO_{2}H$   $R_{7}$   $R_{8}$   $R_{1}$ 

- Position 6.
- Addition of Fluorine produces the fluoroquinolone class with enhanced antibacterial activity against Gram +ve and Gram –ve bacteria (including P. aeruginosa)
- 6-NH2
  - with 8-CH3 quinolones → expand activity against Gram +ve cocci
  - With C7-tetrahydroisoquinoline → increase the potency up to 100 fold compared to ciiprofloxacin



- Position 7.
- This position is directly interacts with DNA gyrase (or topoisomerase IV)
- Optimum substituents are 5- to 6-membered nitrogen heterocycles.
- Piperazine substituents → increase activity against Gram –ve bacteria (especially P. aeruginosa) & affinity to gamma-aminobutyric acid (GABA) receptor, which contributes to central nervous system (CNS) side effects. N-alkylated piperazine produces lower CNS side effects.
- Aminopyrrolidine or alkyl moieties substituents → increase activity against Gram +ve bacteria
- Bulkier groups at 7 position reduces the bacterial ability to efflux antibiotic, thus prevent resistance development.



 $R_{5}$   $CO_{2}H$   $R_{7}$   $R_{8}$   $R_{1}$ 

#### Position 8.

- This position affects stearic configuration (similar to position 5), and thus accessibility to enzyme or DNA binding sites
- Free halogen (F or Cl) → improves activity against Gram –ve & anaerobes
- Halogen, CH3 or OCH3 → increase activity against Gram +ve cocci
- Replacement of C8 with N8 → increase antimicrobial potency
- Large substitution (e.g. ethyl derivatives) → reduces activity against gram +ve and –ve bacteria.
- Replacement of C8 to N8 as well as C8-CH3 substitutions → reduces the development of resistance especially if combined with bulky group at C7
- A halogen (F or Cl) at the C-8 position improves oral absorption.

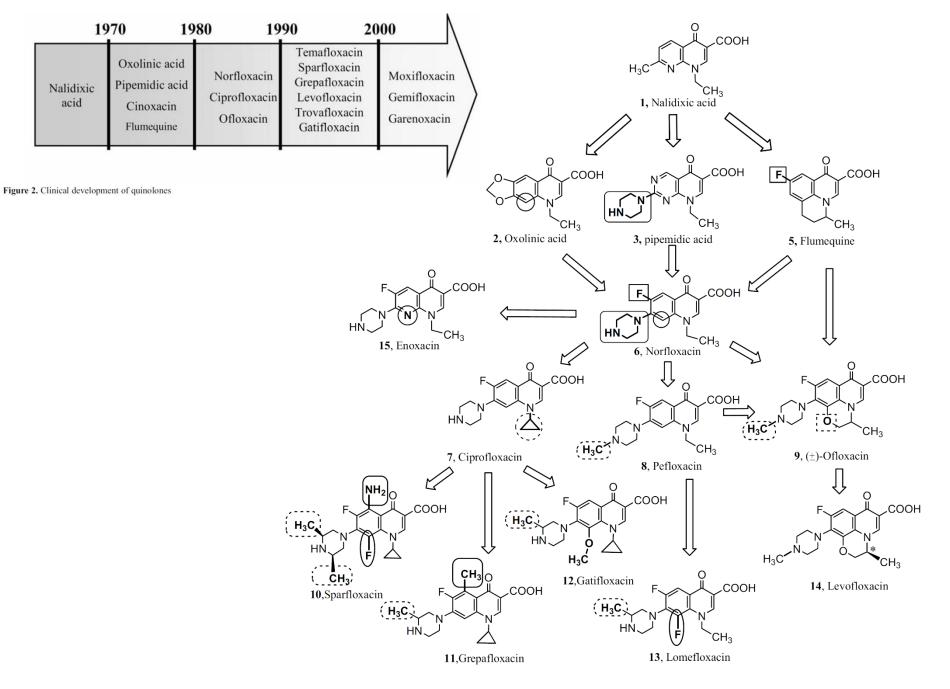
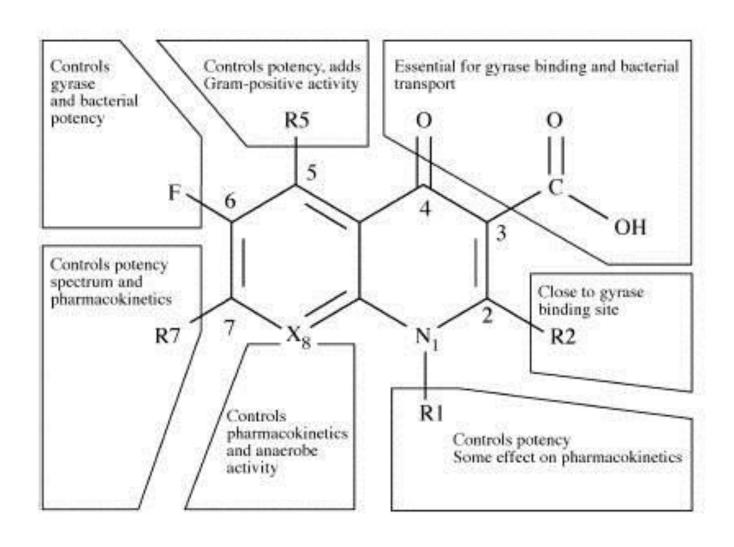
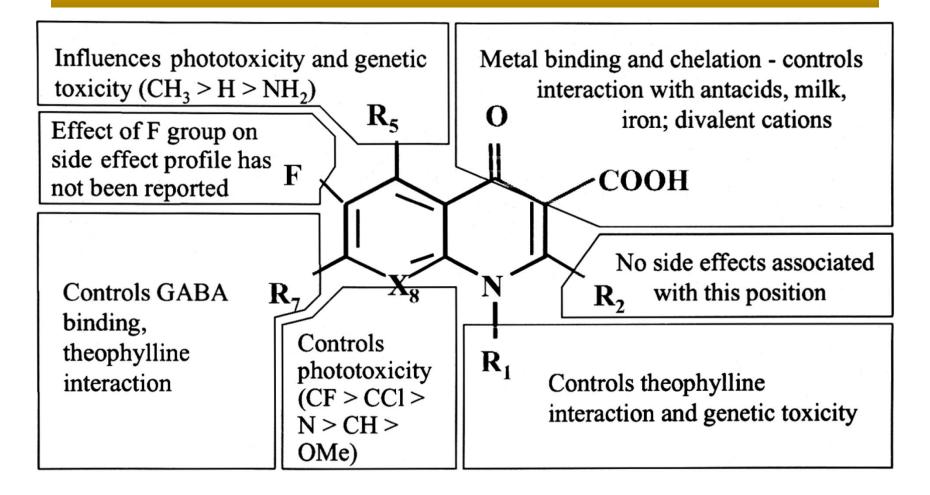


Figure 3. Structural development of 7-piperazinylquinolones from primary quinolones

## Structure-activity relationship



## Structure-adverse effect relationship



**Figure 1.** Quinolone structure—side effect relationships. GABA,  $\gamma$ -aminobutyric acid. Modified from [12].

## Chelation of quinolones wit polyvalent ions

- Chemical incompatibility common to all of the quinolones involves the ability of these drugs to chelate polyvalent metal ions (Ca2+, Mg2+, Zn2+, Fe2+, Al3+), resulting in decreased solubility and reduced drug absorption.
- Chelation occurs between the metal and the 3-carboxylic acid and 4-keto groups.
- Agents containing polyvalent metals should be administered separately from the quinolones.

## Spectrum of activtiy for quinolons

- Nalidixic acid and the earliest members of the quinolone class (e.g., oxolinic acid, cinoxacin) are largely confined to
  - **Effective against Gram-ve** bacteria, including common urinary pathogens such as *Escherichia coli, Klebsiella, Enterobacter, Citrobacter,* and *Proteus* spp. *Shigella, Salmonella,* and *Providencia* are also susceptible.
  - **Ineffective against** Strains of *P. aeruginosa, Neisseria gonorrhoeae,* and *Haemophilus influenza,* Gram+Ve cocci and anaerobes.
- Newer members of the class possessing 6-fluoro and 7-piperazinyl substituents exhibit an extended spectrum of activity that includes effectiveness against
  - Gram-ve pathogens (e.g., P. aeruginosa, H. influenzae, N. gonorrhoeae),
  - Gram+ve cocci (e.g., S. aureus), and some streptococci.
- The quinolones generally exhibit poor activity against most anaerobic bacteria, including most *Bacteroides* and *Clostridium* species.
- In many cases, bacterial strains that have developed resistance to the antibacterial antibiotics, such as penicillin-resistant gonococci, methicillin-resistant *S. aureus*, and aminoglycoside resistant *P. aeruginosa* are susceptible to the quinolones.

## Resistance to quinolones

#### Resistance is developed through:

- 1. Mutation in gyrase (or topoisomerase)
- 2. Mutation in porins that mediates entrance of quinolones
- Energy-dependent efflux of quinolones by some bacterial species.
- 4. QSAR showed inverse relationship between log P and uptake of quinolones by Gram –ve bacteria, and positive relationship between log P and uptake by Gram+ve bacteria

### Side effects

 CNS effects (irritability, tremor, anxiety, convulsions) due to antagonism of gamma-aminobutyric acid (GABA) receptors in brain by quinolones especially with 7-piperazine



- 2. CNS effect is present in fluoroquinolones having basic property at 7-position such as:
  - Piperazino Note: substitution of CH3 at piperazine reduces GABA binding
  - 3-amino-1-pyrrolidino 1-Piperidino
- 3. CNS effect is almost absent in quinoliones due to inability to penetrate the blood-brain barrier
- Phototoxicity is associated with quinolones having C8-halogen if not accompanies with OCH<sub>3</sub> at C5 and C8 or NH<sub>2</sub> at C5
- 5. Crystalurea due to formation of insoluble zwitterions at physiological pH for quinolones having C3-COOH, C7-piperazino and C6-F (e.g. norfloxacin)

Figure 6.6 • Ionization equilibria in the quinolone antibacterial drugs.

## Naphthyridines

#### Nalidixic Acid

- 1-Ethyl-1,4-dihydro-7-methyl-4-oxo-1,8-naphthyridine-3-carboxylic acid occurs as a pale buff crystalline powder that is sparingly soluble in water and ether but soluble in most polar organic solvents.
- Mainly used for UTI against Gram –ve bacteria.
- Rapidly absorbed, metabolized and excreted ( $t_{0.5}$ = 6 to 7 hrs)



#### **Metabolism of Nalidixic acid**

Nalidixic acid

## More active

7-hydroxymethyl metabolite

#### **Inactive**

Glucuronide<sup>2</sup>

7-methyoxyglucuronide metabolite

# Inactive o o

7-carboxylic acid metabolite

## Naphthyridines (Cont.)

#### Enoxacin

- 1-Ethyl-6-fluoro-1,4-dihydro-4-oxo-7-(1-piperazinyl)-1,8-naphthyridine-3-carboxylic acid
- Well absorbed following oral administration (90%).
- Well distributed through the body
- Concentrations of the drug in the kidneys, prostate, cervix, fallopian tubes, and myometrium typically exceed those in the plasma, therefore used for infections of reproductive systems
- About 50% is excreted unchanged in urin
- 15-20% is metabolized by CYP450

## Fluroquinolones

- They are 6-fluoro-7-piperazinoquinolones derivatives.
- They exhibit extended spectrum of activity that covers most of gram +ve and gram –ve bacteria especially *P. aeruginosa*.
- C6-F → increase activity against Gram-ve
- Members:
  - Norfloxacin
  - Ciprofloxacin.
  - Ofloxacin.
  - Pefloxacin.
  - Lomefloxacin.
  - Enofloxacin.
  - Levofloxacin

#### Norfloxacin

- 1-Ethyl-6-fluoro-1,4-dihydro-4-oxo-7-(1-piperazinyl)-3quinolinecarboxylic acid is a pale yellow crystalline powder that is sparingly soluble in water.
- Broad spectrum activity. The fluorine atom provides increased potency against Gram-positive organisms, whereas the piperazine moiety improves anti-pseudomonal activity.

 Well absorbed after oral administration and (30%) excreted in urine including 7% inactive metabolites

#### Ciprofloxacin

- 1-Cyclopropyl0-6-fluoro-1,4-dihydro-4-oxo-7-(1-piperazinyl)-
- 3-quinolinecarboxylicacid.
- Used orally (70% is absorbed) and parenterally
- 15% of it is metabolized to less active metabolites
- 40 to 50% exerted unchanged in urine.
- Significant amount is excreted unchanged in feces
- Highly distributed to all body fluids including CS fluid.
- Highly potent against gram –ve especially P. aeruginosa (why?).
- Used in gastroenteritis, skin, soft tissues (bone and joints) infections and UTI.
- Causes crystalurea if urine is alkalinized (pH >7) by some agents

#### Ofloxacin and Levofloxacin

- 9-Fluoro-2,3-dihydro-3-methyl-10(4-methyl-1-piperazin-yl)-7-oxo-7*H*-pyrido[1,2,3-de]-1,4,-benzoxazine-6-carboxylic acid
- 1- and 8-positions are joined in the form of a 1,4-oxazine ring
- Has better penetration to CNS than ciprofloxacin
- The structure has asymmetric carbon atom, normally ofloxacin is given as racemate, although the 3S(-) isomer is 125x more active than the 3R(+) isomer (WHY?).
- Recently the 3S(-) isomer was purified to be sold as Levofloxacin

Levofloxacin

#### Lomefloxacin

- 1-Ethyl-6,8-difluoro-1,4-dihydro-7-(3-methyl-1-piperazinyl)-4-oxo-3-quinolinecarboxylic acid
- Is a difluorinated quinolone with a longer elimination halflife (7–8 hours) than other members of its class due to
  - High tissue distribution
  - High renal reabsorption
- High incidence of phototoxicity due to the presence of two fluorine atoms.
- Phototoxicity: is the formation of highly reactive oxygen radicals due to the exposure to light.

## Phototoxicity of fluroquinolones

#### Sparfloxacin

- (*cis*)-5-amino-1-cyclopropyl-7-(3,5-dimethyl)-1-piperazinyl)-6,8-difluoro-1,4-dihydro-4-oxo-3-quinolinecarboxylic acid, is a newer fluoroquinolone
- Highly active against Gram+ve as well as Gram-ve bacteria. It is also active against anerobes.
- It has high tissue distribution and long elimination half-life of 18 hours, which permits single daily dosing.
- The incidence of phototoxicity of sparfloxacin is the lowest of the fluoroquinolones, because of the presence of the 5-amino group, which counteracts the effect of the 8-fluoro substituent.

(5-amino or 5-OCH<sub>3</sub>  $\rightarrow$  reduce phototoxicity of fluroquinolones)

$$R_6$$
 $R_7$ 
 $R_1$ 
 $R_1$ 

Name	Х	R <sub>6</sub>	R <sub>1</sub>	R <sub>7</sub>
Nalidixic acid	-N	-H	-CH <sub>2</sub> CH <sub>3</sub>	-CH <sub>3</sub>
Enoxacin	-N	−F	-CH <sub>2</sub> CH <sub>3</sub>	H—N_N—
Pipemidic acid	-N	-Н	-CH <sub>2</sub> CH <sub>3</sub>	H—N_N—
Norfloxacin	-CH	–F	-CH <sub>2</sub> CH <sub>3</sub>	H—N_N—
Pefloxacin	-CH	–F	-CH <sub>2</sub> CH <sub>3</sub>	H <sub>3</sub> C — N N —
Ciprofloxacin	-CH	–F		H—N_N—

$$R_6$$
 COOH  $R_7$   $R_1$ 

Name	X	$R_6$ $R_1$	R <sub>7</sub>
Ciprofloxacin	-CH	-F	H—N_N—
Amifloxacin	–CH	−F −NHCH <sub>3</sub>	H <sub>3</sub> C — N N—
Sparfloxacin	–CF	-F	$-N$ $CH_3$ $CH_3$
Lomefloxacin	–CF	-F -C <sub>2</sub> H <sub>5</sub>	-NNH CH <sub>3</sub>

$$R_6$$
 $R_7$ 
 $R_1$ 
 $R_1$ 

Name	X	$R_6$	R <sub>1</sub>	R <sub>7</sub>
Fleroxacin	–CF	–F	-CH <sub>2</sub> CH <sub>2</sub> F	—N_N—CH <sub>3</sub>
Tefloxacin	–CH	–F		$-N$ $N$ $-CH_3$
Gatifloxacin	−COCH <sub>3</sub>	–F		—N NH
Clinafloxacin	-CCl	–F		$-N$ $NH_2$