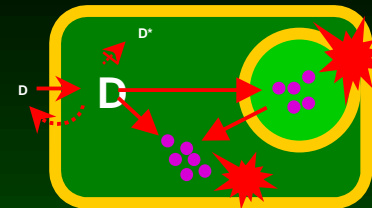




Intracellular antibiotics and *Listeria monocytogenes*



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Why intracellular / intratissular antibiotics ?

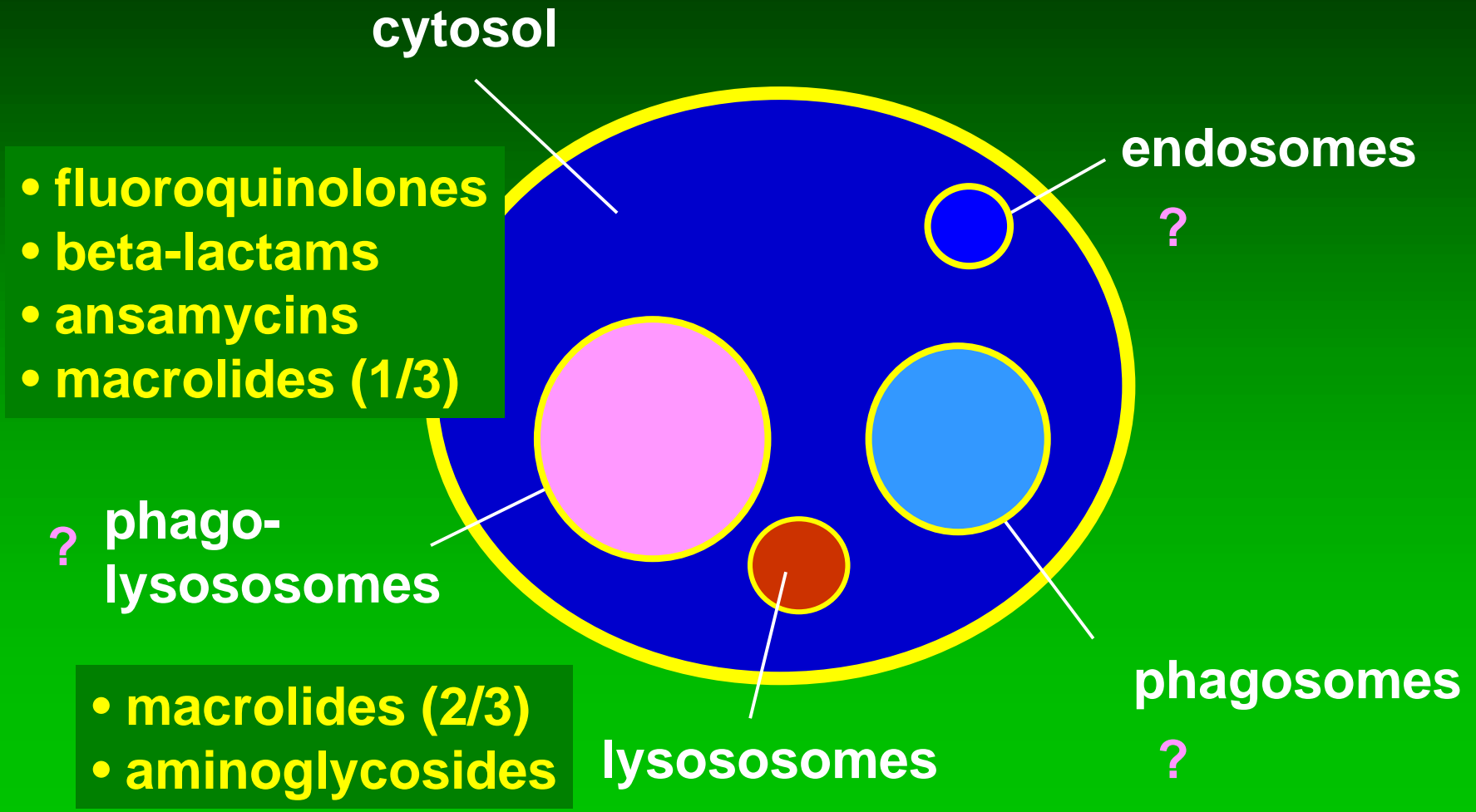
antibiotic

The Cell

bacteria

Black Box...

Subcellular localization ?



Mechanisms of localisation and accumulation ...

cytosol

- **fluoroquinolones**

**Mechanism unknown
(loose binding to
lipid-containing proteins ? ...)**

Mechanisms of localisation and accumulation ...

- ▶ proton trapping
- ▶ binding to phospholipids
- ▶ *for aminoglycosides: inability to cross membranes*

- macrolides
- aminoglycosides

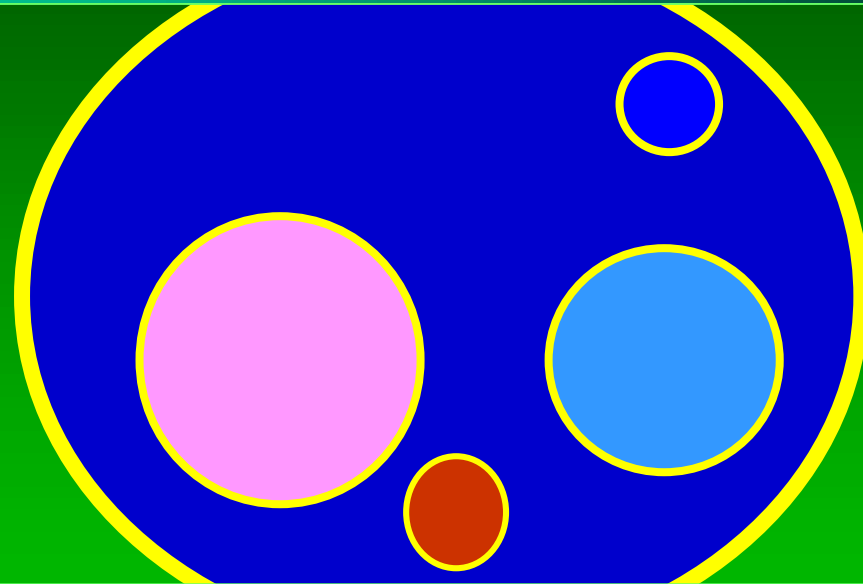
lysosomes

Subcellular bioavailability of antibiotics ?

High

Fair

Nil

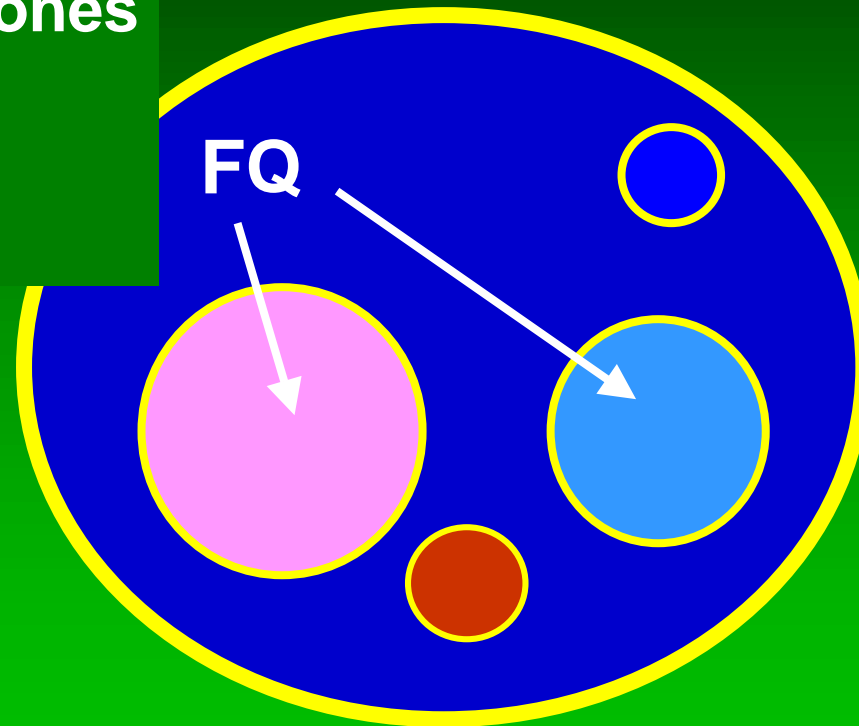


FQ / Ansamyc. / citosol. ML

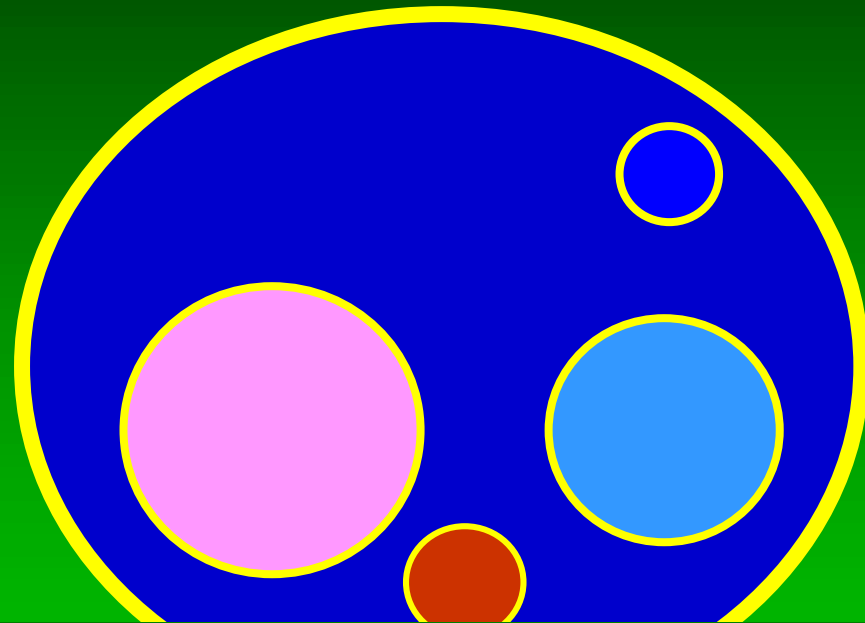
lysosom. ML / AG

Subcellular bioavailability of antibiotics ?

**Fluoroquinolones
move easily
across
membranes**



Subcellular bioavailability of antibiotics ?



**aminoglycosides
and lysosomal macrolides
remain largely if not totally sequestered
in an acidic environment ...**

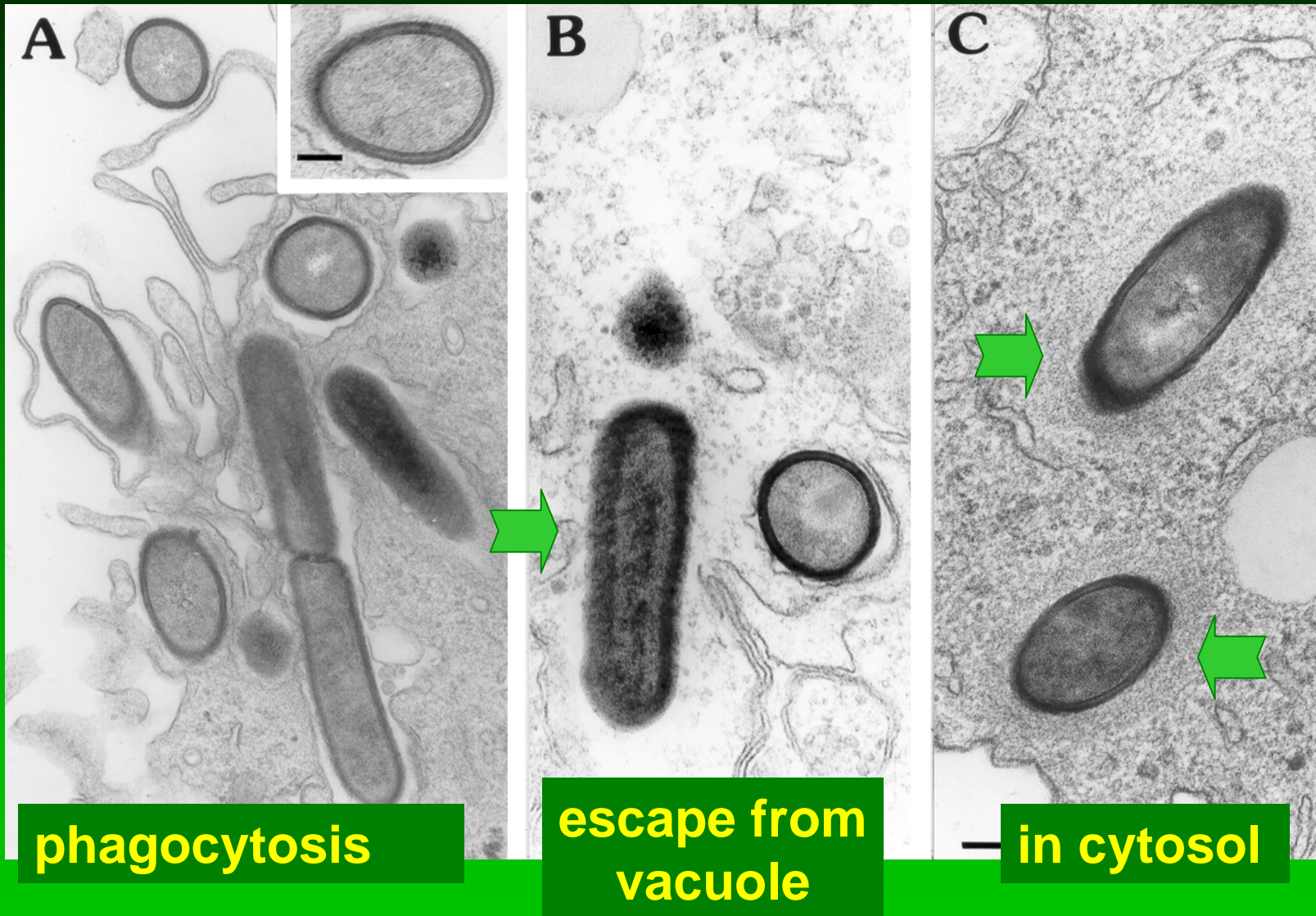
Illustration: the Listeria story

antibiotics:

- ampicillin/meropenem
- azithromycin
- sparfloxacin/moxifloxacin
- pivampicillin

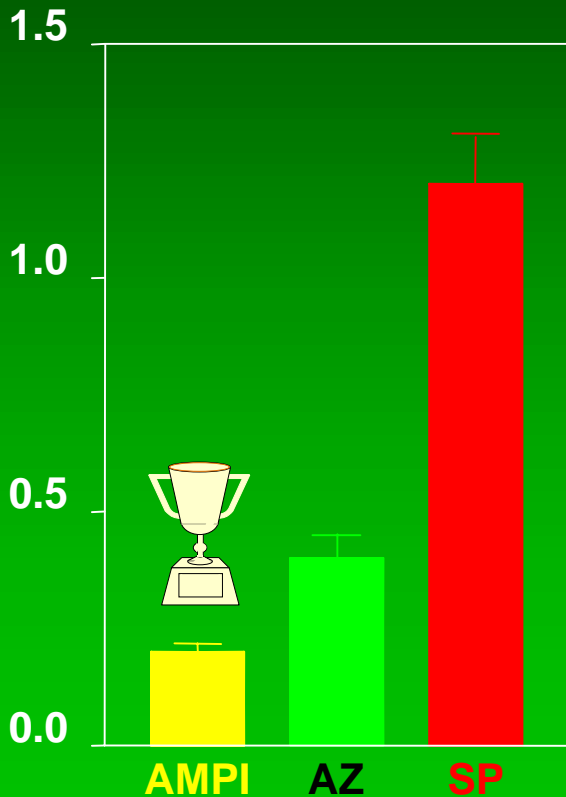
Listeria monocytogenes
hly+

Following the intracellular fate of *Listeria m.* by EM

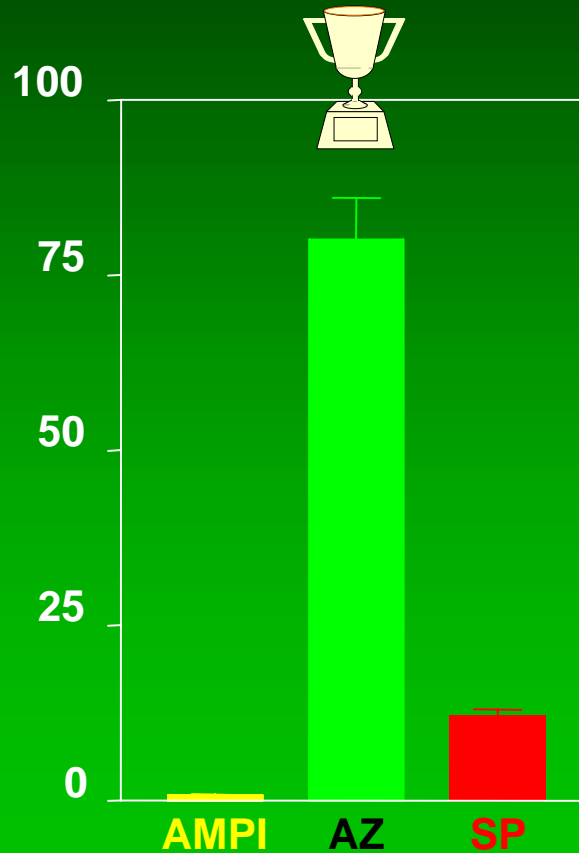


1st question: is there a simple relation between MIC, accumulation and intracellular activity (5 h model)

MIC



Accumulation



Activity *



Quadhriri et al., AAC, 1999

* $\Delta \log \text{CFU } 5\text{h}$
 $C_e = 10 \times \text{MIC}$

Listeria m. and ampicillin

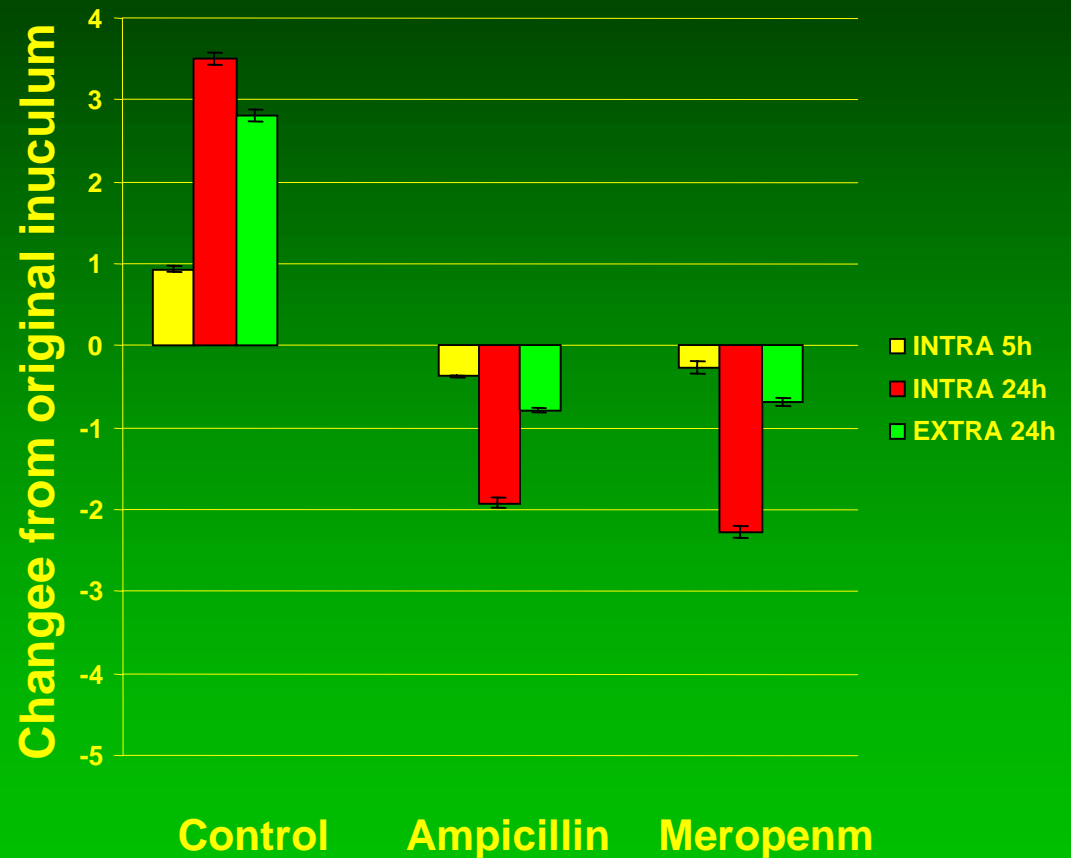
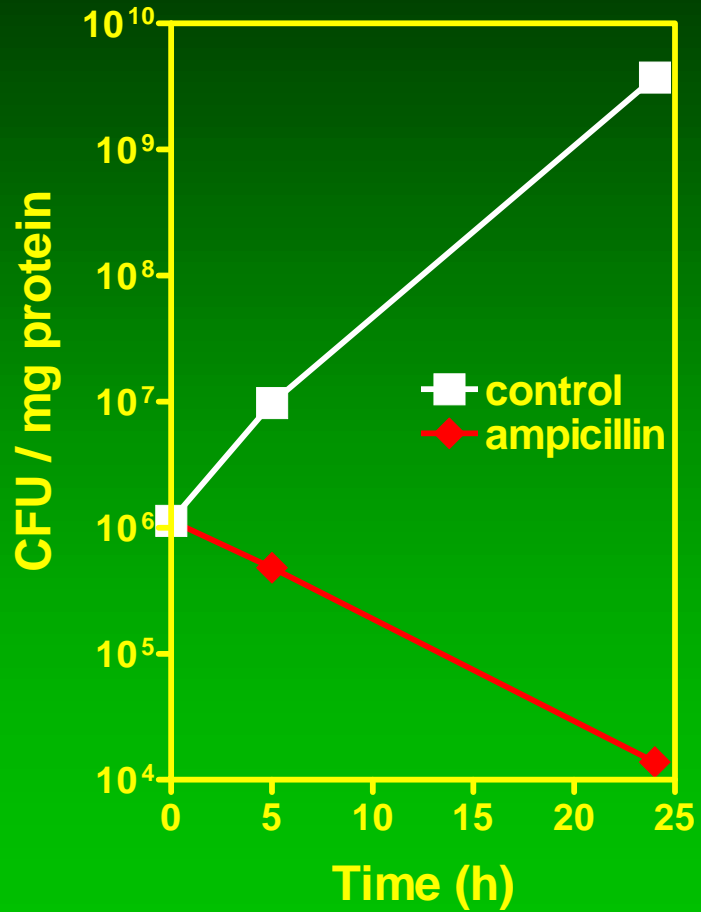
Ampicillin is poorly active against intracellular *Listeria m.* in spite of its favourable MIC;

➔ lack of accumulation ...

Why do you keep ampicillin ?

- ➔ extracellular bacteria
- ➔ get intracellular activity with very large doses ??
(but β -lactams are NOT dose-dependent...)
- ➔ **but may be you just have to wait ...**

β -lactams become bactericidal intracellularly after 24h



(Carryn et al., 2002, JAC 51:1051-52)

Listeria m. and azithromycin

Azithromycin is also poorly active against intracellular *Listeria m.* in spite of its exceptionally large intracellular concentration

- ➔ most azithromycin is trapped in lysosomes
- ➔ azithromycin is poorly bactericidal

Is there a future for macrolides ?

Listeria m. and fluoroquinolones

In this pharmacological model *, sparfloxacin IS the most active in spite of a unfavourable MIC (1.4 µg/ml) and modest cellular accumulation (12 x)

Fluoroquinolones

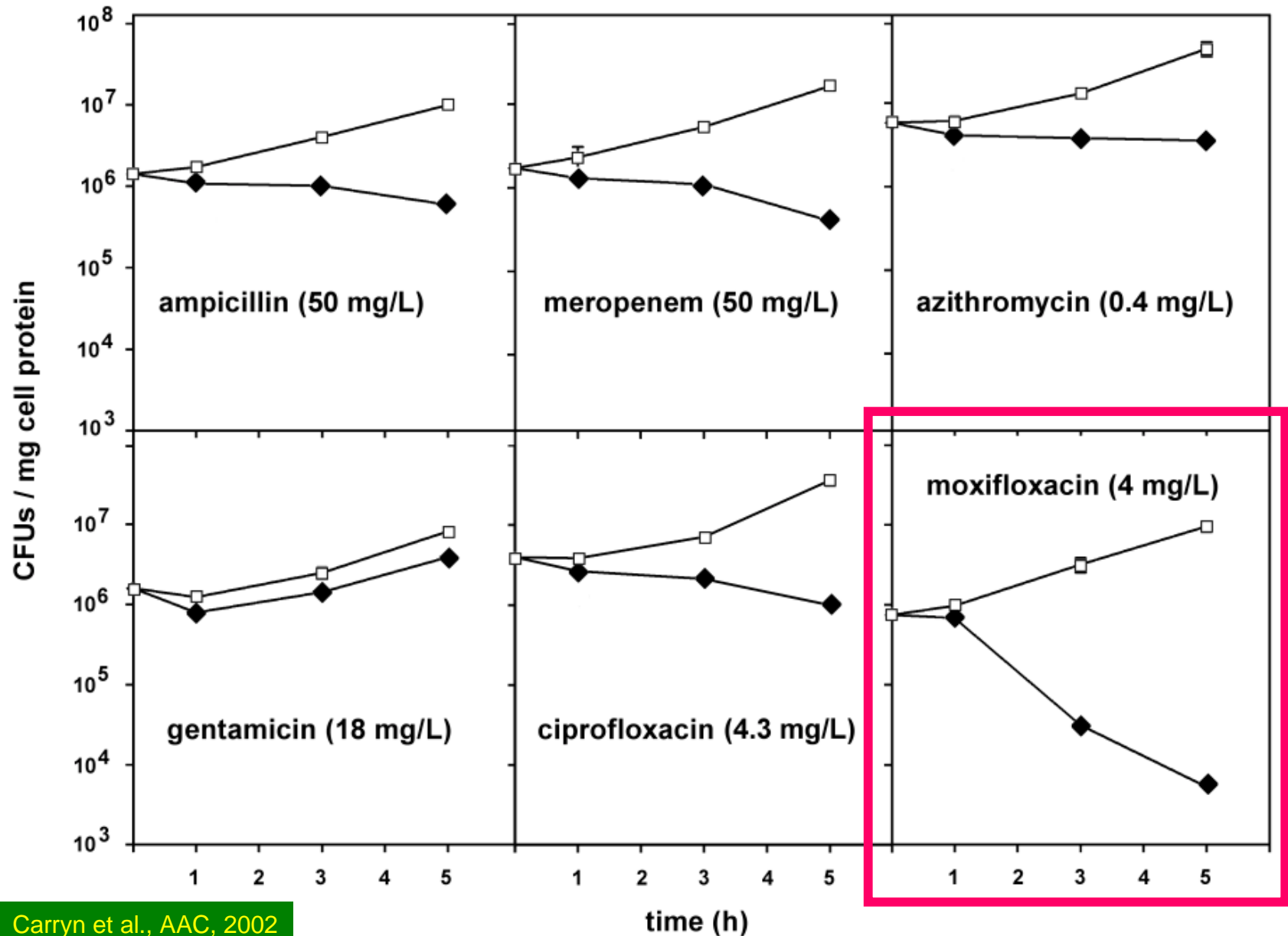
- ➔ have a large subcellular bioavailability
- ➔ are highly bactericidal

Why don't you use fluoroquinolones today ?

➔ too low intrinsic activity ** ...

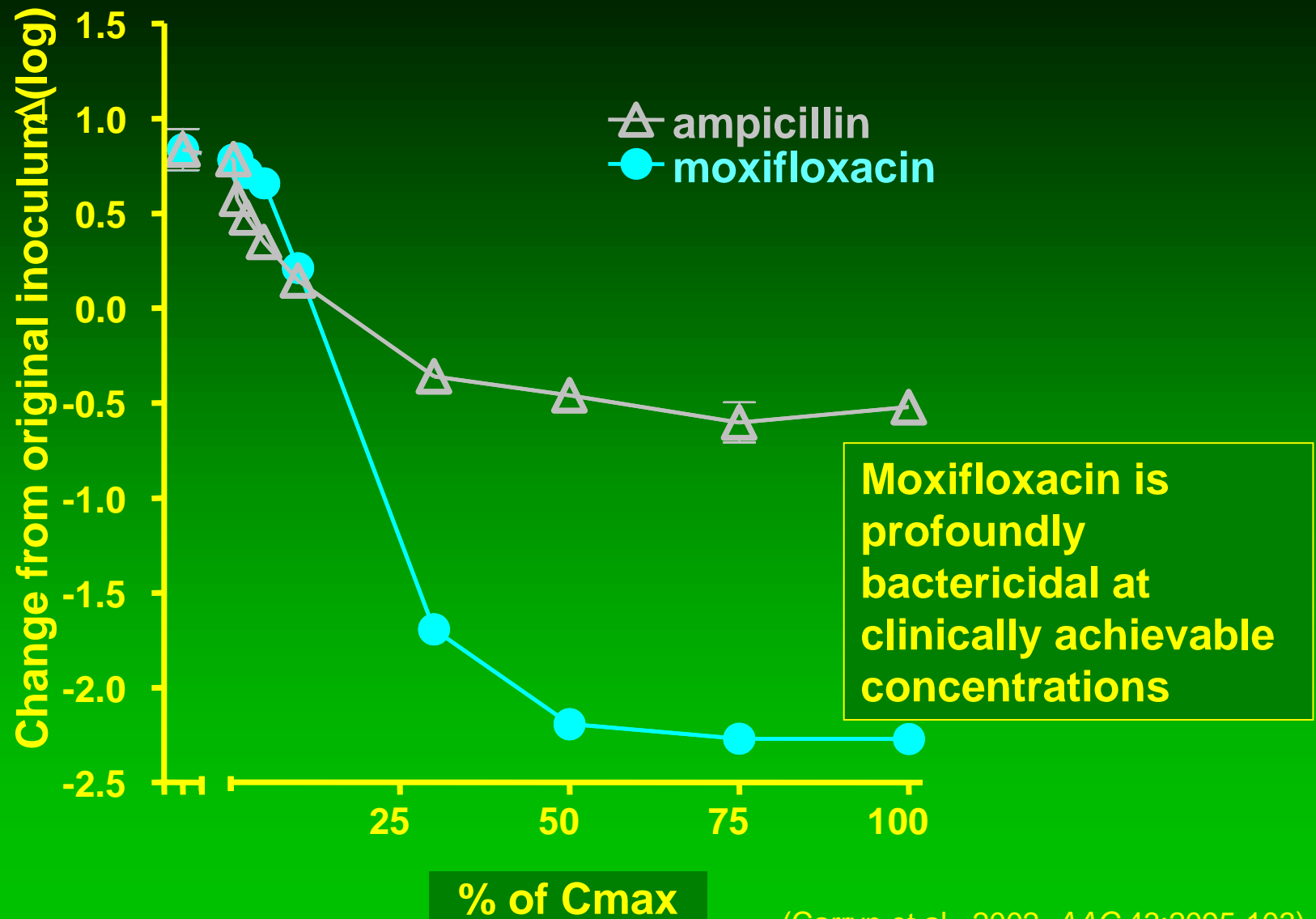
* all Ce = 10 X the MIC

But look at moxifloxacin (5h model) ...



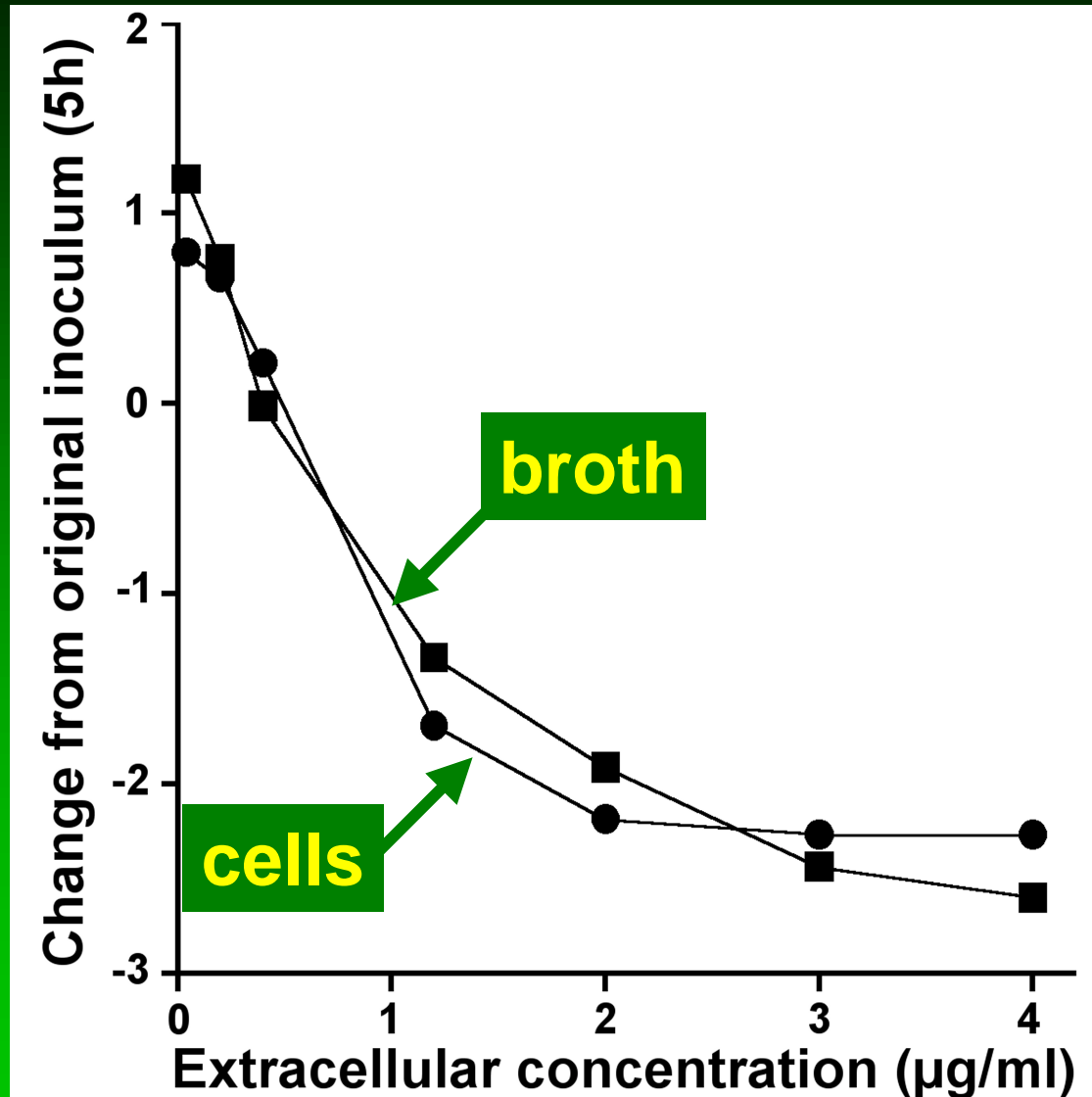
Carryn et al., AAC, 2002

Comparative intracellular activities

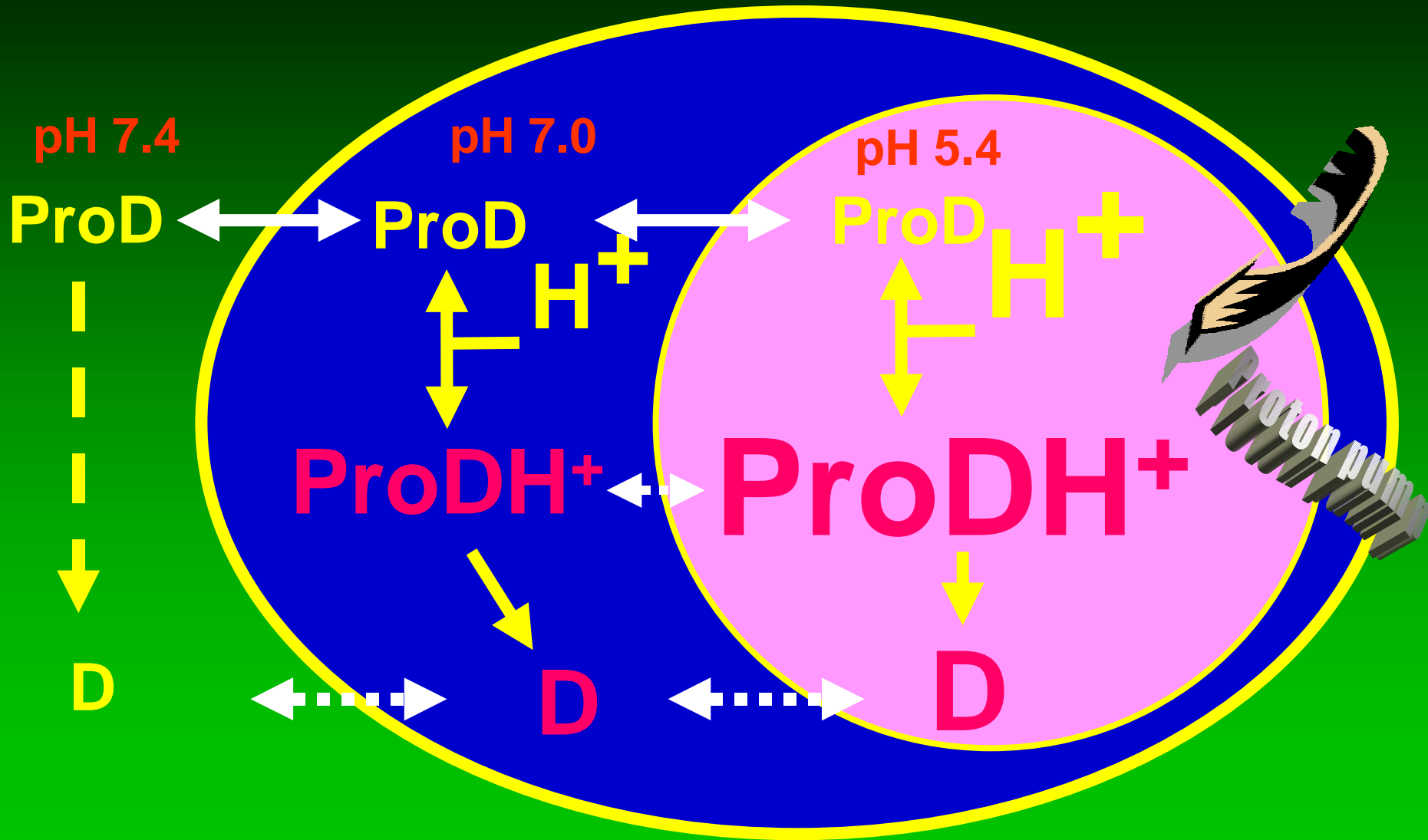


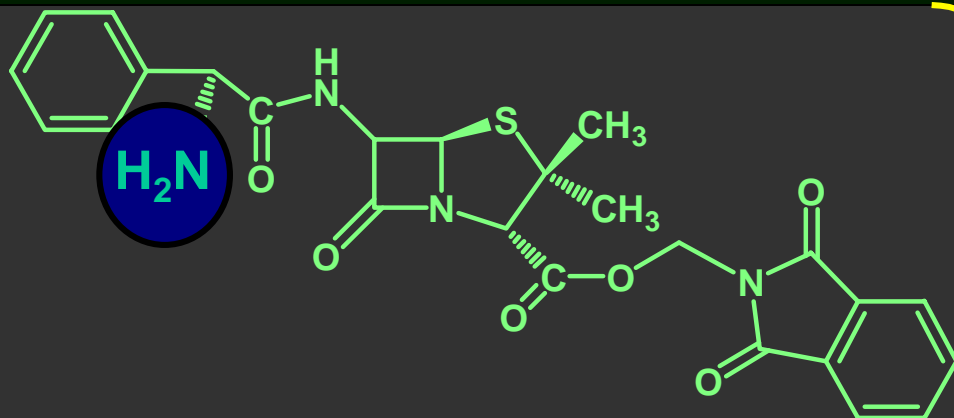
(Carryn et al., 2002, AAC 43:2095-103)

However, intracellular moxifloxacin is NOT more active intracellularly than extracellularly ...

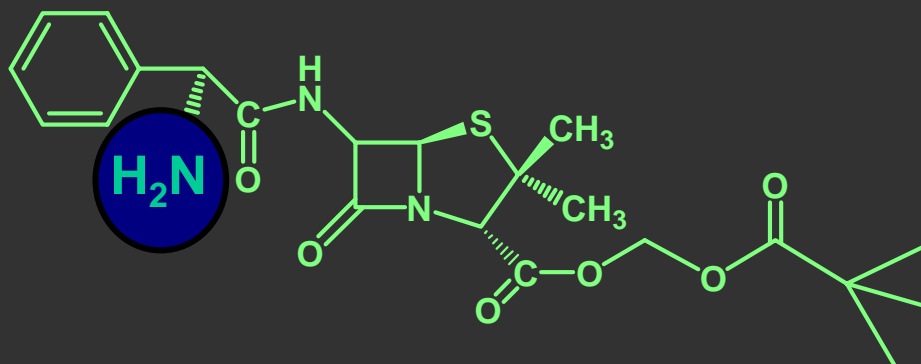


A basic prodrug of a β -lactam ?





Phthalimidomethylampicillin (PIMA)



Pivaloyloxymethylampicillin (PIVA)

**Basic compounds
that**

- regenerate ampicillin
- accumulate in J774 macrophages

Fan et al, *Bioorg. Med. Chem. Let.* 1997

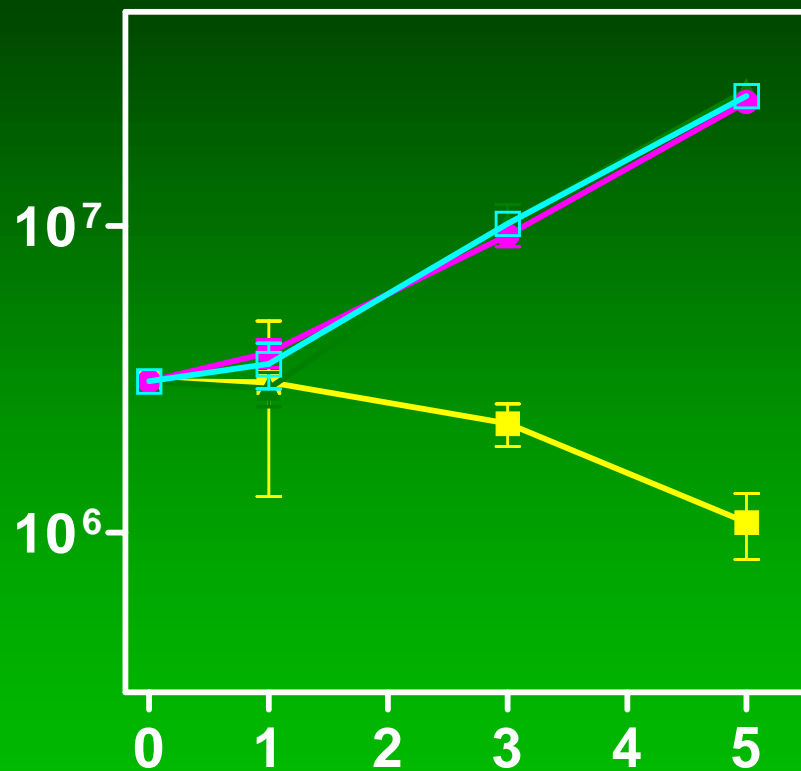
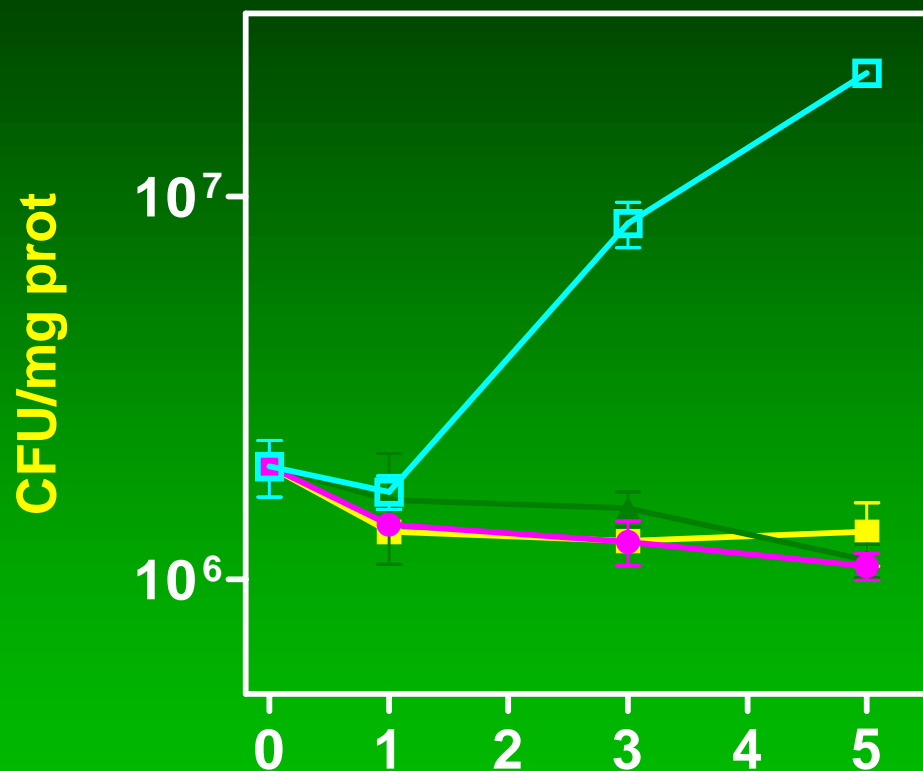
Paternotte et al, *Biorg. Med. Chem.* 2001

Intracellular activity for extracellular concentrations of ...

10X MIC

PIVA CTRL
PIMA AMPI

0.5X MIC

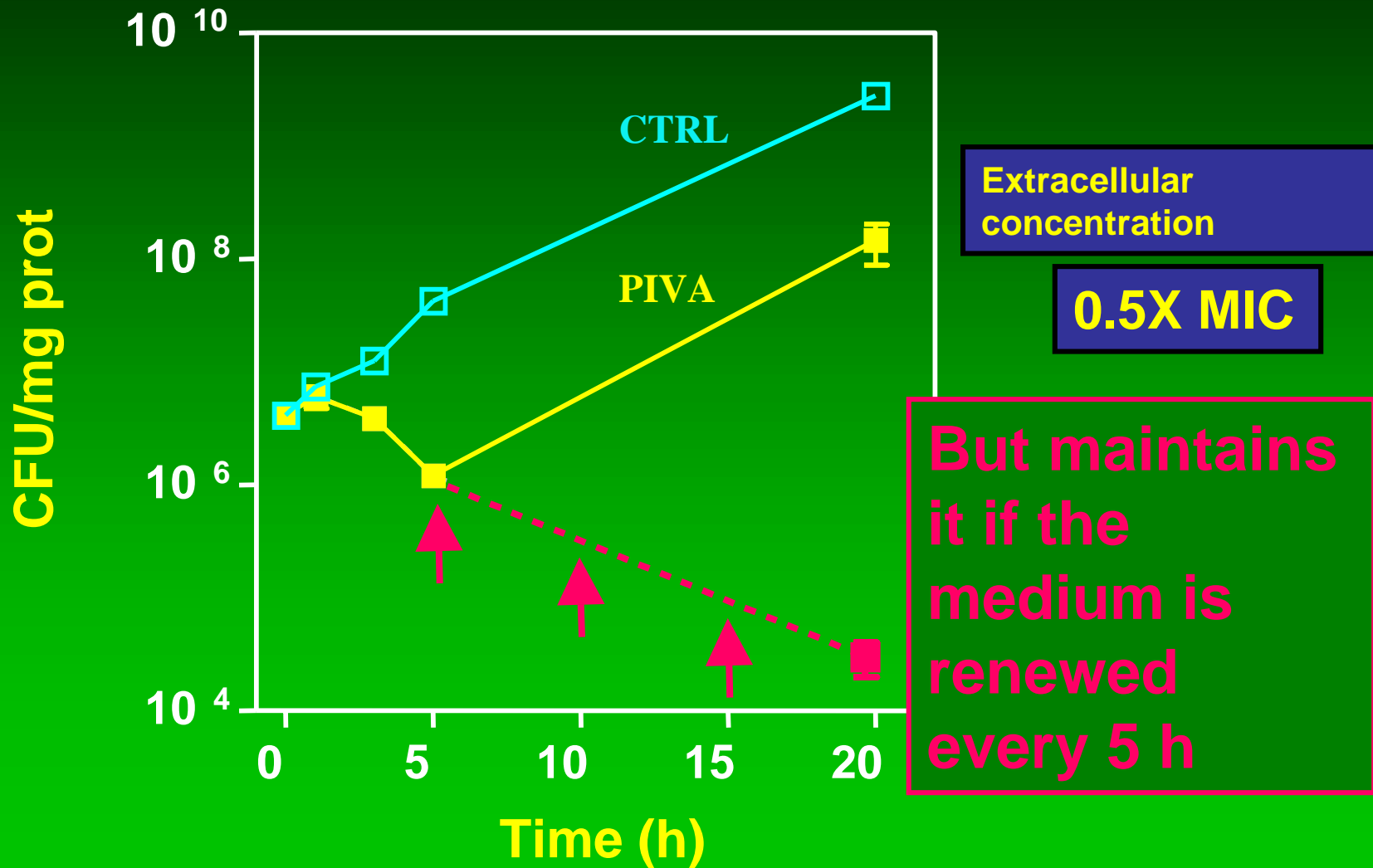


Time (h)

Same activity for PIVA,
PIMA and AMPI

Only PIVA is active

At low extracellular concentration, PIVA loses its activity after 5 h if the medium is not renewed



PIVA releases large amount of intracellular ampicillin

AMPI from PIVA

