**USP 31** (Emetine Hydrochloride). The hydrochloride of an alkaloid obtained from ipecacuanha, or prepared by methylation of cephaëline, or prepared synthetically. Anhydrous emetine hydrochloride is a white or slightly yellowish, odourless, crystalline powder. Freely soluble in water and in alcohol. Store in airtight containers at a temperature of 25°, excursions permitted between 15° and 30°. Protect from light.

### **Adverse Effects**

Emetine hydrochloride is commonly associated with aching, tenderness, stiffness, and weakness of the muscles in the area of the injection site; there may be necrosis and abscess formation. After injection, diarrhoea and nausea and vomiting, sometimes with dizziness and headache, are common. There may be generalised muscle weakness and muscular pain, especially in the neck and limbs, and, more rarely, mild sensory disturbances. Eczematous, urticarial, and purpuric skin lesions have been reported.

Cardiovascular effects are considered the most serious and include precordial pain, dyspnoea, tachycardia, and hypotension. Changes in the ECG particularly flattening or inversion of the T wave and prolongation of the QT interval, occur in many patients. Emetine accumulates in the body and large doses or prolonged use may cause lesions of the heart, gastrointestinal tract, kidneys, liver, and skeletal muscle. Severe acute degenerative myocarditis may occur and may give rise to sudden cardiac failure and death. In some patients cardiotoxic effects have appeared after the completion of treatment with therapeutic doses.

Emetine hydrochloride is very irritant and contact with mucous membranes should be avoided.

#### **Precautions**

Emetine is contra-indicated in cardiac, renal, or neuromuscular disease. Its use should be avoided during pregnancy and it should not be given to children, except in severe amoebic dysentery unresponsive to other drugs. It should be used with great caution in old or debilitated patients. Patients given emetine should be closely supervised; ECG monitoring is advisable during treatment.

#### **Pharmacokinetics**

After injection emetine hydrochloride is concentrated in the liver, and to some extent in kidney, lung, and spleen. Excretion is slow and detectable amounts may persist in urine 40 to 60 days after treatment has been stopped.

### **Uses and Administration**

Emetine, an alkaloid of ipecacuanha (p.1562), is a tissue amoebicide acting principally in the bowel wall and in the liver. It has been given by deep subcutaneous or intramuscular injection in the treatment of severe invasive amoebiasis (p.822), including hepatic amoebiasis in patients who do not respond to metronidazole, although dehydroemetine has tended to replace it. Emetine was formerly given orally as emetine and bismuth iodide.

Emetine has also been included in combination preparations for the symptomatic relief of cough.

## **Preparations**

USP 31: Emetine Hydrochloride Injection.

Proprietary Preparations (details are given in Part 3)

**Multi-ingredient:** *Austria:* Spirbon; *Cz.:* Ipecarin†; Kodynal†; *Hung.:* Radipon; *Switz.:* Ipeca†; Sano Tuss.

# Ethopabate (BAN)

Etopabato. Methyl 4-acetamido-2-ethoxybenzoate.

 $C_{12}H_{15}NO_4 = 237.3.$ CAS — 59-06-3. ATC Vet — QP5 I AX I 7.

**Pharmacopoeias.** In *US* for veterinary use only. Also in *BP(Vet)*.

BP(Vet) 2008 (Ethopabate). A white or pinkish-white powder. Very slightly soluble in water; sparingly soluble in alcohol; soluble in chloroform and in methyl alcohol; slightly soluble in ether. USP 31 (Ethopabate). A white or pinkish-white, odourless or practically odourless, powder. Very slightly soluble in water; soluble in dehydrated alcohol, in acetone, in methyl alcohol, and in acetonitrile; slightly soluble in ether; sparingly soluble in dichloromethane, in dioxan, in ethyl acetate, and in isopropyl alcohol. Protect from light.

#### Profile

Ethopabate is an antiprotozoal used in veterinary practice with other drugs, such as amprolium, for the control of coccidiosis in poultry.

### Etofamide (rINN)

Ethychlordiphene; Etofamida; Étofamide; Etofamidum; K-430. 2,2-Dichloro-N-(2-ethoxyethyl)-N-[4-(4-nitrophenoxy)benzyl]-acetamide.

Этофамид

 $C_{19}H_{20}CI_2N_2O_5 = 427.3$ CAS — 25287-60-9.

ATC — POTACO3.

#### Profile

Etofamide, a dichloroacetamide derivative, is a luminal amoebicide with actions and uses similar to those of diloxanide furoate (p.832).

### **Preparations**

**Proprietary Preparations** (details are given in Part 3) **Braz.:** Kitnos; **Mex.:** Kitnos; **Philipp.:** Kitnos.

### Fumagillin (BAN, rINN)

Fumagilina; Fumagilliini; Fumagilline; Fumagillinum. 4-(1,2-Epoxy-1,6-dimethylhex-4-enyl)-5-methoxy-1-oxaspiro[2.5]oct-6-yl hydrogen deca-2.4.6.8-tetraenedioate.

Фумагиллин

 $C_{26}H_{34}O_7 = 458.5.$  CAS = 23110-15-8. ATC = P01AX10. $ATC \ Vet = QP51AX23$ 

## Profile

Fumagillin is an alicyclic antibiotic produced by certain strains of Aspergillus fumigatus. It has activity against Microsporidia and is used in veterinary practice to control Nosema apis infection in honeybees. Fumagillin is given in an oral dose of 20 mg three times daily for 14 days in the treatment of diarrhoea due to intestinal microsporidial infection with Enterocytozoon bieneusi in patients with HIV infection. It has also been tried in humans in the topical treatment of microsporidial keratoconjunctivitis. It was formerly given orally in the treatment of intestinal amoebiasis, but produced an unacceptably high frequency of adverse effects. Analogues of fumagillin have been studied for effects on angiogenesis in solid tumours.

**Microsporidiosis.** As discussed on p.826, topical treatment of microsporidial keratoconjunctivitis has been disappointing. There have been several reports of successful treatment in individual patients using fumagillin topically, <sup>1-3</sup> usually as a solution of bicyclohexylammonium fumagillin containing the equivalent of fumagillin 70 micrograms/mL.

Oral fumagillin has been effective in the treatment of diarrhoea due to intestinal microsporidial infection with *Enterocytozoon* bieneusi in patients with HIV infection.<sup>47</sup>

- Rosberger DF, et al. Successful treatment of microsporidial keratoconjunctivitis with topical fumagillin in a patient with AIDS. Cornea 1993; 12: 261–5.
- Diesenhouse MC, et al. Treatment of microsporidial keratoconjunctivitis with topical fumagillin. Am J Ophthalmol 1993; 115: 293–8.
- Garvey MJ, et al. Topical fumagillin in the treatment of microsporidial keratoconjunctivitis in AIDS. Ann Pharmacother 1995; 29: 872-4.

- Molina J-M, et al. Potential efficacy of fumagillin in intestinal microsporidiosis due to Enterocytozoon bieneusi in patients with HIV infection: results of a drug screening study. AIDS 1997; 11: 1603-10.
- Molina J-M, et al. Trial of oral fumagillin for the treatment of intestinal microsporidiosis in patients with HIV infection. AIDS 2000; 14: 1341–8.
- Molina J-M, et al. Fumagillin treatment of intestinal microsporidiosis. N Engl J Med 2002; 346: 1963–9.
- Abramowicz M, ed. Drugs for parasitic infections. 1st ed. New Rochelle NY: The Medical Letter, 2007.

### **Preparations**

**Proprietary Preparations** (details are given in Part 3)

Fr.: Flisint.

#### Furazolidone (BAN, rINN)

Furatsolidoni; Furazolidon; Furazolidona; Furazolidonum; Nifurazolidonum. 3-(5-Nitrofurfurylideneamino)-2-oxazolidone.

Фуразолидон

 $C_8H_7N_3O_5 = 225.2.$  CAS - 67-45-8. ATC - GOIAXO6. $ATC \ Vet - QGOIAXO6.$ 

$$O_2N$$
  $O$   $N$   $N$ 

Pharmacopoeias. In Br., Fr., and US.

BP 2008 (Furazolidone). A yellow odourless or almost odourless crystalline powder. Very slightly soluble in water and in alcohol; slightly soluble in chloroform; practically insoluble in ether. The filtrate from a 1% suspension in water has a pH of 4.5 to 7.0. Protect from light.

**USP 31** (Furazolidone). A yellow, odourless, crystalline powder. Practically insoluble in water, in alcohol, and in carbon tetrachloride. Store in airtight containers. Protect from light and avoid exposure to direct sunlight.

#### **Adverse Effects**

The most common adverse effects of furazolidone involve the gastrointestinal tract and include nausea and vomiting. Dizziness, drowsiness, headache, and a general malaise have also been reported.

Allergic reactions, most commonly skin reactions such as rashes or angioedema, may occur. There have been instances of acute pulmonary reactions, similar to those seen with the structurally related drug nitrofurantoin, and of hepatotoxicity. Agranulocytosis has been reported rarely. Haemolytic anaemia may occur in patients with G6PD deficiency given furazolidone.

Darkening of the urine has been attributed to the presence of metabolites.

# **Precautions**

Furazolidone should be used with caution in those with G6PD deficiency because of the risk of haemolytic anaemia. It should not be given to infants under 1 month of age since their enzyme systems are immature.

# Interactions

A disulfiram-like reaction has been reported in patients taking alcohol while on furazolidone therapy; alcohol should be avoided during, and for a short period after, treatment with furazolidone

Furazolidone is an MAOI and the cautions advised for these drugs regarding use with other drugs, especially indirect-acting sympathomimetic amines, and the consumption of food and drink containing tyramine, should be observed (see Phenelzine Sulfate, p.417). However, there appear to be no reports of hypertensive crises in patients receiving furazolidone and it has been suggested that, since furazolidone inhibits monoamine oxidase gradually over several days, the risks are small if treatment is limited to a 5-day course. Toxic psychosis has been reported in a patient receiving furazolidone and amitriptyline (see Antiprotozoals, under Interactions of Amitriptyline, p.380).

# **Pharmacokinetics**

Although furazolidone has been considered to be largely unabsorbed when given orally, the occurrence of systemic adverse effects and coloured metabolites in the urine suggest that this may not be the case. Rapid and extensive metabolism, possibly in the intestine, has been proposed.

## **Uses and Administration**

Furazolidone is a nitrofuran derivative with antiprotozoal and antibacterial activity. It is active against the protozoan Giardia intestinalis (Giardia lamblia) and against a range of enteric bacteria in vitro, including staphylococci, enterococci, Escherichia coli, Salmonella spp., Shigella spp., and Vibrio cholerae. Furazolidone is bactericidal and appears to act by interfering with bacterial enzyme systems. Resistance is reported to be limited. It is used in the treatment of giardiasis (p.824) and cholera (p.172). It has been suggested for other bacterial gastrointestinal infections,