WHEN IT COUNTS . . . CHLOROMYCETIN (CHLORAPHENICOL)

CAN BE USEFUL IN URINARY TRACT INFECTIONS

Urinary tract infections, often recurrent and resistant to treatment, are among the most frequent and most troublesome types of infections seen in clinical practice. Successful therapy is largely dependent on identification and susceptibility testing of invading organisms, administration of appropriate antibacterial agents, and correction of obstruction or other underlying pathology.

Chloromycetin has proved to have a wide and effective range of activity against pathogenic invaders of the urinary tract, including the coliform group, certain proteus and aerogenes species, micrococci and enterococci. Clinical response usually parallels *in vitro* susceptibility. Relief of symptoms and repeated bacteriologic studies should be depended upon to indicate duration of treatment. Chloromycetin continues to be a most valuable drug in the management of urinary tract infections.

The decision to choose Chloromycetin from among a group of antibiotics suggested by *in vitro* studies to be potentially effective against a specific pathogen should be guided by the severity of infection, the relative susceptibility of the pathogen to the various drugs, the efficacy of the various drugs in urinary tract infections, and the important additional concepts contained in the "warning box."

CHLOROMYCETIN

Detailed information including indications and dosage, appears in the package inserts of Chloromycetin products for systemic use. Consult the appropriate package insert.

"Warning: Serious and even fatal blood dyscrasias (aplastic anemia, hypoplastic anemia, thrombocytopenia, granulocytopenia) are known to occur after the administration of chloramphenicol. Blood dyscrasias have occurred after both short-term and prolonged therapy with this drug. Bearing in mind the possibility that such reactions may occur, chloramphenicol should be used only for serious infections caused by organisms which are susceptible to its antibacterial effects. Chloramphenicol should not be used when other less potentially dangerous agents will be effective. It must not be used in the treatment of trivial infections such as colds, influenza, or infections of the throat; or as a prophylactic agent to prevent bacterial infections.

"Precautions: It is essential that adequate blood studies be made during treatment with the drug. While blood studies may detect early peripheral blood changes such as leukopenia or granulocytopenia, before they become irreversible, such studies cannot be relied on to detect bone marrow depression prior to development of aplastic anemia."

Chloromycetin, an antibiotic having therapeutic activity against a wide variety of organisms, must, in accordance with the concepts in the "warning box" above, be used only in certain severe infections.

Contraindications: Chloramphenicol is contraindicated in individuals with a history of previous sensitivity reaction to it.

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Precautions and Side Effects: Untoward reactions in man are infrequent; however, they have been reported with both short-term and prolonged administration of the drug. Among the reactions reported are blood dyscrasias as mentioned in the warning. When, during the course of therapy, blood counts show unusual deviations which may be attributable to the drug such as reticulocytopenia, leukopenia, or thrombocytopenia, therapy with chloramphenicol should be discontinued. Also reported are certain gastrointestinal reactions resulting in glossitis and stomatitis, which are indications to stop the drug. On rare occasions, superimposed infection by *Candida albicans* may produce widespread oral lesions of the thrush type. Diarrhea and irritation of perianal tissues have been reported. Pseudomembraneous enterocolitis has been reported in a few patients. Hypersensitivity reactions manifested by angioneurotic edema and vesicular and maculopapular types of dermatitis have been reported in chloramphenicol-sensitive patients. Urticaria and vesicular lesions have been observed. They are usually mild in character and ordinarily subside promptly upon cessation of treatment.