Diclazuril (BAN, USAN, HNN)

Diclazurilor; Diclazurilum; Diklatsurili; Diklazuril; R-64433. (±)-4-Chlorophenyl[2,6-dichloro-4-(2,3,4,5-tetrahydro-3,5-dioxo-1,2,4-triazin-2-yl)phenyl]acetonitrile.

Диклазурил

 $C_{17}H_9Cl_3N_4O_2 = 407.6$. CAS — 101831-37-2. ATC Vet — QP51A|03.

Pharmacopoeias. In *Eur.* (see p.vii) for veterinary use only. **Ph. Eur. 6.2** (Diclazuril for Veterinary Use; Diclazuril BP(Vet) 2008). A white or light yellow powder. Practically insoluble in water, in alcohol, and in dichloromethane; sparingly soluble in dimethylformamide. Protect from light.

Profile

Diclazuril is an antiprotozoal that has been tried in AIDS patients for the management of diarrhoea associated with protozoal infection. It is used in veterinary practice for the control of coccidiosis in lambs and poultry.

♦ References.

- 1. Kayembe K, et al. Diclazuril for Isospora belli infections in AIDS. Lancet 1989; i: 1397.
- Connolly GM, et al. Diclazuril in the treatment of severe cryptosporidial diarrhoea in AIDS patients. AIDS 1990; 4: 700–701.
 Mariotti F, Diclaring for universities in AIDS 4.
- 3. Menichetti F, et al. Diclazuril for cryptosporidiosis in AIDS. Am J Med 1991; 90: 271–2.
- Limson-Pobre RNR, et al. Use of diclazuril for the treatment of isosporiasis in patients with AIDS. Clin Infect Dis 1995; 20: 201–2.

Diiodohydroxyquinoline (rINN)

Diiodohidroxiquinoleína; Diiodohydroxyquin; Diiodohydroxyquinoléine; Di-iodohydroxyquinoline (BAN); Diiodohydroxyquinolinum; Di-iodoxyquinoleine; Diiyodohidroksikinolin; Dijodhydroxikinolin; Dijodhydroxikinolin; Dijodhydroxikinolin; Dijodhydroxikinolin; Iodoquinol (USAN). 5,7-Di-iodoquinolin-8-ol.

Дийодогидроксихинолин

 $C_9H_5I_2NO = 397.0.$ CAS — 83-73-8. ATC — GOTACOT.

ATC Vet — QG01AC01.

Pharmacopoeias. In US.

USP 31 (lodoquinol). A light yellowish to tan, microcrystalline powder, not readily wetted in water, odourless or has a faint odour. Practically insoluble in water; sparingly soluble in alcohol and in ether.

Adverse Effects

Major concerns have been expressed about the safety of the halogenated hydroxyquinolines since the recognition of severe neurotoxicity with clioquinol (p.254). In Japan, the epidemic development of subacute myelo-opticoneuropathy (SMON) in the 1960s was associated with the ingestion of normal or high doses of clioquinol for prolonged periods and the sale of clioquinol and related hydroxyquinolines was subsequently banned there. Symptoms of SMON are principally those of peripheral neuropathy, including optic atrophy, and myelopathy. Abdominal pain and diarrhoea often precede neurological symptoms such as paraesthesias in the legs, progressing to paraplegia in some patients, and loss of visual acuity sometimes leading to blindness. Cerebral disturbances, including confusion and retrograde amnesia, have also been reported. Although many patients improved when clioquinol was withdrawn, others had residual disability.

It was suggested that the Japanese epidemic might have been due to genetic susceptibility, but a few cases of SMON associated with clioquinol or related hydroxyquinoline derivatives, including broxyquinoline and diiodohydroxyquinoline, have been reported elsewhere.

Diiodohydroxyquinoline has also been associated with gastrointestinal effects such as abdominal cramps, nausea, and diarrhoea. Adverse effects which may be attributable to the iodine content of diiodohydroxyquinoline include pruritus ani, skin eruptions, and enlargement of the thyroid gland. Fever, chills, headache, and vertigo have also occurred.

Precautions

Diiodohydroxyquinoline is contra-indicated in patients known to be hypersensitive to iodine or halogenated hydroxyquinolines and in those with hepatic or renal impairment. It should be used with caution in thyroid disease and may interfere with determinations of protein-bound iodine in tests for thyroid function for up to 6 months after therapy. Its use is best avoided in patients with neurological disorders. Long-term use should be avoided.

Children. The Committee on Drugs of the American Academy of Pediatrics¹ considered that there was a potential risk of toxicity to infants and children from clioquinol and diiodohydroxyquinoline applied topically. Since alternative effective preparations are available for dermatitis, the Committee recommended that products containing either of these compounds should not be used.

WHO considers that the use of halogenated hydroxyquinolines for the treatment of acute diarrhoea or amoebiasis in children cannot be justified. There is no evidence of their efficacy in acute diarrhoea and they have been associated with severe neurological effects. On the rare occasions when a luminal amoebicide is required, other less toxic and more effective agents are available.

- Kauffman RE, et al. American Academy of Pediatrics Committee on Drugs. Clioquinol (iodochlorhydroxyquin, Vioform) and iodoquinol (diiodohydroxyquin): blindness and neuropathy. Pediatrics 1990; 86: 797–8.
- WHO. The rational use of drugs in the management of acute diarrhoea in children. Geneva: WHO, 1990.

Pharmacokinetics

Diiodohydroxyquinoline is poorly absorbed from the gastrointestinal tract. Concern has been expressed about possible absorption after application to the skin (see Children, under Precautions, above).

Uses and Administration

Diiodohydroxyquinoline, a halogenated hydroxyquinoline, is a luminal amoebicide acting principally in the bowel lumen and is used in the treatment of intestinal amoebiasis, although a less toxic amoebicide such as diloxanide furoate is usually preferred; children should not be treated with diiodohydroxyquinoline (see Precautions, above). It is given alone in the treatment of asymptomatic cyst passers and with an amoebicide that acts in the tissues, such as metronidazole, in patients with invasive amoebiasis (p.822). The usual oral dosage in the treatment of amoebiasis is 630 or 650 mg three times daily for 20 days.

Diiodohydroxyquinoline has also been given in the treatment of Dientamoeba fragilis infections, in balantidiasis (p.823) as an alternative to tetracycline, and in Blastocystis hominis infections (p.823).

Diiodohydroxyquinoline was formerly used in the treatment of acrodermatitis enteropathica; it is reported to act by enhancing zinc absorption and has now been superseded by oral zinc therapy.

Diiodohydroxyquinoline is claimed to have some antibacterial and antifungal activity and has been used topically (but see Children, under Precautions, above).

Preparations

USP 31: lodoquinol Tablets.

 $\textbf{Proprietary Preparations} \ (\text{details are given in Part 3})$

Canad.: Diodoquin; Mex.: Ameban; Antidifar; Carsuquin; Diameb; Diodoquin; Diyosul; Drioquilen†; Entero-Diyod; Entodiba; Exoquin; Flanoquin†; Quinosul; Versamiy; Turk.: Floraquin; USA: Sebaquin; Yodoxin; Venez.: Diodoquin.

Multi-ingredient: Arg.: Hipoglos Cicatrizante; Plusderm†; Chile: Dexagirı, Kordinol Compuesto†; Mex.: Amebar; Amebyl; Bontal; Coralzul; Depón; Dialgin; Diodolina; Dipecfur; Facetin-D; Fameban; Flagenase 400; Flagocil; Lambliquir; Metodine; Metrodiyod; Metroviform†; Norecil; Novagen; Stomffler Plus; Threchop; S.Afr.: Vagarsol; Viocort; Viodor; Thai.: Coccila†; Disento; Gynecon; Gynecon-T; Gynoco; Gynova; Gyracon; Mediocin†; Nystir; Quinradon-N; Vagicin; USA: Alcortin; Vytone; Venez.: Diodonato†.

Diloxanide Furoate (BANM, rINNM)

Diloksanid Furoat; Diloxanide, Furoate de; Diloxanidi Furoas; Furoato de diloxanida. 4-(N-Methyl-2,2-dichloroacetamido)-phenyl 2-furoate.

Дилоксанида Фуроат

 $C_{14}H_{11}CI_2NO_4 = 328.1.$

CAS — 579-38-4 (diloxanide); 3736-81-0 (diloxanide furoate).

ATC - POIACOI.

(diloxanide)

Pharmacopoeias. In Br., Int., and US.

BP 2008 (Diloxanide Furoate). A white or almost white, odourless or almost odourless, crystalline powder. Very slightly soluble in water; slightly soluble in alcohol and in ether; freely soluble in chloroform. Protect from light.

USP 31 (Diloxanide Furoate). A white or almost white, crystalline powder. Very slightly soluble in water; slightly soluble in alcohol and in ether; freely soluble in chloroform. Store in airtight containers. Protect from light.

Adverse Effects

Flatulence is the most common adverse effect during treatment with diloxanide furoate. Vomiting, pruritus, and urticaria may occasionally occur.

Pharmacokinetics

Diloxanide furoate is hydrolysed before absorption from the gastrointestinal tract. The resulting diloxanide is readily absorbed and excreted mainly in the urine as the glucuronide; less than 10% of a dose appears in the faeces.

Uses and Administration

Diloxanide furoate, a dichloroacetamide derivative, is a luminal amoebicide acting principally in the bowel lumen and is used in the treatment of intestinal amoebiasis (p.822). It is given alone in the treatment of asymptomatic cyst passers and with an amoebicide that acts in the tissues, such as metronidazole, in patients with invasive amoebiasis.

Diloxanide furoate is given orally in a dosage of 500 mg three times daily for 10 days; children weighing more than 25 kg may be given 20 mg/kg daily, in 3 divided doses, for 10 days. The course of treatment may be repeated if necessary.

Preparations

BP 2008: Diloxanide Tablets.

Proprietary Preparations (details are given in Part 3)

Multi-ingredient: *India:* Aristogyl Plus; Dyrade-M; Entamizole; Entrolate†; Qugyl; Tinidafyl Plus; Wotinex.

Dimetridazole (BAN, pINN)

Dimetridatsoli; Dimetridazol; Dimétridazole; Dimetridazolum. 1,2-Dimethyl-5-nitroimidazole.

Диметридазол

 $C_5H_7N_3O_2 = 141.1.$

CAS — 551-92-8.

ATC Vet — QP5 I AA07.

$$O_2N$$
 N
 CH_3
 N
 CH

Pharmacopoeias. In Fr. for veterinary use. Also in BP(Vet). **BP(Vet) 2008** (Dimetridazole). An almost white to brownish-yellow, odourless or almost odourless powder which darkens on exposure to light. Slightly soluble in water; sparingly soluble in alcohol; freely soluble in chloroform; slightly soluble in ether. Protect from light.

Profile

Dimetridazole is a 5-nitroimidazole derivative similar to metronidazole. It is used in veterinary practice for the control of various protozoal infections in birds, fish, and reptiles. It is also used for swine dysentery.