

46 Year-Old Female with Stanford Type A Acute Aortic Dissection with Cerebral Hypoperfusion as a Cause of Ischemic Stroke - Rose A. Acosta – MD HB Heart and Vascular Institute

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Introduction: Antibiotic was seeing wonder drugs when they appeared because antibiotic can treat every infection. As soon, it was observed that the treated bacteria can build resistance in contrast to them and the resistance can be intrinsic or acquired. The antibiotics are chemical compounds, which minimize the production of microorganism and ultimately kill microorganism. Natural fermentation or chemical synthesis may help in the production of these drugs. The antibiotics are the drugs, which are obtained from the compounds by different microbial flora. It is also noted that not every antibacterial compounds are antibiotics and obtained completely by chemical synthesise. Though moldy materials helped in healing the wounds and infections, but it was observed in late 19th century that this was due to the microbes. Fleming's, Chain's and Florey's clinical observations, development studies made a new innovation in antibiotics in the twenty century. The new addition in the antimicrobial world is the oxazolidinone group of antibiotics which can play various significant roles in order to combat the infections occurred by Gram positive bacteria. The oxazolidinone provides greater result in contrast to Gram positive microorganisms and produces high resistance against microbial in clinical situations. Oxazolidinone is very useful and also shows a moderate microbial effectiveness in contrast to Gram negative bacteria. Oxazolidinone substances are structurally available with 2- oxazolidinone. Oxazolidinone antibacterial compounds were seen problematic because they produced toxic effects in clinical studies. After few years oxazolidinone class was studied more for enhancing efficacy and safety, with the introduction of two vital and useful compounds like Eperozolid and Linezolid. Bioactive and toxic examination of both of a Linezolid and Eperozolid were almost same, so clinical testing was

performed. Linezolid Linezolid chemically known as S – N - [3 - [3 – Fluoro – 4 - (4 – morpholinyl) phenyl] – 2 – oxo - 5 – oxazolidinyl] methyl] –Acetamide. Linezolid was recently registered for use clinically in more than fifty countries. Food drug administration (FDA) allowed indications include Vancomycin-resistant enterococci infections, consisting bacteremia, nosocomial pneumonia occurred by Staphylococcus aureus and Streptococcus pneumoniae, complicated skin and skin structure infections occurred by Staphylococcus aureus, Streptococcus pyogenes, and Streptococcus agalactiae, uncomplicated skin and skin structure infections occurred by Staphylococcus aureus, and community acquired pneumonia from Streptococcus pneumoniae and or Staphylococcus aureus There are various phases like phase II and III trials assessing Linezolid activity in these infections. Previous investigations evaluated that Linezolid was very effective in terms of a number of significant gram positive cocci, like Staphylococcus aureus, Staphylococcus epidermidis, Enterococcus species, and streptococci. The invitro investigation of Linezolid and eperozolid demonstrated that resistance take place hardly by simple mutation in Staphylococcus aureus and include few problems or create no issue with adopted antimicrobial force, with a spiral gradient protocol. The recent demonstration of a process to Linezolid acquired resistance, evaluated that Linezolid or Eperozolid - resistant E. faecalis and S. aureus isolates of from laboratory origin resulted single G → U mutation at area 2447 / 2576 of the central loop of domain V of twenty three S rRNA. The antibacterial treatment helps the body to terminate infectious microorganisms without producing any toxic effect to the host. The patient's natural defense process should be known to avoid the infections. Generally,

antibacterial are classified on the basis of their mode of action, their bacteriostatic and bactericidal activity. Actually, the inhibition method of bacteriostatic substances involves inhibition of protein synthesis or few bacterial metabolic passages. Researchers assessed the in vitro studies in contrast fifty four methicillin-resistant *Staphylococcus aureus* (MRSA) strains using agar dilution method in conjunction with scanning electron microscopy of only Linezolid and in combination of vancomycin or teicoplanin. Their study revealed that Linezolid as a single agent over vancomycin and teicoplanin in contrast to MRSA isolates. Linezolid and vancomycin shows better activity than Linezolid and teicoplanin at all concentrations. The comparison of Minimum inhibitory concentrations and Disc inhibition zones was done as per suggested by the National Committee for Clinical Laboratory Standards and the British Society for Antimicrobial Chemotherapy for one ninety eight strains of gram-positive cocci. Zones were found to be 4-5 mm larger by the British Society for Antimicrobial Chemotherapy process, but MICs showed no variations, except for pneumococci, which was found to be very sensitive when the British Society for Antimicrobial Chemotherapy method was utilized. The activity of Linezolid depresses due to the incubation in CO₂ against this species only.