Trichomoniasis:
A single 2 g oral dose taken with food.

The recommended dose in adults is a 2 g dose per day for 3 days.

The recommended dose in adults is a 2 g single dose taken with food. In pediatric patients older than three years of age, the recommended dose is 50 mg/kg (up to 2 g) for 3 days.

Bacterial Vaginosis:
Non-pregnant, adult women: 2 g once daily for 2 days taken with food. In pediatric patients older than three years of age and up to 12 years old, the recommended dose is 50 mg/kg (up to 2 g) for 3 days.

The recommended dose in adults is a 2 g single dose taken with food. In pediatric patients older than three years of age, the recommended dose is 50 mg/kg (up to 2 g) for 3 days.

Amebic liver abscess:
Initial U.S. Approval: 2004

Carcinogenicity has been seen in mice and rats treated chronically with tinidazole, and has not been reported for metronidazole, the two drugs are structurally related.

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Amebic liver abscess:
Initial U.S. Approval: 2004

Metronidazole was shown to decrease the clearance of fluorouracil, causing myelosuppression. Reported reactions have ranged in severity from urticaria to Stevens-Johnson syndrome.

The most common adverse reactions in treated patients (incidence ≥2%), which were not identified in the trichomoniasis, giardiasis and amebiasis studies, adverse reactions were reported by 13.8% of 1765 patients.

The use of tinidazole is contraindicated:
• Amebic liver abscess: the recommended dose is 50 mg/kg (up to 2 g) for 3 days.

Adverse reactions in the absence of a proven or strongly suspected bacterial infection at the site of the infection.

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Simultaneous administration of tinidazole and T. vaginalis.

Tinidazole Tablets

Tinidazole is an antiprotozoal, antibacterial agent. The nitro-

ethyl)-2-methyl-5-nitroimidazole, a second-generation 2-methyl-5-nitroimidazole, is marketed under the trade name tinidazole (E. coli). Its mechanism of action is similar to metronidazole and other nitroimidazoles. Tinidazole is active against a wide range of microorganisms, including aerobic and anaerobic bacteria, fungi, and protozoa. It is used primarily to treat infections caused by anaerobic bacteria, such as those found in the mouth, respiratory tract, and gastrointestinal tract. Tinidazole is also effective against a variety of protozoan infections, including Trichomonas vaginalis, Giardia lamblia, and other parasites.

The pharmacokinetics of tinidazole in patients with gastrointestinal disease have been studied. The drug is rapidly absorbed from the gastrointestinal tract and reaches peak concentrations in plasma within 1-2 hours. The peak plasma concentration and area under the concentration-time curve (AUC) are similar for doses of 250 mg and 500 mg. After intravenous administration, the AUC is similar to that after oral administration, indicating that bioavailability is approximately 100%.

Distribution:

Tinidazole is distributed into virtually all tissues and body fluids and crosses the placental barrier. The drug distributes into the breast milk of nursing mothers. The mean milk/plasma ratio of tinidazole is approximately 0.5, indicating that the drug is transferred to the infant.

Metabolism:

Tinidazole is metabolized in the liver and the kidneys. The major metabolite of tinidazole is 5-hydroxytinidazole, which is formed by hydroxylation of the 5-nitro group. The metabolism of tinidazole is mediated by CYP3A4 and other cytochrome P450 enzymes. The plasma half-life of tinidazole is approximately 12 hours, and the half-life of its major metabolite, 5-hydroxytinidazole, is approximately 30 hours.

Elimination:

The elimination of tinidazole is slow and prolonged. The drug is excreted primarily in the feces, with less than 1% of the dose excreted in the urine. The excretion of tinidazole is delayed in patients with renal impairment, with a decrease in the renal clearance of the drug.

The effects of age, gender, and ethnicity on the pharmacokinetics of tinidazole have been studied. In general, no significant differences in the pharmacokinetics of tinidazole were observed between these groups. However, in some studies, a slight decrease in the plasma clearance of tinidazole was observed in elderly patients, possibly due to age-related changes in liver function.

In conclusion, tinidazole is an effective and well-tolerated drug for the treatment of gastrointestinal infections. Its broad spectrum of activity, good oral absorption, and relatively long plasma half-life make it a useful and versatile antibiotic for the treatment of a variety of infections.