Fluconazol und Nystatin

„**Fluconazol** ist wirksam gegen ein breites Spektrum von pathogenen Pilzen, u. a. gegen Candida spp. (außer Candida krusei und Candida glabrata), Cryptococcus neoformans, Epidermophyton spp., Microsporum spp. und Histoplasma capsulatum“. Quelle: http://de.wikipedia.org/wiki/Fluconazol

"**Fluconazole** is effective against a broad spectrum of pathogenic fungi, including against Candida spp. (except Candida krusei and Candida glabrata), Cryptococcus neoformans, Epidermophyton spp., Microsporum spp. and Histoplasma capsulatum".

Fluconazol als Einzelmedikament verordnen, keine Kombination mit Acithromycin oder anderen Makroliden (z.B. Chlarithromycin), keine Kombination mit Chinolonen (z.B. Ciprofloxazin, Levofloxazin) oder Psychopharmaka oder Antikoagulantien oder Sartanen! Dosierung etc.

Fluconazole prescribe as a single drug, no combination with Acithromycin or other macrolides (eg Chlarithromycin), no combination with quinolones (eg ciprofloxacin, levofloxacin) or psychotropic drugs or anticoagulants or sartanes!

Nystatin kann bei oraler Gabe nur lokal im Darm wirken, da es nicht resorbiert wird.

Nystatin can only act locally in the gut after oral administration, because nystatin cannot be absorbed.

Mitrović S, Milosević D, Dankuc D, et al. (2000) Mycotic disease of the mucous membranes of the head and neck. Med Pregl 53(1-2), 85-8. Abstract

Mattman LH (2001) **Cell Wall Deficient Forms. Stealth Pathogens.** CRC Press, 3rd Edition, Fungi, S. 241:
“It should be known that spirochetes may not be seen in a culture containing fungi. We have had experience with two cases.
The first case concerns growth from synovial fluid from a man with severe Lyme arthritis. Nothing was seen in culture except a yeast. When subculturing two special blood agar, the growth was confluent except around nystatin disks. Near the disks there was no apparent growth. However, cultures from the medium by the disks gave growth of B. burgdorferi.
The second case was described by the physician as a very typical lime infection. Cultures in MPM broth showed only growth of Candida albicans during four weeks of examination. At 6 weeks, the yeast had disappeared and only a spirochete was detectable.
At times, spirochetes seen in yeast cells obviously had entered when in granular form”.

Schardt FW (2004) **Clinical effects of fluconazole in patients with neuroborreliosis**. Eur J Med Res 9(7), 334-6. Abstract
“Eleven patients with neuro-borreliosis had been treated with 200 mg fluconazole daily for 25 days after an unsuccessful therapy with antibiotics. At the end of treatment eight patients had no borreliosis symptoms and remained free of relapse in a follow-up examination one year later. In the remaining four patients, symptoms were considerably improved. At the end of therapy immune reactivity (IgM+) disappeared in three patients. Since borrelia spp. are almost exclusively localised intracellular, they may depend on certain metabolites of their eucaryotic host cell. Inhibition of P450 and other cytochromes by fluconazole may incapacitate Borrelia upon longterm exposure”.

Nicula C, Stanila L (2008) Lyme disease--case report. Oftalmologia 52(1), 54-8. Abstract

Schardt FW (2012) **Therapievorschläge bei neurologischen Symptomen einer Lyme-Borreliose**. http://www.neuroborreliose.net/informationen/therapievorschlaege/index.html

Molgaard-Nielsen D, Pasternak B, Hviid A (2013) Use of oral fluconazole during pregnancy and the risk of birth defects. NEJM 369, 830-839. http://www.nejm.org/doi/full/10.1056/NEJMoa1301066
"Oral fluconazole was not associated with a significantly increased risk of birth defects overall or of 14 of the 15 specific birth defects of previous concern. Fluconazole exposure may confer an increased risk of tetralogy of Fallot. (Funded by the Danish Medical Research Council.)"

Hoarau G et al. (2016) **Bacteriome and Mycobiome Interactions Underscore Microbial Dysbiosis in Familial Crohn's Disease**, mBio DOI: 10.1128/mBio.01250-16, dx.doi.org/10.1128/mBio.01250-16
http://mbio.asm.org/content/7/5/e01250-16.abstract
"These results provide insight into the roles of bacteria and fungi in CD and may lead to the development of novel treatment approaches and diagnostic assays."

Sanguinetti M, Posteraro B, Beigelman-Aubry C et al. (2019) **Diagnosis and treatment of invasive fungal infections: looking ahead.** Journal of Antimicrobial Chemotherapy, 74, (2), ii27–ii37, https://doi.org/10.1093/jac/dkz041

➔ von Lilienfeld-Toal M, Wagner J, Einsele H Cornely OA, Kurzai O (2019) **Invasive Pilzinfektionen. Invasive fungal infections - new treatments to meet new challenges.** Dtsch Aerztebl Int 116(16), 271-8 DOI: 10.3238/arztebl.2019.0271