

## New therapeutic applications of ozenoxacin in superficial skin infections

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<https://doi.org/10.4081/dr.2021.9289>

### Supplementary Material

**Table 1. Causal agents of Skin and Soft tissue infections<sup>6</sup>**

| Clinical entity                            | Frequent microorganisms   | Less frequent or rare  |
|--|---|--|
| Subcutaneous abscesses                     | <i>S. aureus</i> . Mixed aerobic/anaerobic flora  | <i>S. pyogenes</i>   |
| Carbuncle and cutaneous anthrax            | <i>B. anthracis</i>   |  |
| Cellulitis (Erysipelas and lymphangitis)   | <i>S. aureus</i> . <i>S. pyogenes</i>   | <i>Streptococci B, C and G. S. pneumoniae. H. influenzae type B. E. coli</i> and other <i>Enterobacteriaceae</i> <i>A. hydrophila. Y. enterocolitica. V. vulnificus</i> and other vibrios. |
| Cellulitis secondary to animal bite        | Oropharyngeal aerobic and anaerobic pharyngeal flora. <i>S. aureus</i> , <i>S. intermedius. Pasteurella</i> | <i>BGN. Actinobacillus. Bergelyella zoohelcum. Capnocytophaga canimorsus.</i> Other microorganisms.  |
| Necrotizing cellulitis and fasciitis       | Mixed aerobic and anaerobic flora. <i>S. pyogenes. Clostridium.</i>   | <i>S. aureus</i> and other bacteria  |
| Ecthyma                                    | <i>S. pyogenes. P. aeruginosa</i>   | <i>Aeromonas. S. aureus</i>  |
| Perianal dermatitis                        | <i>S. pyogenes</i>  | <i>S. aureus</i>   |
| Erythrasma                                 | <i>C. minutissimum</i>  |  |
| Folliculitis, furuncle                     | <i>S. aureus</i>  | <i>P. aeruginosa. C. albicans. M. furufur</i>  |
| Non-bullous impetigo                       | <i>S. aureus, S. pyogenes.</i>  | <i>Bacillus cereus</i>   |
| Bullous impetigo and Scalded skin syndrome | <i>S. aureus</i>  |  |
| Hidrosadenitis suppurativa                 | <i>S. aureus</i>  | <i>Oropharyngeal anaerobic flora. BGN. S. viridans.</i>  |
| Omphalitis                                 | <i>S. aureus. S. pyogenes</i>   | <i>BGN</i>   |
| Paronychia                                 | <i>S. aureus.</i> Oropharyngeal flora   | <i>E. corrodens. HSV. Enterobacteriae</i>  |
| Pyomyositis                                | <i>S. aureus</i>  | <i>S. pyogenes.</i>  |

**Table 2 Characteristics of the different topical antibiotics<sup>6</sup>**

|              | <b>Mechanism of action</b>  | <b>Antibacterial activity</b>  | <b>Pediatric age</b>  | <b>Posology</b>   |
|--------------|-----------------------------|--|---|-------------------|
| Mupirocin    | Bacteriostatic/bactericidal | Active in front of <i>S. aureus</i> and <i>S. pyogenes</i>                                       | No age limit in SmPC  | t.i.d. 7-12 days  |
| Fusidic Acid | Bacteriostatic/bactericidal | Active in front of <i>S. aureus</i> and <i>S. pyogenes</i>                                       | No age limit in SmPC  | t.i. d. 7-12 days |
| Retapamulin  | Bacteriostatic              | Active in front of Gram-positive cocci. Not on MRSA  | From 9 months on  | b.i.d. 5 days     |
| Ozenoxacin   | Bactericidal                | Active on <i>S. aureus</i> (including MRSA), <i>S. pyogenes</i> and some Gram-negative bacteria. | From 6 months on in EU. From 2 months on in USA and Canada. | b.i.d. 5 days     |

**Table 3: Baseline characteristics of the patients**

| <b>Characteristics</b> |                   |
|------------------------|-------------------|
| Age (years)            | 8.3 (range 3-14)  |
| Sex, male: female      | 12 (75%): 4 (25%) |
| Clinical picture       |                   |
| • Paronyquia, whitlows | 13 (81.25%)       |
| • Folliculitis         | 2 (12.5%)         |
| • Piercing infection   | 1 (6.25%)         |

**Pictures of the cases at baseline (left) and after 5 days twice a day ozenoxacin therapy (right)**

Patient 1



Patient 4



Patient 5



Patient 6





Patient 7



Patient 8



Patient 11



Patient 12



Patient 14



Patient 16

