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Mupirocin vs terbinafine in impetigo

Ergin Ciftci [1], Haluk Guriz, Ahmet Derya Aysev

Affiliations

Affiliation

1 Pediatric Clinic of Elmadag State Hospital, Ankara, Turkey. erginciftci@doctor.com

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Abstract

Objective: Terbinafine is an antifungal drug known to have also antibacterial activity against certain Gram-positive and Gram-negative bacteria. It seems that antibacterial and antifungal activity of terbinafine may have an advantage in the treatment of mixed fungal and bacterial superficial skin infections. Nevertheless, clinical relevance of the antibacterial part of its action has not been investigated efficiently. To compare the efficacy and safety of terbinafine with those of mupirocin, which has already proven antibacterial action, in the treatment of impetigo.

Methods: Children clinically diagnosed as having impetigo were treated with topical mupirocin or topical terbinafine in a randomized fashion. Patients' lesions were examined clinically on days 0, 4, 7, 10 and bacteriologic cultures were obtained on days 0 and 10.

Results: A total of 62 patients were included in the study. Forty-eight of these patients were eligible for the efficacy and safety analysis. Twenty-five and 23 patients were treated with mupirocin and terbinafine, respectively. The clinical cure rates were 100% for the mupirocin group and 70% for the terbinafine group ($p < 0.05$). The bacteriological eradication rate for mupirocin-treated children was 100% and that for terbinafine-treated children was 78% ($p < 0.05$). Presence of bullous lesions appeared to be a factor for poor clinical outcome in the terbinafine group. Mild local adverse effects were noted in a small percentage of patients in each group.

Conclusion: Antibacterial activity of terbinafine is not strong enough to be an alternative in the treatment of impertigo. It is advisable that terbinafine could be used in combination with an antibacterial drug for superficial skin infections caused by both fungi and bacteria.

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