Unipen advertisement.

[s.l.]: [s.n.], 1963

because more osteomyelitis is becoming penicillin-resistant

The value of penicillin in acute and chronic osteomyelitis is steadily decreasing with the growing emergence of penicillin-resistant organisms.[1, 2] Smith,[3] for example, reports that among a group of 30 osteomyelitis patients, 26 were *chronically* ill.

infections caused by resistant staphylococci

Among Smith's 30 osteomyelitis patients treated in a preliminary study, 26 suffered from chronic osteomyelitis, 4 from acute. In all cases, cultures showed the offending organism to be coagulase-positive *Staph. aureus* resistant to penicillin G. Unipen was given, primarily by mouth, in 3 to 9 Gm. daily doses for 3 to 18 months.

27 of 30 patients cured or improved in continuing study

Smith reported that all four patients with *acute* osteomyelitis were successfully treated. For the 26 *chronic* patients, the following results were noted.

Completed Course of Therapy: complete remission, 12 • marked improvement, 1 • relapse, then improvement, 1 • failure, 1

Still Receiving Therapy: improved, 9

Therapy Stopped Prematurely: dermatologic side effects, 2

These encouraging results, according to Smith, should prompt more extensive and comprehensive studies.

new

INJECTION CAPSULES

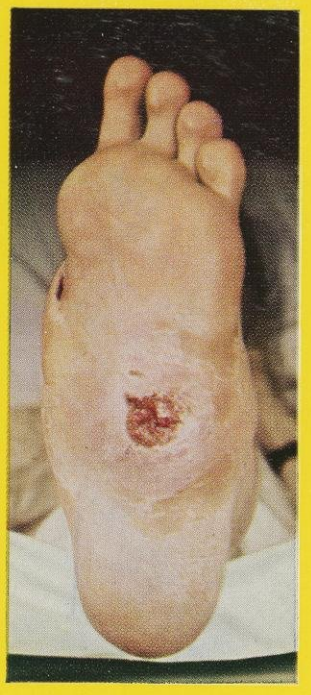
UNIPEN®

sodium nafcillin

Wyeth® SERVICE TO MEDICINE

Wyeth Laboratories
Philadelphia, Pa.

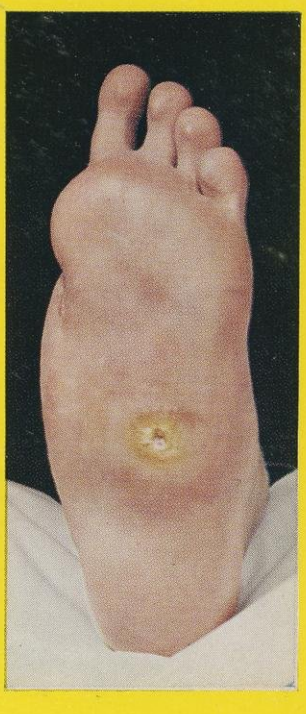
DECEMBER, 1963 →



In December, 1962, a penicillin G-resistant *Staph. aureus* infection of the great toe developed into osteomyelitis, necessitating amputation of the toe, January, 1963. By March, osteomyelitis developed in the same foot, destroying metatarsal and tarsal bones. Antibiotic therapy and surgery proved ineffective. In December, 1963, amputation of the foot was postponed for trial of Unipen.

—*Smith, L. G.:*
Case report on file
Wyeth Laboratories

AUGUST, 1964 →



As early as two months after initiation of Unipen therapy, lesion began to heal and granulate. By May, 1964, patient was ambulatory, with lesion continuing to heal. Initial Unipen dosage was 4 Gm. daily for one month, then 3 Gm. daily after cultures proved sterile. Concomitant therapy comprised excision and drainage in one area of sterile abscess above ulcer on lateral aspect of foot. Abscess has not recurred.

—*Ibid.*

—consider Unipen

précis. Precautions: Unipen (Sodium Nafcillin, Wyeth) is not indicated in the treatment of minor or trivial infections. Although proven to be effective, sodium nafcillin should be withheld and other agents (if any) used in the treatment of minor infections. Reactions to sodium nafcillin have been infrequent and mild in nature. As with other penicillins, the possibility of an anaphylactic reaction should be considered. A careful history should be taken. Patients with histories of hay fever, asthma, urticaria, or previous sensitivity to penicillin are more likely to react adversely. If an allergic reaction should occur, the drug should be discontinued, and the usual agents (antihistamines, pressor amines, corticosteroids) should be available for emergency treatment. Penicillinase would probably be ineffective for the treatment of allergic reactions.

The same precautions against the occurrence of gastrointestinal superinfection with fungi or other enteric pathogens should be observed when using sodium nafcillin as with other antibiotics that alter the intestinal flora.

Safety for use in pregnancy has not been established.

The few reactions associated with the intramuscular use of sodium nafcillin have been skin rash, pruritus, and possible drug fever. As with other penicillins, reactions from oral use of the drug have included nausea, vomiting, diarrhea, urticaria, and pruritus. Particular care should be taken with intravenous administration since thrombophlebitis has been observed.

Contraindicated in individuals with known sensitivity to penicillins.

Supplied: Injection Unipen (sodium nafcillin) 0.5 Gm. (500 mg.) per vial. Capsules Unipen (sodium nafcillin) 250 mg., vials of 24.

1. Gilmour, W.N.: J. Bone & Joint Surg. *44B*:841 (Nov.) 1962. 2. Hall, J.E., and Silverstein, E.A.: Pediatrics *31*:1033 (June) 1963. 3. Smith, L.G.: Antimicrobial Agents and Chemotherapy, 1963, Ann Arbor, Mich., American Society for Microbiology, p. 311; Scientific Exhibit, Clinical Convention, Am. Med. Assoc., Miami Beach, Nov. 29-Dec. 2, 1964.