

The logo of Galgotias University is a stylized 'G' composed of three curved, overlapping bands in shades of yellow, blue, and red, set against a light pink circular background.

# Tetracycline

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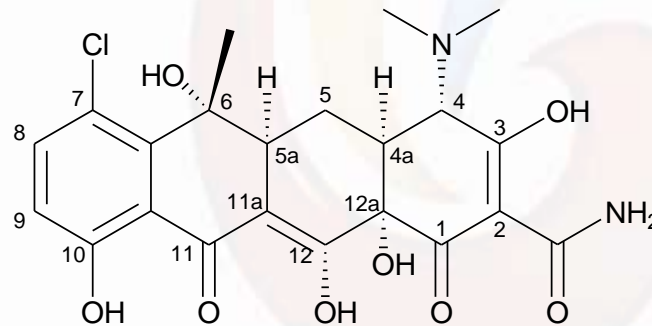
## **Disclaimer**

All the content material provided here is only for teaching purpose.

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# Tetracyclines

- Are bacteriostatic antibiotics having broad spectrum of activity.
- Isolated from *Streptomyces bacteria*.
- First one isolated was chlortetracycline (1948).



Chlortetracycline

- They inhibit protein biosynthesis by binding to 30s ribosomal subunit and prevent aminoacyl tRNA from binding to the A-site.

# Mechanism of action

- Tetracyclines could inhibit protein synthesis in human, but they normally can not penetrate the mammalian cell membrane.
- The transport of tetracycline into the cell (especially the gram –ve bacteria) needs:
  1. a passive diffusion through porines, this process is pH dependent and required proton-driven carrier protein. This protein is only present in bacteria not in human cell.
  2. Active transport: requires  $Mg^{++}$  and ATP.
- This is why tetracyclines are quite selective on the bacterial cell.

# Clinical uses of tetracyclines

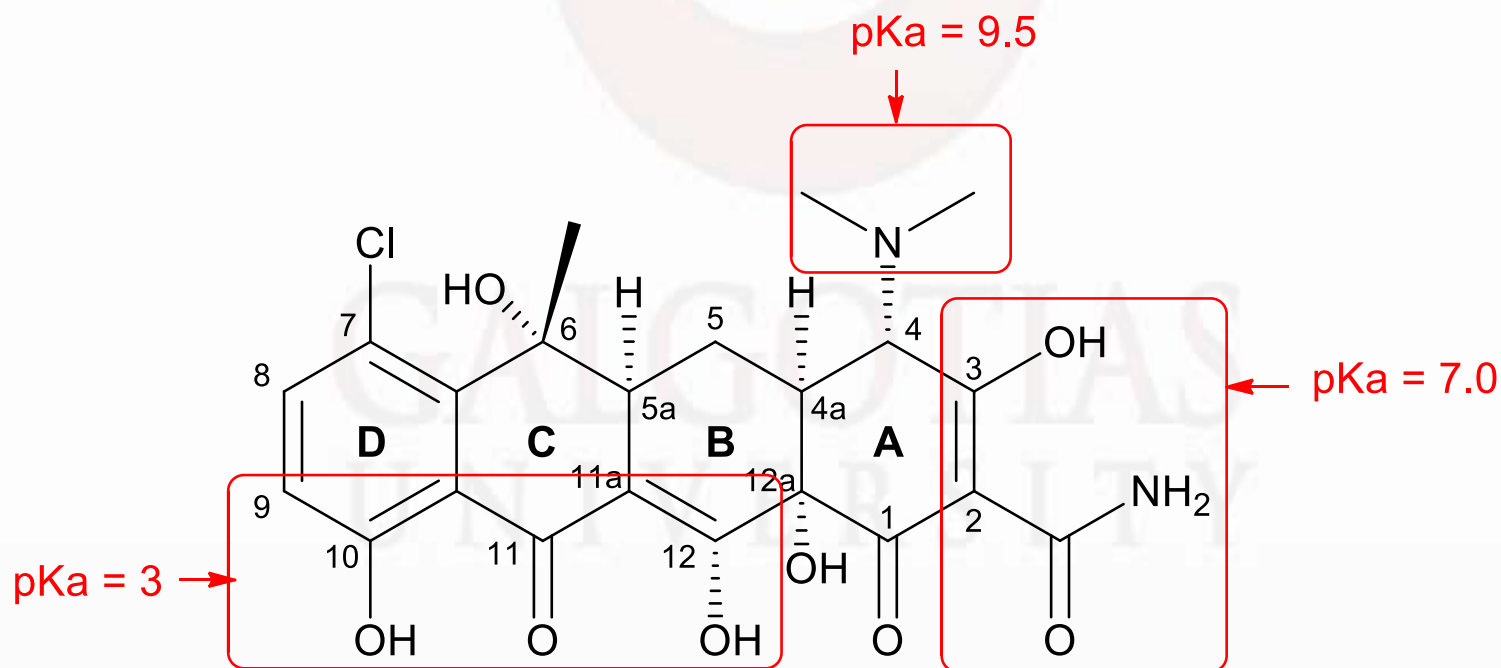
- They have the broadest spectrum of activity, on both gram +ve, gram – ve and atypical bacteria.
- Resistance has been developed rapidly against tetracyclines, as a result of that penicillins have replaced them in many infections, especially the respiratory infections.
- Tetracyclines are still used in rickettsia, Chlamydia, mycoplasma and acne infections.
- Some of them have antiparasitic properties such as the use of Doxycycline in the treatment and prophylaxis of malaria.
- They have bacteriostatic action, not recommended in life threatening infections such as septicemia, endocarditis and meningitis

# Clinical uses of tetracyclines

- Tetracyclines should be avoided in children and pregnant women: they bind to the growing teeth and bones.... Lead to tooth discolorations and toxicity in fetus.
- Tetracyclines can be divided according to the duration of action into:
  1. Short acting: chlortetracycline ( $t_{1/2} = 7\text{hr}$ ).
  2. Intermediate acting: tetracycline and demeclocycline ( $t_{1/2}$  10-15hr).
  3. Long acting: Doxycycline and minocycline ( $t_{1/2} = > 16\text{hrs}$ )

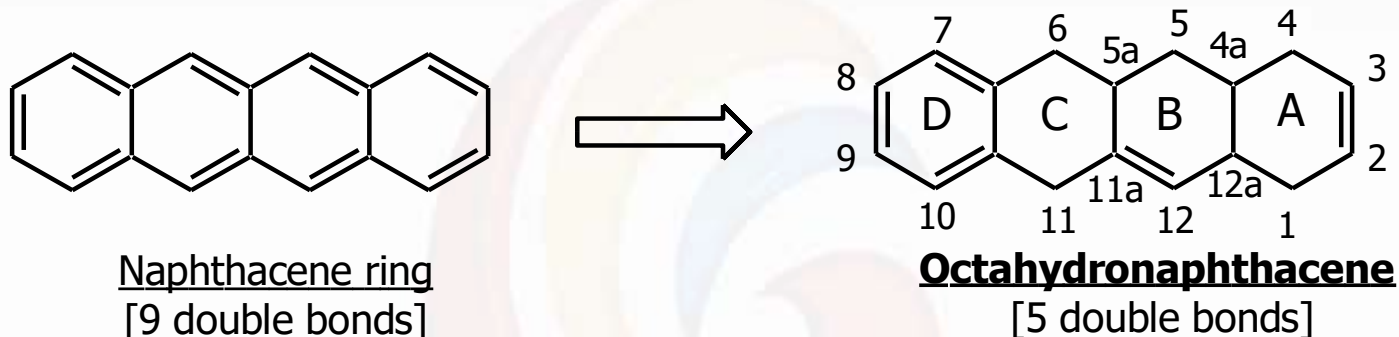
# Tetracycline chemical structure

- They are derivatives of octahydronaphthacene which comprise four fused six-membered rings.
- The structure have 5 or 6 chiral centres.
- They have acidic and basic characteristics.

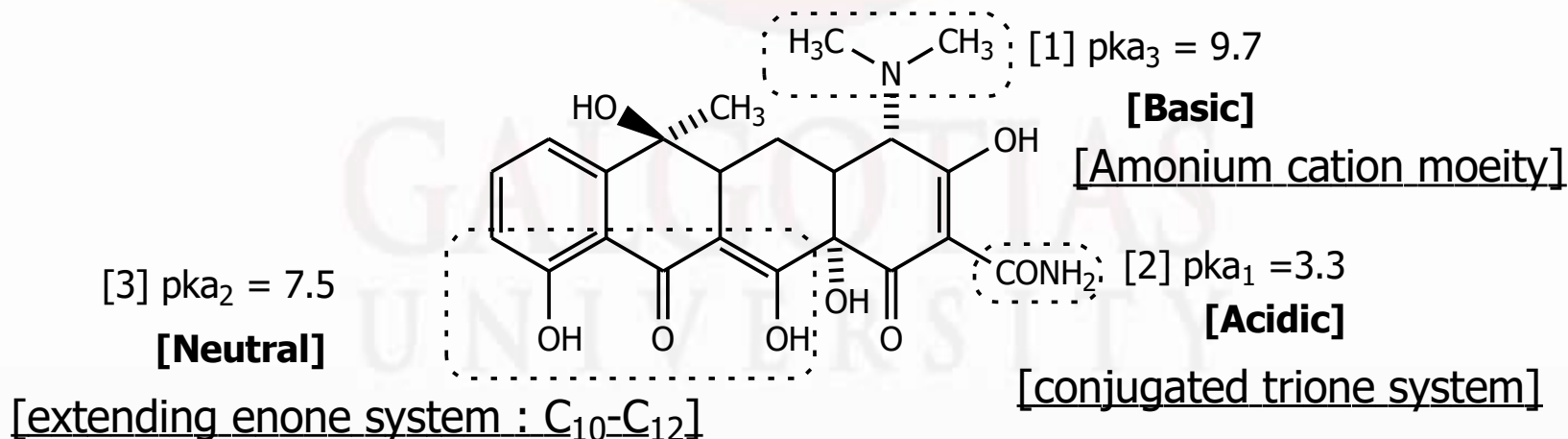


## Chemical properties:

- Derived from Octahydro Naphthacene ring system:



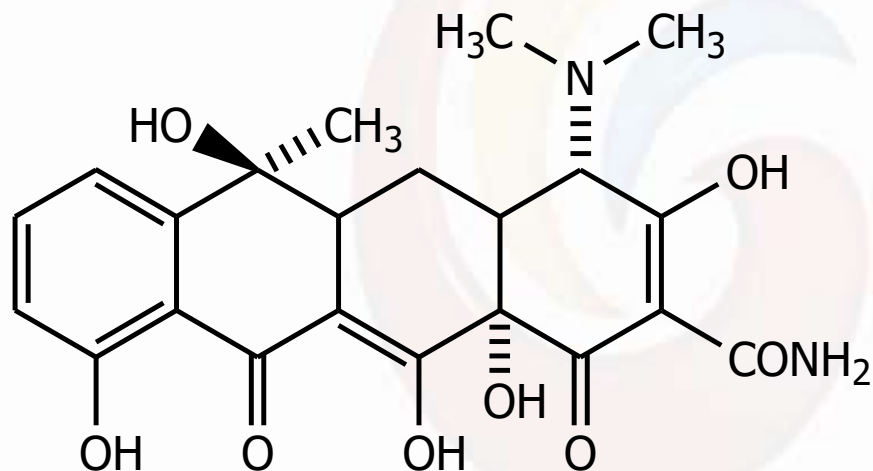
They are amphoteric substances: [form salts with acids or bases].  
They are with 3 pka values:





- Commercially available tetracyclines are relatively **water-soluble HCl salts**.

## Tetracycline



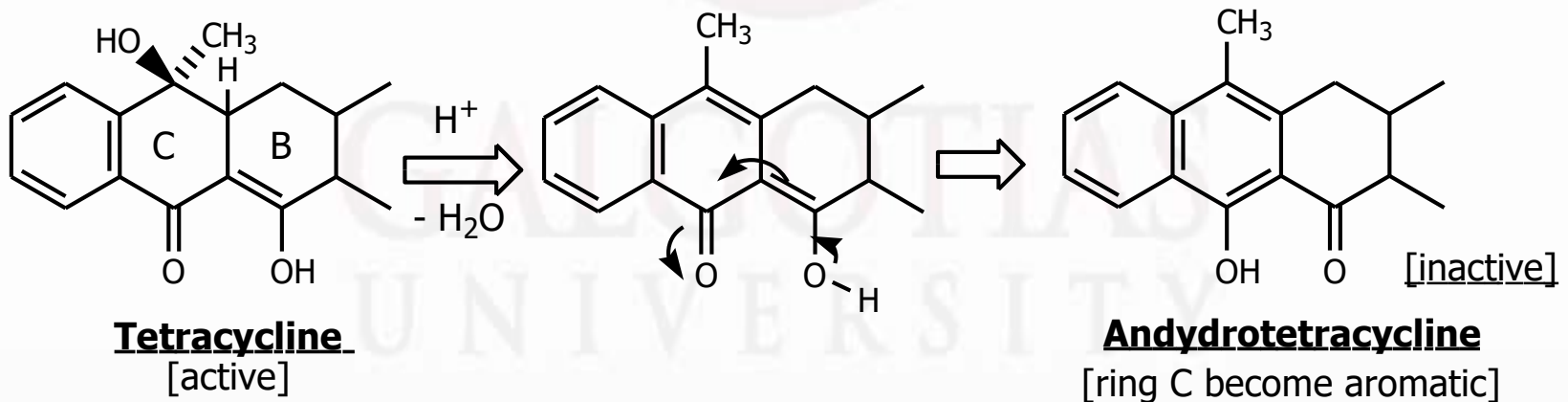
4- $\alpha$ -dimethyl amino-1,4,4a,5,5a,6,11,12a-octahydro-3,6,10,12,12a-pentahydroxy-6-methyl-1,11-dioxo-2-Naphthacene Carboxamide.

# Chemical stability of Tetracyclines

## [1] Action of acids :

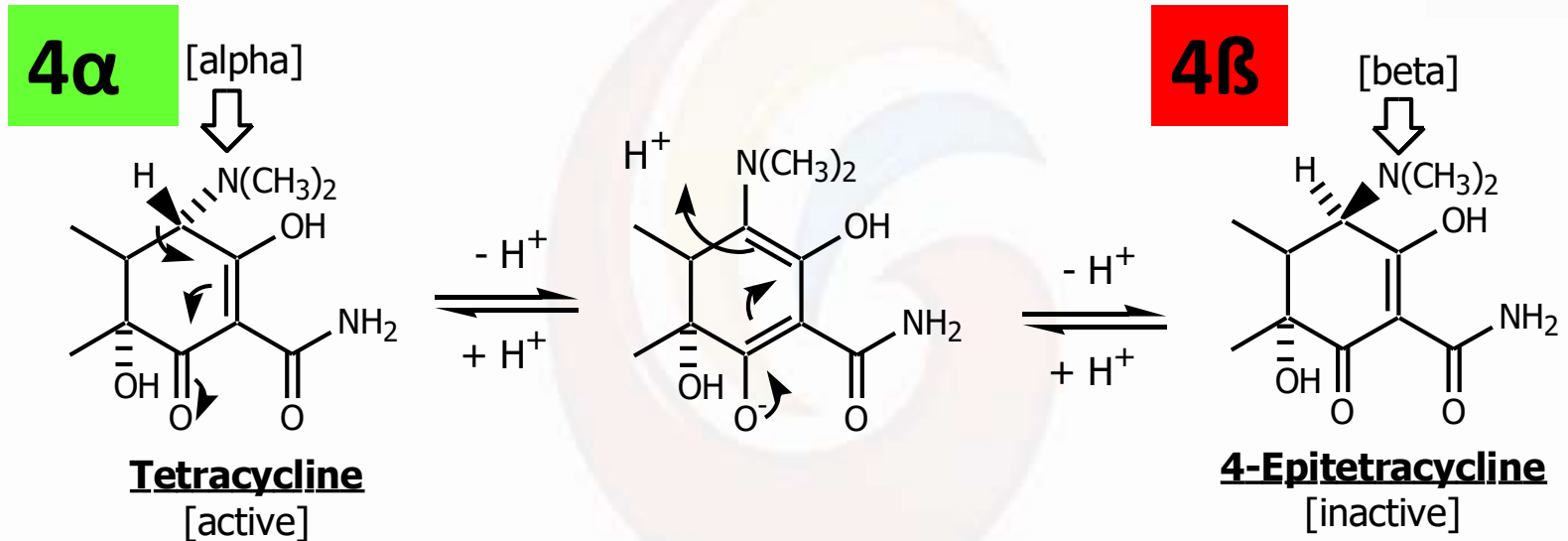
→ **Dehydration [at C6]** followed by **Aromatization of ring C**

- ▶ Occur in presence of strong acids pH < 2 [stomach acidity]: **[for tetracyclines with 6-OH in the form of tertiary alcohol]**
- ▶ Dehydration by removal of 6-OH [if 3ry OH] → double bond formation between C5a & C6 Aromatization of ring C → Naphthalene derivative: Anhydrotetracycline [inactive]
- ▶ If tetracycline with 2ry 6-OH → more stable ≠ dehydration.



## [2] Epimerization: [at C4]

Occur at intermediate pH [**pH= 2 – 6** i.e. weak acidity] especially in solutions.  
Leads to formation of **4-Epitetracycline** [with  $\beta$ -configuration]  $\rightarrow$  Inactive.

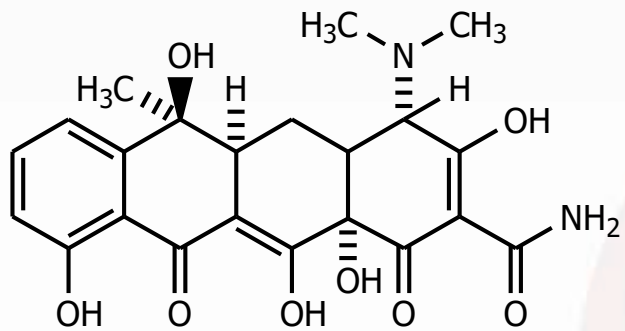


**Presence of Epitetracycline is not recommended for two reasons:**

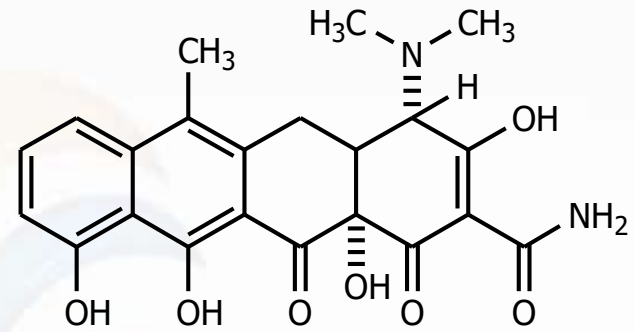
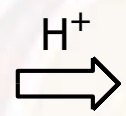
1- Epitetracycline is inactive. So, capsules are overfilled by about 15% excess during manufacture to give longer half life.

2- Dehydration in acidic medium  $\rightarrow$  4-Epianhydrotetracyclines [which is **nephrotoxic** degradation product].

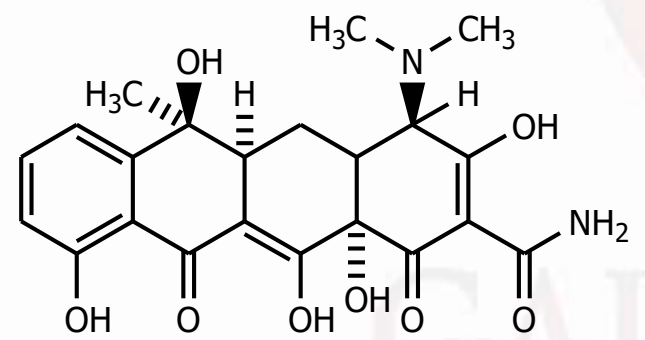
So, commercial tetracyclines products must be tested for the presence of 4-Epianhydrotetracycline.



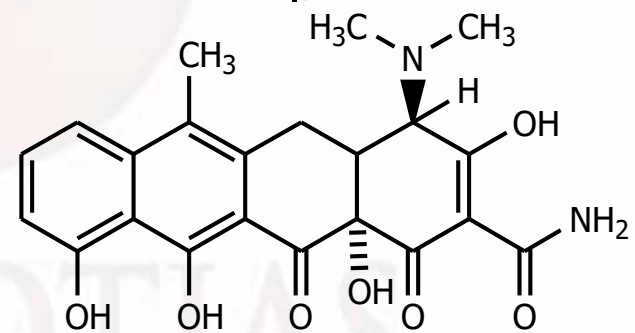
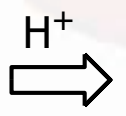
Tetracycline  
[active]



Anhydrotetracycline  
[inactive]



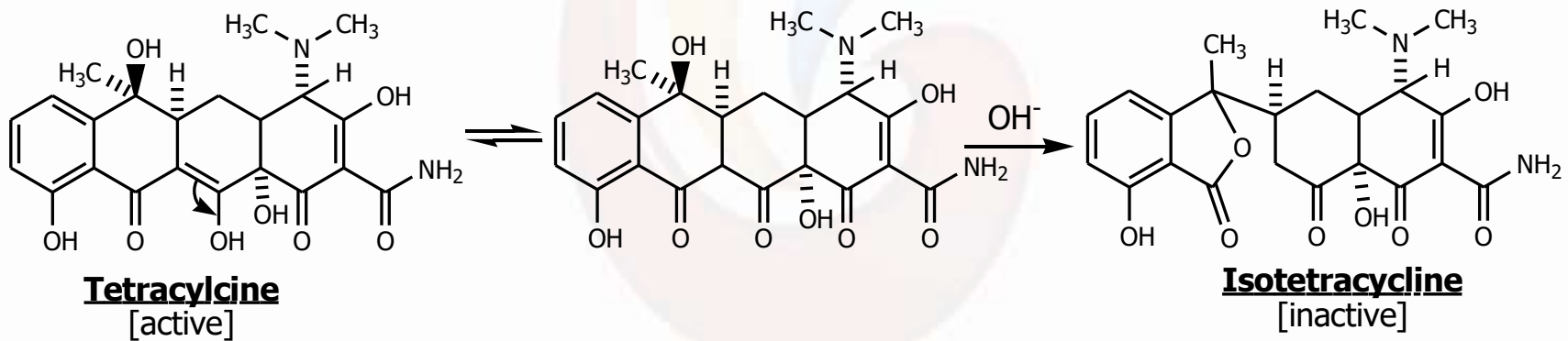
4-Epitetracycline  
[inactive]



4-Epianhydrotetracycline  
[inactive + renal toxic]

### [3] Action of bases : [Base-catalyzed instability] : = Lactonization

➤ Strong bases → cleavage of ring C in tetracyclines having 6-OH → Isotetracycline [lactonic product] which is inactive.



Tetracyclines with no 6-OH :

1- Resist actions of acids & bases.

2- Higher lipid solubility & so, better absorption.

## [4] Chelation & Incompatibility

(1)- Tetracyclines form chelation by forming insoluble non-absorbable salts in GIT with poly valent metal ions [as  $\text{Fe}^{+2}$ ,  $\text{Ca}^{+2}$ ,  $\text{Mg}^{+2}$ ,  $\text{Al}^{+3}$ ].

They are incompatible with :

▶ Milk : by chelation with  $\text{Ca}^{+2}$  ↓ absorption of tetracyclines & ↓ absorption of  $\text{Ca}^{+2}$

▶ Antacids : as  $\text{Mg}(\text{OH})_2$  &  $\text{Al}(\text{OH})_3$ .

▶ Anti-anemics [agents with  $\text{Fe}^{+2}$ ].

**So, to avoid that take iron preparation 1 hr before or 2 hrs after taking tetracyclines.**

(2)- They are painful upon I.M. injection: due to chelation with  $\text{Ca}^{+2}$  present in muscles → insoluble complex → precipitation → pain & irritation.

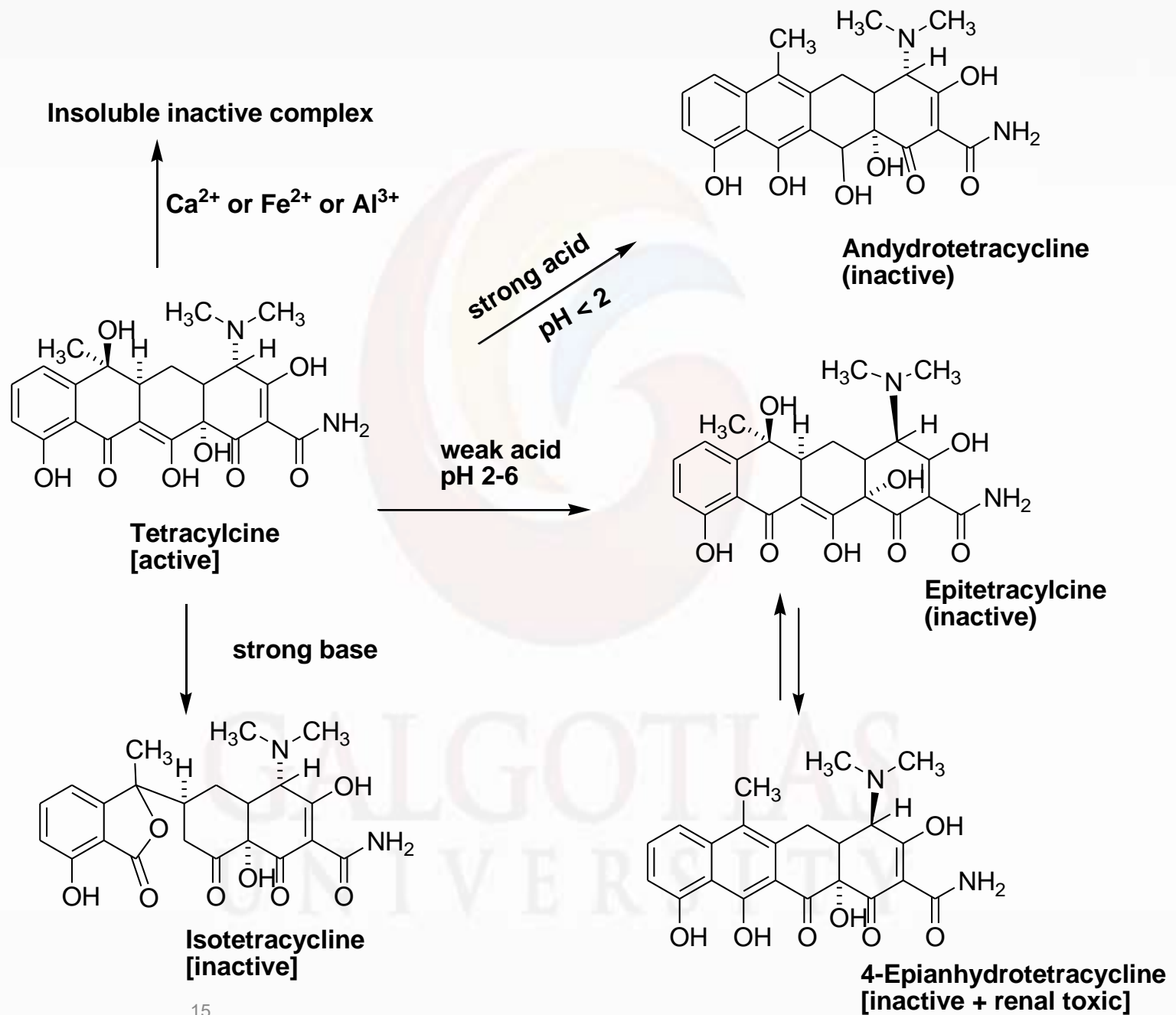
So, to solve this problem.

Add EDTA to injectable product [to form water soluble complex with  $\text{Ca}^{+2}$  & so, no available  $\text{Ca}^{+2}$  for chelation].

Buffer solution at acidic pH [chelation is less & water solubility of the complex ↑↑]

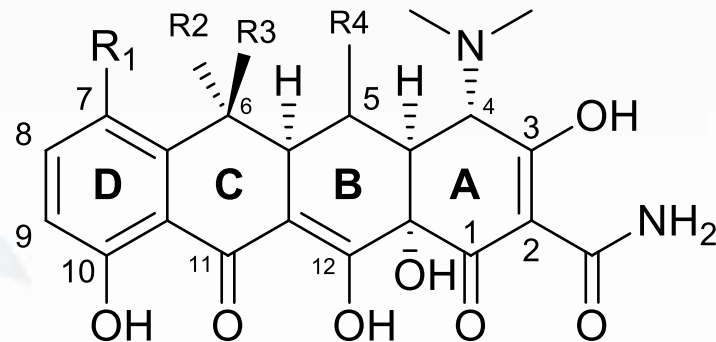
(3)- They are not recommended for pediatrics or children: this is due to chelation with  $\text{Ca}^{+2}$  making insoluble complex that precipitate in teeth making dark colored teeth & deprive bones & teeth from  $\text{Ca}^{+2}$ .

**Tetracyclines is not given to children 6-12 years (discoloration for teeth), pregnant or lactating mothers.**



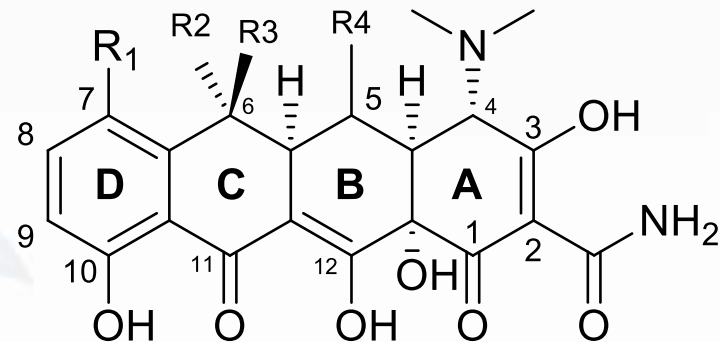
# SAR in tetracyclines

- Derivatives with less than four fused rings were inactive.
- The simplest structure with retained activity was 6-demethyl-6-deoxytetracycline.
- Substituents at C1,2,3,4,10,11,11a,12 can not be modified for better activity.
- Slight modifications on ring A found tolerable without dramatic loss in activity.





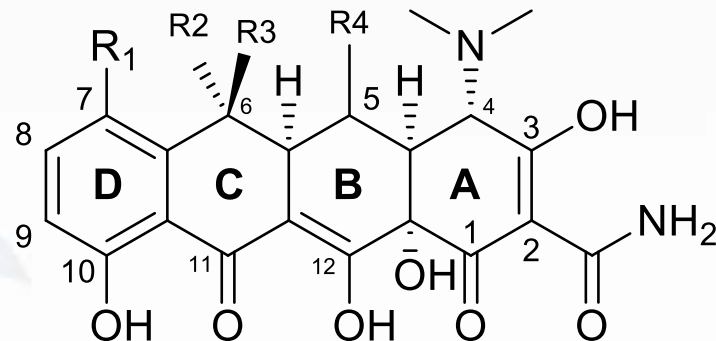
# SAR in tetracyclines



- Regarding Ring A:
  - The enolized carbonyl system between C1 and C3 is essential for activity and can not be modified especially the amide group:
    1. Replacement of the amide with nitro or aldehyde abolished the activity.
    2. Monoalkylation of the amide reduced the activity.
  - Dimethylamino at C4 can be free amine or *N*-methylamino, but can not accept larger alkyl than methyl.
  - Dimethylamino must have an  $\alpha$ -orientation, the other isomer is much less active.

# SAR in tetracyclines

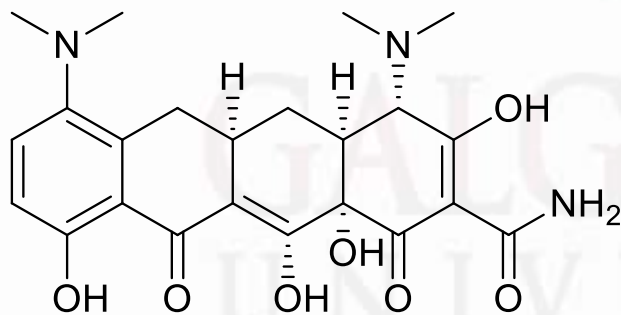
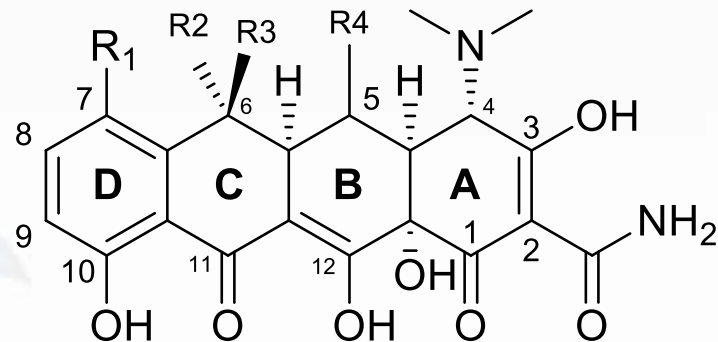
- Ring A and B should have cis-fusion with OH at C12a.
- OH group at C12a must be free, esterification abolished the activity.
- Hydrophobic substitution at C5,5a,6,7,8,9 resulted in retention and sometimes improvement in activity.
- The presence of 5-OH does not have important role in activity (such as in demeclocycline and oxytetracycline compared to minocycline and doxycycline)



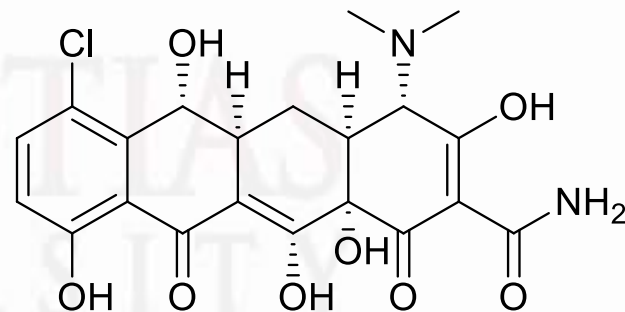
# SAR in tetracyclines

- Acid stable scaffold (6-deoxy or 6-demethyl-6-deoxytetracyclines)

were used to prepare derivatives with mono and disubstitutions at C7 (mainly) and C9... either EDG or EWD:



Minocycline



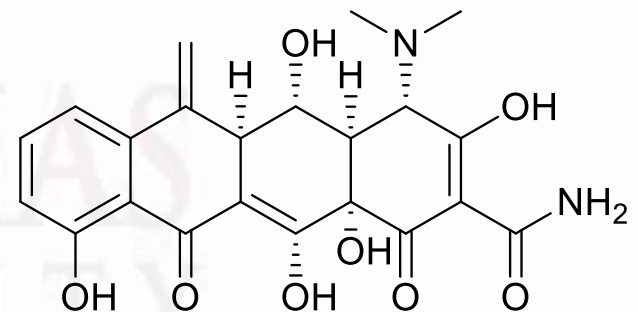
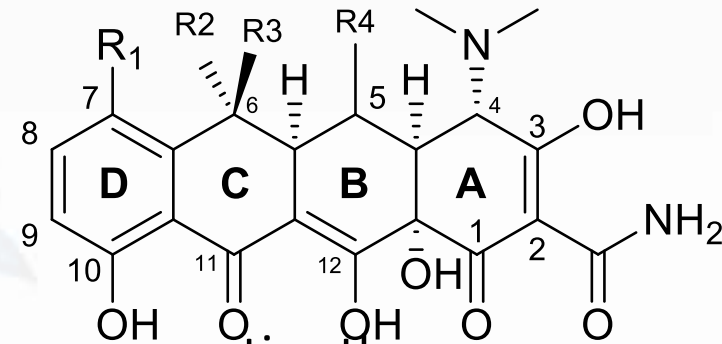
Demeclocycline

# SAR in tetracyclines

- Neither 6 $\alpha$  nor 6 $\beta$ -OH is essential

for activity (Doxycycline and methacycline are more active than oxytetracycline).

- These derivatives are also more stable toward acid and base inactivation.
- More lipid soluble... better absorbed orally (>90% orally available).
- High protein binding... have long duration of action.



Methacycline

$t_{1/2} = 12$  hrs

more potent than 6-oxytetracycline

# SAR:

4 linear rings are essential.

\* Derivatives with < 4 rings are inactive.

\* Opening of rings or aromatization of additional rings give inactive compounds.

**Hydrophobic region [C<sub>5</sub>-C<sub>9</sub>]**

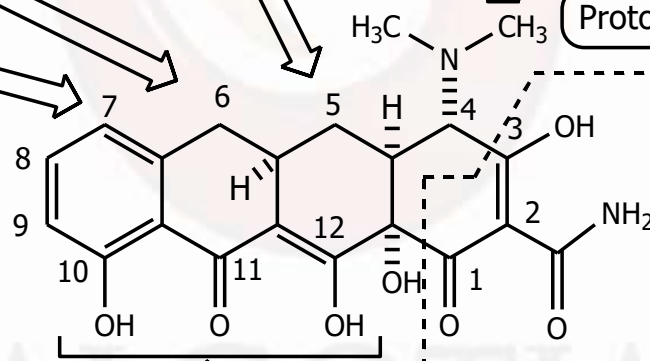
6 alpha-methyl & 6 beta-OH are NOT essential

strong e-withdrawing group at C<sub>7</sub> enhance activity [as Cl, NO<sub>2</sub>] OR strong e-donating group [as dimethyl amino] : **increase activity**

removal of 5-OH : give 5-deoxy compound [not affect activity]

4-**alpha** dimethyl amino is essential for activity that it forms zwitterion which is for optimum distribution

Protonated dimethyl amino enhance activity



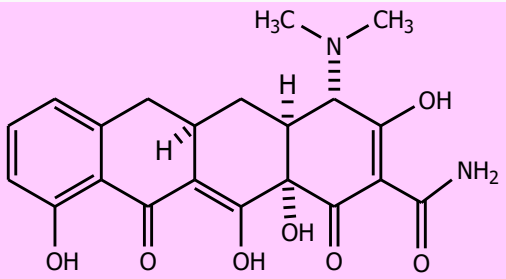
Phenoldiketone moiety is essential

Conjugation between C<sub>10</sub>-C<sub>12</sub> is essential

Presence of enolized tricarbonylmethan system at C<sub>1</sub>-C<sub>3</sub> is essential for activity

Carbonyl gp of amide at C<sub>2</sub> is essential.

one amide H atom may be replaced, but if both; inactive



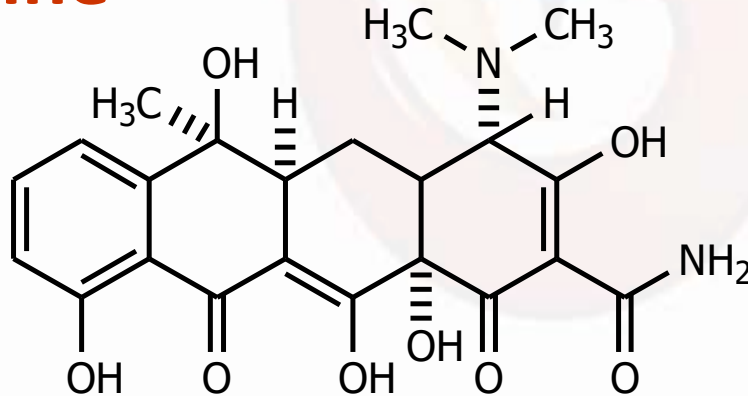
## Sancycline

➤ Pharmacophore of this group is Sancycline [it's with full biological activity but clinically Not important antibiotic].

## Classes of Tetracyclines

### [I] Natural Tetracyclines

## Tetracycline



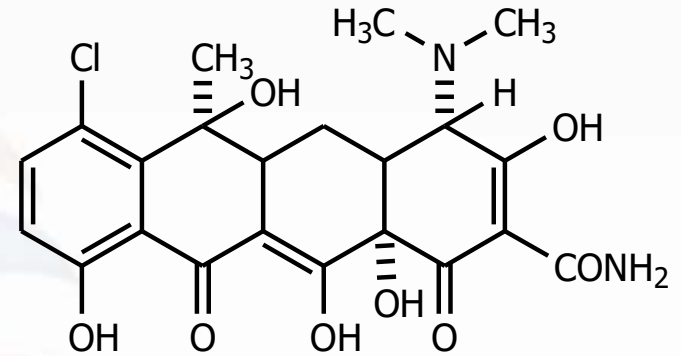
- (1) Produced by fermentation of *Streptomyces aureofaciens* OR by catalytic reduction of chlorotetracycline.
- (2) Most widely used in tetracyclines, cheap antibiotic.
- (3) Its blood level after oral administration is irregular; due to inactivation by acidic medium in stomach or basic medium in intestine.
- (4) The drug of 1<sup>st</sup> choice in ACNE.

# Chlorotetracycline

► Isolated from *Streptomyces aureofaciens*.

7-chloro is e-withdrawing group that ↑ activity.

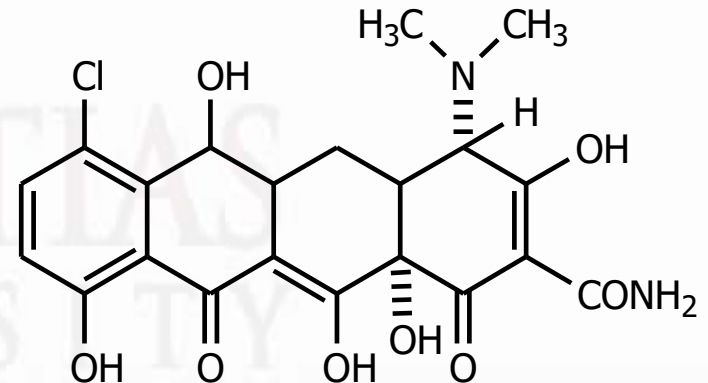
► It's used as chlorotetracycline HCl orally as CAPSULES to avoid bitter taste. & may be administered parentrally [I.V].



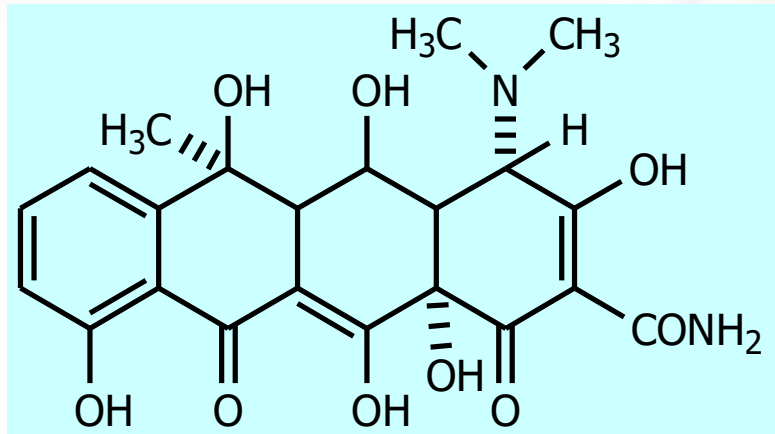
# Demeclocycline

► Produced by fermentation of mutant strain of *Streptomyces aureofaciens*.

► It lacks 6-methyl of tetracycline → present as 2ry alcohol → more stable > tetracycline & chlorotetracycline to both acids & bases.



# Oxytetracycline[Terramycin®]



Produced by fermentation of *Streptomyces rimosus* & other soil m.o.  
The most hydrophilic tetracycline.

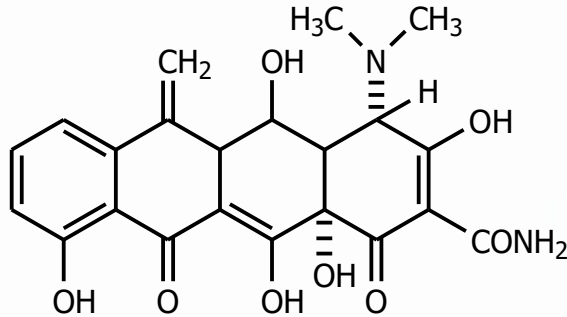
**\*\*Note that:**

- (1) All tetracyclines concentrate in liver → part metabolized & conjugated to form soluble glucuronides.
- (2) Most tetracyclines → reabsorption in intestine & enter urine by glumerular filtration.



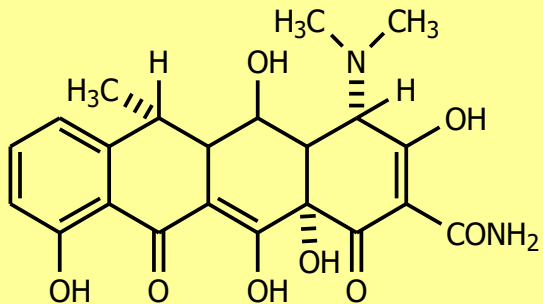
## [II] Semi-synthetic Tetracycline

### Methacycline



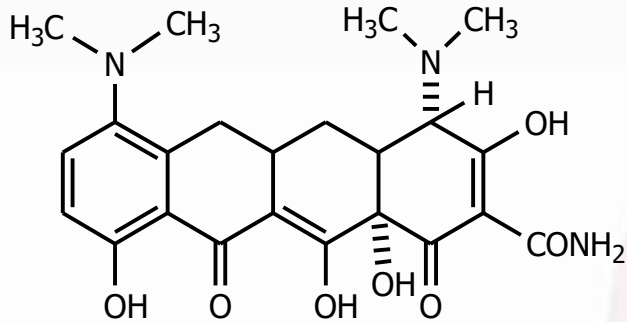
- ▶ Produced by chemical modification of Oxytetracycline.
- ▶ Removal of 6-OH → ↑ stability ≠ acids & bases → **longer serum  $t_{1/2}$**
- ▶ The chemical precursor for Doxycycline.

### Doxycycline [Vibramycin®]



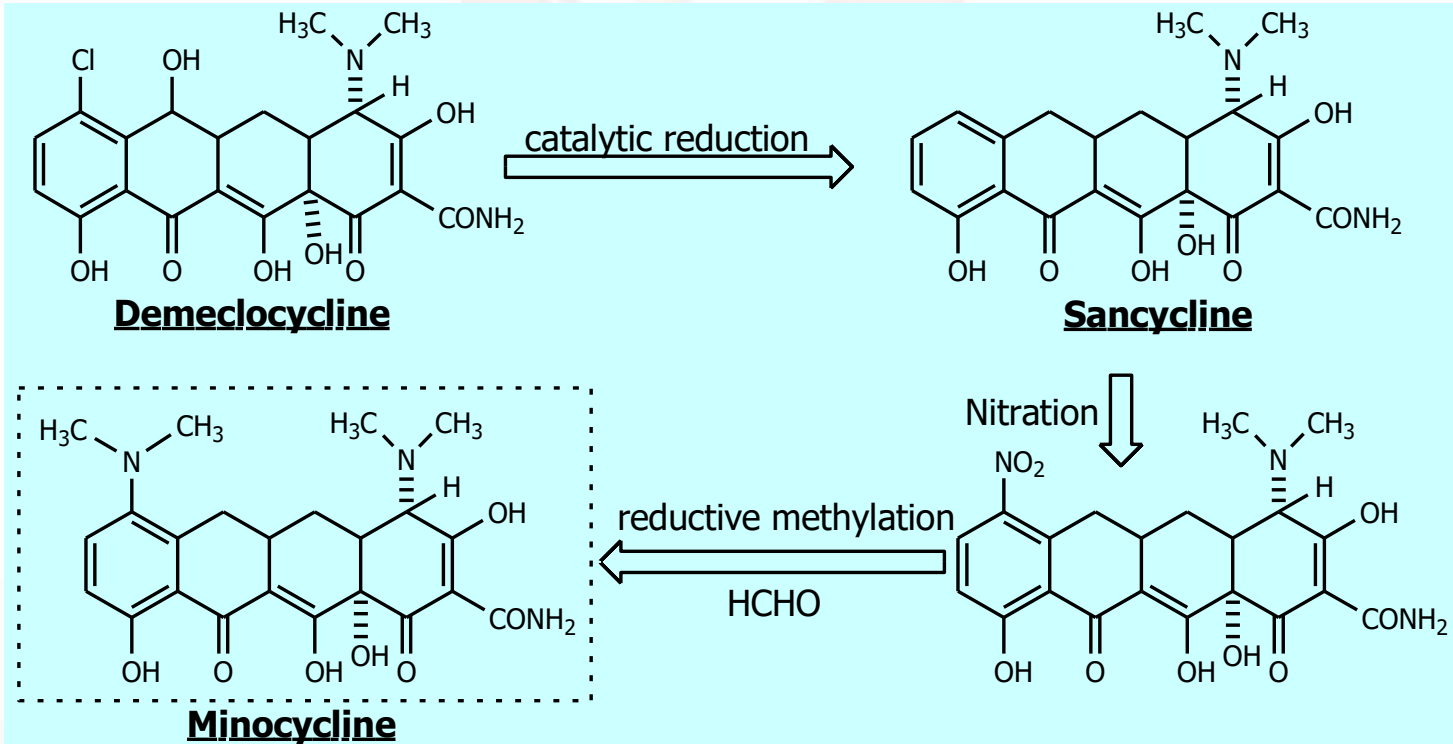
- 1- One of the most important of current tetracyclines.
- 2- Its metabolite is preferentially **excreted via bile into faces**
- 3- Can be given to **uremic patients** with infections outside urinary tract. It causes ↓ GIT disturbance.

# Minocycline



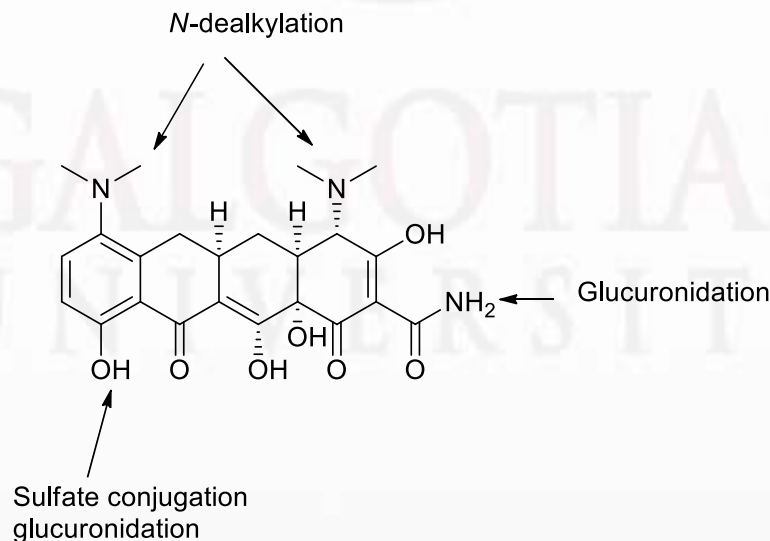
- ▶ Minocycline is the **most lipid-soluble** of the tetracycline-class antibiotics, giving it the greatest penetration into the prostate and brain.
- ▶ But also the greatest amount of central nervous system (CNS)-related side effects, such as vertigo .

## Semi-synthesis: From Demeclocycline



# Metabolic transformations in tetracyclines

- Most of them are excreted unchanged in urine.
- Sulfate and glucuronide conjugates were detected in urine especially for Doxycycline and minocycline.
- The major metabolite found to be the *N*-dealkylated at C4, and to a little extent at C7 (for minocycline).



## Reference

- William O. Foye., Textbook of Medicinal Chemistry, Pg. no: 1089 -1106
- Sriram., Medicinal Chemistry, Pg. no: 295-309.
- Kadam., Textbook of Medicinal Chemistry, Pg. no: 68-82.
- Ilango., Principles of Medicinal chemistry(vol.1), Pg. no: 121-143.
- Good man And GilMan's; The Pharmacology Basis Of Therapeutics Tenth Edition, pg. no 1189-1225.
- JH Block & JM Beale., Wilson & Giswold's Textbook of Organic Medicinal Chemistry & pharmaceutical chemistry 12<sup>th</sup> Edition, 2011, pg. No. 260-294.