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Research Article

**A HISTOLOGICAL RESEARCH TO ASSESS THE
TOBRAMYCIN DOSE: MANAGING TOBRAMYCIN EFFECT
THROUGH ANTIBIOTIC INSTEAD OF MULTIPLE
INJECTIONS**¹Dr. Saba Riaz, ²Dr. Hafiza Iqra Iqbal, ³Dr. Sumreen Hamid¹WMO, Government Eye cum General Hospital Gojra²WMO at RHC Chonawala³WMO at tehsil headquarter shakargarh**Abstract:**

Objective: This research endeavours to endorse the probable toxicity of tobramycin in terms of kidneys, under the effect of 2 indifferent treatments, on the verge of intricate tubular by using the techniques of light and microscopic electronic omission.

Material and Method: We completed this research at Allied Hospital, Faisalabad from October 2016 to August 2017. To examine the hypothetical results, the researcher chose 35 rats and made 3 groups out of them. The first group was a control group, while the researcher gave the dose of tobramycin at the proportion of four milligram/kg weight of the second group after every eight hours for ten consecutive days. In the meanwhile, he gave the dose of twelve mg/kg through injections only one time in a day for 10 days. Rats could not survive more than three days after their last dose. The researcher took the right kidneys of all rats for the laboratory which went through microscopic electronic examination.

Conclusion: The experiment revealed that the toxic effect of tobramycin is controllable by managing the proper quantity of antibiotic in lieu of numerous regular injections. The researcher believes that this study will help in making decisions while giving treatments to the tobramycin in men's body.

Keywords: Proximal, Tubules, Myeloid Bodies, Tobramycin, Dosage and Regimen.

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INTRODUCTION:

Nebcin and Tobramycin belong to the family of aminoglycosides antibiotics. Last documents have already elaborated medical usage and discriminating properties of aminoglycosides. The use of antibiotics has become very common today especially for the gram-negative bacteria and gram-positive bacterial entities. Aminoglycosides have a positive charge at the poles, so stomach and intestines do not absorb them properly. Therefore, alimentary tract administers them. It is customary to use them in clinical routines and customs but severe toxicity becomes the hurdle in its usefulness. Many types of research, though, concluded that the use of these drugs in association with neuromuscular blockade and nephrotoxicity have oversensitive consequences.

Aminoglycosides have manifold killing reactions, therefore, doctors have had a sufficiently considerable debate that, whether this drug should be once used in a day or more in numbers by keeping the safety and efficiency in mind. Customarily, doctors use it 2-4 times in a day. However, modern studies in the field of medicine put forth the facts that one dose in a day can bring more positive and effective results for newborn, young and adults equally. Immunochemical assay and blood concentration serum analyses evaluated the toxicity related to kidney-nephrotoxicity. There are so many other researches are also available which elaborate nephrotoxicity related to the calculation of serum creatinine, alkaline level, phosphate level and diagnosis of enzymes in urine. Apropos of this, less number of studies available which illustrate the minute structural changes in renal histology when the aminoglycoside is overseen. On the subject of above-conducted debate, this research held in order to draw a comparison of nephrotoxicity of tobramycin in the light of two different examinations of two different treatment dosages.

MATERIAL AND METHODS:

We completed this research at Allied Hospital, Faisalabad from October 2016 to August 2017. This study required 35 rates from the family of Wistar Albino with varying weight (250g to 300g). The ages of these rates also varied (9 to 11) weeks. These rats had standard food that is required for a common rat and mouse for standard growth. The researcher made three groups in order to vary the conditions for each group. He included fifteen rats in group-1 regarded as a control group. The researcher did not give any treatment to five rats but he injected the intra-peritoneal drug (normal saline- NaCl, 0.9%) to two subgroups of equal in numbers and treated the other groups (2 & 3) with similar dosage. The second

group of ten rats received multiple dosages in a day after every eight hours. Similarly, a 3rd group of 10 ten rats got the equal dose (12mg) once a day. These treatments were same as held in the past research studies.

No rat survived and they sacrificed their lives after three days of the last dosage. Before lying down their lives, all rats went through the abdominal operation after accepting anaesthesia. Surgeons opened the abdominal cavity and removed the renal cortex for the collection of tissues. They examined these tissues through light and electron microscope. Paraffin segments are discoloured due to Eosin and Haematoxylin [E&H]. Ultrathin units did not match with uranyl acetate.

RESULTS:

The examination of the first group, as a control group, portrayed similar results whether they were untreated or saline-treated. Aftermaths of the control group showed the normal composition of proximal intricate tubules and generated a lot of renal cortex. These tubules comprised of one layer of cuboidal epithelial cells laid on basil lamina. The nuclei have spherical shapes. Dynamic and multi-structural, regular cellular constituents like mitochondria, Golgi, lysosomes, and endoplasmic reticulum laid around the area of proximal intricate tubules cells. These cellular hold all the necessary characteristics which are required for fluid and ion swap.

Researchers inspected the figures that elucidate the kidneys of adult albino rats pictorially by using the techniques of light emission and electron microscopy. In terms of group 2, who the researcher dealt with multiple daily dosages, demonstrated similar results. Investigator took the micrograph of group two and named them as 2A, 2B, 2C, 2D. Results allocated the 2/3 of the part with brown excretion. Cytoplasm appeared in large quantity and dislocated the body of cells and cellular remnant could only have maintained their contact with the grounded membrane. The cytoplasm of tubule cells encompassed combinations of whorled membranes; whereas, intricate cells overwhelmed with a high number of large, asymmetrical, lysosomes with so many myeloid bodies. Some of intricate tubules cells changed epithelium with least prominence.

Scientist treated the rats with tobramycin singly a day for six days in group III. The third group also portrayed similar results. Proximal tubules report in a visual field, some represented devastation of the brush border and vacuolation of the cytoplasm and many proximal convoluted tubules segments aligned

by regenerative epithelial cells. These cells have low cuboidal structures having large vesicular nuclei. All the micrographics demonstrated similar outcomes

except the forfeiture of brush border. Somehow this study also observed cell damages. In the similar tubules changes in cells occurred in high amount.

Table: Group Wise Relative Microscopic Changes

Relative microscopic changes	Control (Group I)	Multiple-Tobramycin Daily Injection (Group II)	Once-Tobramycin Daily Injection (Group III)
Intracellular brown mass (light microscopy)	Nil	+++	+
Myeloid bodies in large secondary lysosomes (electron microscopy)	Nil	+++	+
Loss of brush border	Nil	+++	+
Mitochondrial swelling	Nil	+++	+
Tubular vacuolation and disruption	Nil	+++	+
Tubular degeneration	Nil	+++	+
Loss of basal striations	Nil	+++	+
Tubular regeneration	+++	+	+++

DISCUSSION:

Aminoglycosides bactericidal exercise and the concentration has one to one correspondence because they bear aftermaths of antibiotic dependent on concentration and killing dependent on concentration. This experimentation on concentration, in collaboration with the toxic side-effects, displayed the results with no particular conclusion in connection with the dosage regimen.

So it could come to conclusion with regard to one dose daily versus multiple treatments a day. Customarily, the participant gives treatments with aminoglycosides two to three equal dose daily. A close review of the earlier clinical literature revealed that doctors normally prefer to treat with one dose a day. By keeping in view such high variation and uncertain treatment, research participant conducted this research to examine the range rate of treatments with tobramycin and to see their aftermaths with the help of light omission and electronic microscopic graphics. Therefore, in order to achieve the goals of the study, the researcher made three groups of albino rats and treated them with the range of dosages. Therefore, all the rats obtain the equal quantity of tobramycin for ten consecutive days.

In the first group (control group) participant evaluated the renal cortex that both saline treated or untreated and he found that no particular changes occurred and study exhibited normal makeup of the said cortex.

But the kidneys of the experimental group which the

researcher treated with tobramycin explored probable signs of nephrotoxicity and maximum damage has an association with proximal convoluted tubules. The results of this research found one to one correspondence with the earlier literature on the said problem. In a nutshell, this research confirmed predecessors. Therefore, one may illuminate that the proximal convoluted tubules are bulky and, a much-specified constituent of the nephrons that makes greatly renal cortex. Additionally, these renal cortices are the first county of the nephrons making contact with drugs.

This research portrayed that the treatment with tobramycin caused some new morphological makeups in the proximal convoluted tubules. Such new makeups contained degeneration of vacuolar in the epithelial cells, the quantity of lysosomes also increased with myeloid bodies, and loss of apical microvilli. Therefore, it is necessary changes were more observable in the case of multi treatments as compared to a one-time day. So it may have conferred that it happened due to the varied frequency of treatment. Hence, one may say, tobramycin resulted in increased damages in tubules when the order changes from twenty-four hours to eight hours.

These vivid observations are the proof that it is tobramycin that generates toxic effects which are directly proportional to the frequency of treatment. Moreover, a certain increase in fluid influx outcomes in cellular deviation like degeneration of vacuolar, swelling and deficiency of microvilli, and that these

deviations are reversible. So fluid influx may increase in the proximal tubular epithelial cells if we manage a multiple-daily dose as opposed to once-daily. Epithelial cells have a great number of vesicular nuclei and basophilic cytoplasm.

CONCLUSION:

To conclude, the effects of tobramycin are possible to reduce by using antibiotics in parallel of daily treatment in contrary with multiple dosages a day.

REFERENCES:

- Nagai J, Takano M. Molecular aspects of the renal handling of aminoglycosides and strategies for preventing the nephrotoxicity. *Drug metabolism and pharmacokinetics* 2004; 19:159-70.
- Mitchell RN, Cotran RS. Cell injury, death and adaptation, 'Basic Pathology' (sixth edition), Kumar V, Cotran RS & Robbins SL (Eds), W.B. Saunders Co., Philadelphia and London 1997; 4-24.
- Luft FC, Rankin LI, Sloan RS, Yum MN. Recovery from Aminoglycoside nephrotoxicity with continued drug administration. *Antimicrob Agents Chemother* 1978; 14:284-7.
- Hottendorf GH, Gordon LL. Comparative low dose nephrotoxicities of gentamicin, Tobramycin, and amikacin. *Antimicrob Agents Chemother* 1980; 18:176-81.
- Houghton DC, Hartnett M, Campbell-Boswell M, Porter G, Bennett W. A Light and Electron Microscopic Analysis of Gentamicin Nephrotoxicity in Rats. *Am J Pathol* 1976; 82:589-612.
- Houghton DC, Plamp III CE, Defehr JM, Bennett W, Porter G, Gilbert D. Gentamicin and Tobramycin Nephrotoxicity. *Am J Pathol* 1978; 93:137-52.
- Cuppige FE, Tate A. Repair of the nephron following injury with mercuric chloride. *Am J Pathol* 1967; 51:405-29.
- Lerner AM, Cone LA, Jansen W. Randomized, controlled trial of the comparative efficacy, auditory toxicity, and nephrotoxicity of tobramycin and netilmicin. *Lancet* 1983; 1:1123-6.
- Olsen KM, Rudis MI, Rebuck JA, Hara J, Gelmont D, Mehdian R, et al. Effect of once-daily dosing vs. multiple daily dosing of tobramycin on enzyme markers of nephrotoxicity. *Crit Care Med* 2004; 32:1678-82.
- Paterson DL, Robson JM, Wagener MM. Risk factors for toxicity in elderly patients given aminoglycosides once daily. *J Gen Intern Med* 1998; 13:735-9.
- Contopoulos-Ioannidis DG, Giotis ND, Baliatsa DV, Ioannidis JP. Extended-interval aminoglycoside administration for children: a meta-analysis *Pediatrics* 2004; 114:111-8.
- Sung L, Dupuis LL, Bliss B, Taddio A, Abdoll M, Allen U, et al. Randomized controlled trial of once- versus thrice daily tobramycin in febrile neutropenic children undergoing stem cell transplantation. *J Natl Cancer Inst* 2003; 95:1869-77.
- Thureen PJ, Reiter PD, Gresores A, Stolpman NM, Kawato K, Hall DM. Once- versus twice-daily gentamicin dosing in neonates³⁴ weeks gestation: cost-effectiveness analyses. *Pediatrics* 1999; 103:594-8.
- Mantovani A, Macri C, Stazi AV, Ricciardi C, Guastadisegni C, Maranghi F. Tobramycin-induced changes in the renal histology of fetal and newborn Sprague-Dawley rats. *Teratog Carcinog Mutagen* 1992; 12:19-30.
- Mandal AK, Bennett WM. Transmission electron microscopy of urinary sediment in the assessment of aminoglycoside nephrotoxicity in the rat. *Nephron* 1988; 49:67-73.
- Toubeau G, Maldague P, Laurent G, Vaamonde CA, Tulkens PM, Heuson-Stiennon JA. Morphological alterations in distal & collecting tubules of the rat renal cortex after aminoglycoside administration at low doses. *Virchows Arch Cell Pathol Incl Mol Pathol* 1986; 51:475-85. 1
- Ward DT, McLarnon SJ, Riccardi D. Aminoglycosides increase intracellular calcium levels and ERK activity in proximal tubular OK cells expressing the extracellular calcium sensing receptor. *J Am Soc Nephrol* 2002; 13:1481-9.
- Sanchez-Alcaraz A, Vargas A, Quintana MB, Rocher A, Querol JM, Poveda JL, et al. Therapeutic drug monitoring of tobramycin: once-daily versus twice-daily dosage schedules. *J Clin Pharm Ther* 1998; 23:367-73.
- Kaloyanides GJ, Pastoriza-Munzo E. Aminoglycoside nephrotoxicity. *Kid Intern* 1980; 18:571-82.
- Giuliano, RA, Paulus, GJ, Verpooten GA, Pattyn UM, Pollet DE, Nouwen EJ, et al. Recovery of cortical phospholipidosis and necrosis after acute gentamicin loading in rats. *Kidney Int* 1984; 26:838-47.
- Kaloyanides GJ. Aminoglycoside nephrotoxicity. *Diseases of the Kidney*, Schrier RW, Gottschalk CW. (Eds), Little Brown, London. 1993; 1131-64.
- Molitoris B A, Meyer C, Dahl R, Geerdes A. Mechanism of ischemia-enhanced aminoglycoside binding and uptake by proximal

- tubule cells. *Am J Physiol Renal Physiol* 1993; 264:907-16.
23. Chambers HF. The Aminoglycosides. Goodman & Gilman's The Pharmacological Basis of Therapeutics, Hardman JG, Limbird LE & Gilman AG (Eds), McGraw Hill, New York 2002; 1219-38.
 24. Freeman CD, Nicolau DP, Belliveau PP, Nightingale CH. Once-daily dosing of aminoglycosides: review and recommendations for clinical practice. *J Antimicrob Chemother* 1997; 39:677-86.
 25. Buijk SE, Mouton JW, Gyssens IC, Verbrugh HA, Bruining HA. Experience with a once-daily dosing of aminoglycosides in critically ill patients. *Intensive Care Med* 2002; 28:936-42.
 26. Cohen E, Dadashev A, Drucker M, Samra Z, Rubinstein E, Garty M. Once-daily versus twice-daily intravenous administration of vancomycin for infections in hospitalized patients. *J Antimicrobial Chemother* 2002; 49:155-60.
 27. Curtis JM, Sternhagen V, Batt D. Acute renal failure after placement of tobramycin-impregnated bone cement in an infected total knee arthroplasty. *Pharmacotherapy* 2005; 25:876-80.
 28. Hoffmann IM, Rubin BK, Iskandar SS, Schechter MS, Nagaraj SK, Bitzan MM. Acute renal failure in cystic fibrosis: Association with inhaled tobramycin therapy. *Pediatr Pulmonol* 2002; 34:375-7.