



Overview on Antifungal Drug: Ketoconazole

Mr. Harshal S. Patil^{1*}, Mrs. Nishigandha N. Dhokale², Dr Gokul S. Talele², Mr. Lalit A. Patil²,

Mr. Siddhesh R. Kushare²

¹ Research Student, Department of Pharmaceutics, Matoshri College of Pharmacy, Nashik, India.

² Department of Pharmaceutics, Matoshri College of Pharmacy,

Corresponding Author

Mr. Harshal S. Patil^{1*}

Research Student, Matoshri College of Pharmacy, Nashik, India.

Abstract:

Fungal infections represent a recurring and multifaceted hazard to worldwide health, impacting people at varying degrees of severity, from minor skin ailments to fatal systemic illnesses. Antifungal drugs provide a vital first line of defence against a wide range of fungal diseases, which helps to lessen the effects of these infections. With an emphasis on the historical relevance, mechanisms of action, clinical uses, pharmacokinetics, side effects, and future directions of the antifungal drug ketoconazole, this review article offers a thorough examination of antifungal therapy. A brief historical overview of antifungal drugs is presented, highlighting their significant importance in medical practice. The discussion then turns to ketoconazole, a pioneering systemic antifungal medication, and its significance in the management of a range of fungal illnesses. The induction of ergosterol production in fungal cell membranes is the primary mechanism of action of ketoconazole.

Keyword: Ketoconazole, antifungal, Strategies, Mechanism

Introduction

Ketoconazole is a synthetic antifungal drug used to treat fungal infections in the body. It acts as an azole antifungal and is available in a variety of formulations, including oral tablets, topical creams, shampoos, and foams. Ketoconazole works by reducing fungi development and reproduction, making it an excellent treatment for fungal overgrowth problems. Ketoconazole exerts its antifungal effects by disrupting the synthesis of ergosterol, a vital component of fungal cell membranes.^[1,2]

This interference compromises membrane integrity and function, leading to the inhibition of fungal growth. Its applications span a spectrum of fungal infections, including dermatophytosis like ringworm and jock itch, candidiasis, and systemic mycoses.

While newer antifungal agents have since emerged, Ketoconazole remains relevant in specific clinical contexts. Its historical significance and foundational role in understanding antifungal therapy make it an essential part of the narrative in the ongoing development of strategies to combat fungal infections.

This will delve into the mechanisms of action, clinical applications, pharmacokinetics and pharmacodynamics, adverse effects, resistance, and potential future directions of Ketoconazole in the realm of antifungal treatments.
[2,3]

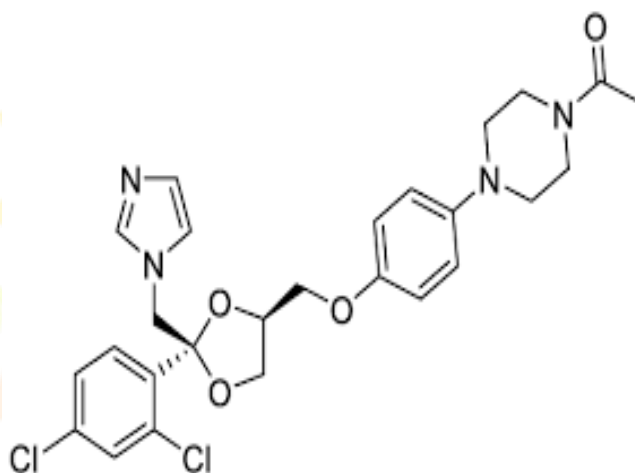


Fig. 1: Chemical structure of Ketoconazole

Mechanism of action

Antifungal medications function by concentrating on elements or procedures necessary for the survival and development of fungus. Depending on the antifungal medication class, several modes of action may apply. These are a few typical mechanisms:

1. Disruption of Cell Membranes:

Polyenes (such as amphotericin B): These medications attach to ergosterol, a crucial element of fungal cell membranes, creating holes that compromise the integrity of the membrane. This results in the contents of the cell leaking out and eventually in cell death.^[3]

2.Ergosterol Synthesis Inhibition:

Azoles (e.g., voriconazole, itraconazole, and fluconazole): Azoles inhibit the enzyme lanosterol 14 α -demethylase, which is an essential step in the ergosterol production process. The fungal cell membrane loses structural integrity in the absence of ergosterol.

Allylamines (e.g., terbinafine): Terbinafine prevents squalene epoxidase, an additional enzyme needed for ergosterol synthesis, which causes squalene to build up and ergosterol to decrease.^[3]

3.Interference with the Synthesis of Nucleic Acids:

Flucytosine: This antifungal medication is transformed into 5-fluorouracil within the fungal cell. 5-fluorouracil suppresses fungal RNA and DNA production by interfering with nucleic acid metabolism.^[4]

4.Disruption of Microtubules:

Griseofulvin: This antifungal medication interferes with the action of microtubules, preventing mitosis. It is mostly applied to infections caused by dermatophytes.^[4]

5.Inhibition of Cell Wall Synthesis:

Echinocandins, such as micafungin and caponising: these medications prevent the production of β -glucan, a crucial part of the fungal cell wall. Without a functioning cell wall, the fungal cell is vulnerable to osmotic instability and lysis. Knowing these mechanisms is essential to choosing the right antifungal medication depending on the kind of fungal infection and the pathogen's unique features.^[4]

Spectrum of Activity:

Many fungal infections, both superficial and systemic, can be effectively treated with ketoconazole. Among the several fungal infections that ketoconazole is frequently used to treat are the following:

Dermatophytosis:

When treating dermatophyte infections, ketoconazole is frequently used to treat ringworm (tinea corporis), athlete's foot (tinea pedis), and jock itch (tinea cruris). The skin, hair, and nails are impacted by these illnesses.^[5,6]

Candidiasis:

Candida species can cause infections such as oral candidiasis, or thrush, and vaginal yeast infections, or vulvovaginal candidiasis, which can be effectively treated with ketoconazole. It can also be used to treat systemic candidiasis in some circumstances.^[5,6]

Seborrheic Dermatitis:

Treating seborrheic dermatitis, a condition marked by red, itchy, and flaky skin that frequently affects the scalp (dandruff) as well as other oily areas like the face, is a typical usage for ketoconazole topically in shampoos or creams.^[6]

Systemic Mycoses:

Ketoconazole has been used in the treatment of some systemic fungal infections, including histoplasmosis and blastomycosis. However, other antifungal agents with better safety profiles have largely replaced Ketoconazole for systemic mycoses.^[6,7]

Fungal Nail Infections:

Ketoconazole is a medication that can treat onychomycosis, or fungal infections of the nail. However, systemic antifungal medicines or topical treatments with higher nail penetration are frequently recommended for this reason. [6,7]

Clinical Uses of Ketoconazole:

Topical Treatments:

Dermatophytosis:

Ketoconazole is extensively used in topical formulations such as creams and shampoos to treat dermatophyte-caused fungal infections of the skin, hair, and nails. This covers ailments such as jock itch (tinea cruris), athlete's foot (tinea pedis), and ringworm (tinea corporis). [8]

Seborrheic Dermatitis:

Shampoos containing ketoconazole are regularly used to treat seborrheic dermatitis, a chronic inflammatory skin condition that typically affects the scalp and manifests as flaking and redness. [8]

Systemic Treatments:

Candidiasis:

Invasive candidiasis is a fungal infection brought on by *Candida* species that can be treated with systemic versions of ketoconazole. *Candida* infections include esophageal candidiasis, systemic candidiasis, and candidemia. [8,9]

Histoplasmosis:

In some cases, Ketoconazole has been used for the treatment of histoplasmosis, a systemic fungal infection caused from the inhalation of spores from the fungus *Histoplasma capsulatum*.

Blastomycosis:

In the past, blastomycosis—a systemic fungal infection brought on by the fungus *Blastomyces dermatitidis*—was treated with ketoconazole. [9]

Chromomycosis and Coccidioidomycosis:

Ketoconazole has been used, albeit less frequently, to treat various systemic mycoses, such as coccidioidomycosis and chromomycosis. [9,10]

Hypercortisolism (Off-label):

Because it can prevent the manufacture of steroids, ketoconazole has been used off-label to treat hypercortisolism, also known as Cushing's syndrome. ^[9,10]

Pharmacokinetics of Ketoconazole:**Absorption:**

After oral treatment, ketoconazole is absorbed from the digestive system. Its absorption, however, varies and is influenced by things like dietary consumption. ^[11,12]

Distribution:

Ketoconazole has a strong affinity for plasma proteins, especially albumin. Its extensive tissue spread is shown by its enormous volume of dissemination. ^[11,12]

Metabolism:

Hepatic metabolism of ketoconazole is vast and mostly occurs in the liver. The cytochrome P450 enzyme system—in particular, the CYP3A4 isoenzyme—metabolizes it.

Excretion:

Most of the metabolites of ketoconazole are expelled in the bile and subsequently in the feces. The pee excretes only a modest amount of it. ^[12]

Pharmacodynamics of Ketoconazole:**Mechanism of Action:**

Ketoconazole is an azole antifungal that prevents ergosterol from being synthesized, which is essential for the formation of fungal cell membranes. An increase in permeability and eventual cell death result from this interference's disruption of membrane integrity and function. ^[13]

Half-Life:

Ketoconazole has a rather lengthy half-life, lasting between two and eight hours. Individual patient features and the existence of liver disease are among the factors contributing to the variability. ^[13]

Interactions with Other Drugs:

Cytochrome P450 Inhibition: Ketoconazole, in particular CYP3A4, is a strong inhibitor of the cytochrome P450 enzyme system. Given that numerous other medications are processed by the same enzyme system, this may result in serious drug interactions. When pharmaceuticals that are processed by CYP3A4 are taken concurrently, their serum levels may rise, which may have harmful effects. ^[13,14]

Drug-Drug Interactions:

Numerous drugs, including anticoagulants, some antihypertensives, immunosuppressants, and some antifungals, have been linked to interactions with ketoconazole. As prescribing or co-administering medications with ketoconazole, healthcare professionals must be aware of any interactions. ^[13,14]

QT Prolongation:

QT interval prolongation on electrocardiograms has been linked to ketoconazole. Patients with pre-existing heart problems or those taking drugs known to lengthen the QT interval should use it with caution. ^[14]

Hormonal Effects:

In some circumstances, such as hypercortisolism (Cushing's syndrome), ketoconazole can be useful since it inhibits the synthesis of steroids. But this characteristic can also result in hormonal adverse effects, like low testosterone and gynecomastia.

Food Interaction:

Food consumption may have an impact on ketoconazole absorption. You can boost its bioavailability by taking it with a meal. ^[14,15]

Adverse Effects:**Gastrointestinal Effects:**

Common Side Effects: Abdominal discomfort, nausea, and vomiting are gastrointestinal side effects that are frequently brought on by oral ketoconazole. Taking the drug with food may lessen these side effects. ^[16]

Hepatotoxicity:**Serious Adverse Effect:**

There is evidence linking ketoconazole to hepatotoxicity, or liver damage. Elevated liver enzymes and, in rare circumstances, serious liver injury may be the symptoms of this. During ketoconazole as therapy, routine monitoring of liver function is advised. If there are any notable elevations in liver enzymes, the medication should be stopped. ^[16,17]

Adrenal Insufficiency:**Endocrine Effects:**

As a result of its ability to prevent steroid synthesis, ketoconazole may cause adrenal insufficiency. This is especially important for long-term or high-dosage treatments.

Adrenal insufficiency symptoms include weakness, weariness, light-headedness, and hypotension. ^[18]

Hormonal Effects:

Gynecomastia: Because ketoconazole has anti-androgenic properties, it has been linked to the growth of male breast tissue, or gynecomastia.

Reduced Testosterone Levels: Ketoconazole could lower testosterone production, which can result in hypogonadism symptoms like erectile dysfunction and decreased libido.^[18]

QT Prolongation:

Effects on the Heart: Ketoconazole has been linked to an extended QT interval on electrocardiograms, which may cause dangerous cardiac arrhythmias.^[18]

Skin Reactions:

Rash: Skin rash and pruritus (itching) can occur as adverse reactions to Ketoconazole.^[18]

Drug Interactions:

CYP3A4 Inhibition: Because ketoconazole is a strong inhibitor of the cytochrome P450 enzyme CYP3A4, it may interact with a variety of medications, raising their serum levels and possibly causing toxicity.^[19]

Allergic Reactions:

Anaphylaxis: Although uncommon, significant allergic reactions with ketoconazole have been linked to anaphylaxis.^[19]

Topical Reactions:

Local Irritation: Ketoconazole topical formulations, such as lotions and shampoos, may occasionally irritate the skin locally. ^[19,20]

Factors Contributing to Toxicity:**Dose and Duration:**

Increased risk of side effects and toxicity is linked to higher doses and longer usage of ketoconazole.

Individual Variability:

Individuals can differ in their vulnerability to negative consequences. An individual's reaction to the medicine may be influenced by variables like age, comorbidities, and liver diseases that already present.

While prescribing ketoconazole, medical professionals must carefully weigh the risks and benefits and keep a close eye on their patients' health, particularly with regard to their liver function. Patients should notify their healthcare providers as soon as they experience any unexpected symptoms or adverse effects. The medication

may need to be stopped if severe side effects or toxicity indicators are seen, and other antifungal treatments may be taken into consideration. ^[21]

Development of Resistance to Ketoconazole:

There exist multiple methods by which resistance to antifungal drugs, such as ketoconazole, might develop. Ketoconazole resistance has been reported in a few fungal species, most notably *Candida*. The following are some major variables that lead to the emergence of resistance:

Target Alteration:

Fungi can develop resistance by changing the target of ketoconazole, the enzyme lanosterol 14-alpha-demethylase involved in the synthesis of ergosterol. Mutations in the target enzyme may cause reduced binding affinity of ketoconazole, reducing its efficacy. ^[21,22]

Efflux Pumps:

By increasing the activity of efflux pumps, which aggressively pump the medication out of the cell, fungal cells may become resistant to drugs. As a result, ketoconazole's intracellular concentration is lowered, decreasing its effectiveness. ^[21,22]

Reduced Drug Uptake:

Resistance may be exacerbated by changes in drug absorption mechanisms or membrane permeability. The effectiveness of the medication is jeopardized if the fungus stops being permeable to ketoconazole or decreases its absorption. ^[21,22]

Increased Ergosterol Production:

Certain fungi may increase ergosterol production in response to the inhibitory effects of ketoconazole. The impact of ketoconazole on the fungal cell membrane may be lessened by this compensatory mechanism. ^[22]

Strategies to Mitigate Resistance:

Combination Therapy:

The risk of developing resistance can be decreased by combining ketoconazole with other antifungal medications. Drugs with various modes of action can be combined to increase antifungal effectiveness overall and stop the emergence of resistance strains. ^[23]

Proper Diagnosis and Treatment:

Precise identification of fungal infections and suitable antifungal medication administration are essential. Resistance might arise because of misuse or overuse of ketoconazole. Guidelines for the appropriate selection and duration of antifungal therapy should be adhered to by healthcare providers. ^[23,24]

Periodic Review of Antifungal Guidelines:

Treatment techniques can be optimized by periodically updating and changing antifungal treatment guidelines considering new medication availability and evolving resistance trends. ^[24]

Monitoring Resistance Patterns:

Programs for surveillance that track antifungal resistance across various areas can yield useful information. Based on local resistance trends, this information can help clinicians choose the right antifungal medications. ^[24,25]

Patient Adherence:

It is crucial to make sure patients follow their prescribed treatment plans. An inadequate cure of fungal infections and the possibility of resistance could result from irregular ketoconazole use or an early stop to the medication. ^[26]

Development of Novel Antifungals:

Alternative therapeutic alternatives may be made available by research and development of novel antifungal drugs with unique mechanisms of action. These medications might work better and be less likely to cause resistance. ^[26,27]

Combating Underlying Factors:

Reducing the total requirement for antifungal therapy and consequently mitigating resistance can be achieved by addressing underlying factors that predispose to fungal infections, such as immunosuppression or the presence of medical devices. ^[26,27]

Future Directions:**Limited Role for Ketoconazole:**

Ketoconazole's importance in antifungal therapy may continue to decline with the introduction of newer antifungal drugs with better safety profiles and efficacy. It will probably be saved for special circumstances or used as a backup plan in situations where other options are not appropriate because of things like availability or expense. ^[28]

Focus on Targeted Therapies:

Antifungal treatments in the future may concentrate more on tailored strategies, hoping to take advantage of weaknesses in fungal infections with the least number of negative effects on host cells. This may lessen adverse effects and increase efficacy. ^[28]

Advancements in Antifungal Agents:

Future studies could result in the creation of brand-new antifungal drugs with enhanced pharmacokinetics, wider action ranges, and lower toxicity. These substances may offer safer and more efficient replacements for current therapies. [28,29]

Combination Therapies:

It is possible that combination treatments, which employ several antifungal medications with various modes of action, will grow in popularity. This strategy seeks to stop the emergence of resistance and enhance overall treatment results, particularly in cases of severe or chronic illnesses. [28,29]

Precision Medicine in Antifungal Therapy:

Precision medicine in antifungal therapy may be made possible by developments in our knowledge of the genetic variety of fungal infections and the interactions between hosts and fungi. Therapeutic effects may be improved by customizing therapies based on the unique traits of the infecting organism and the host's immune response. [29]

Immunomodulatory Approaches:

Future antifungal treatments may investigate immunomodulatory techniques to boost the host's immune response to fungal infections. Combination treatments that both directly target the fungus and alter the host's immune system to strengthen defences may be required to achieve this. [29]

Antifungal Stewardship Programs:

Antifungal stewardship initiatives may receive more attention when antifungal resistance becomes a greater problem. The objectives of these programs would be to reduce the likelihood of resistance formation, avoid overuse, and maximize the usage of antifungal medications. [29,30]

Global Surveillance for Antifungal Resistance:

Global antifungal resistance surveillance programs might continue and spread. Effective antifungal methods can be developed and treatment guidelines can be informed by tracking patterns of resistance and exchanging data with other countries. [29,30]

Conclusion:

Fungal infections pose a significant and complex threat to global health, varying from superficial skin infections to life-threatening systemic diseases. Antifungal drugs are essential in managing these infections, with ketoconazole standing as a pivotal medication in the history of antifungal therapy. This review has provided an in-depth analysis of ketoconazole, covering its mechanisms of action, clinical applications, pharmacokinetics, adverse effects, and the future directions of antifungal treatments. Ketoconazole operates primarily by inhibiting the synthesis of ergosterol, a crucial component of fungal cell membranes, leading to compromised membrane

integrity and fungal cell death. It has been effective in treating a range of fungal infections, including dermatophytosis, candidiasis, and seborrheic dermatitis. Despite the advent of newer antifungal agents with better safety profiles, ketoconazole remains relevant in certain clinical scenarios due to its historical significance and foundational role in antifungal therapy. The pharmacokinetics of ketoconazole highlight its absorption variability influenced by factors such as dietary intake, extensive hepatic metabolism, and its distribution characterized by a high affinity for plasma proteins. These pharmacokinetic properties necessitate careful monitoring to manage potential drug interactions and adverse effects. Notable side effects include gastrointestinal discomfort, hepatotoxicity, adrenal insufficiency, hormonal imbalances, and QT interval prolongation, which underscores the importance of vigilant clinical monitoring during treatment. Ketoconazole resistance, primarily seen in *Candida* species, arises from mechanisms such as target enzyme alteration, efflux pumps, reduced drug uptake, and increased ergosterol production. Mitigating resistance involves strategies like combination therapy, proper diagnosis, periodic review of antifungal guidelines, monitoring resistance patterns, and ensuring patient adherence to prescribed treatments. The development of novel antifungal agents with unique mechanisms of action is crucial to overcoming resistance.

Looking forward, the role of ketoconazole in antifungal therapy may diminish with the introduction of newer, safer, and more effective antifungal drugs. Future antifungal treatments are expected to focus on targeted therapies, advancements in antifungal agents, combination therapies, precision medicine, immunomodulatory approaches, antifungal stewardship programs, and global surveillance for antifungal resistance. In conclusion, ketoconazole has played a significant role in antifungal therapy, providing a foundation for the development of subsequent antifungal agents.

References:

1. Lubeck DP. Antifungal Agents. *Encycl Life Sci.* 2001;1-7.
2. Chokshi A, Sifri Z, White L, et al. Global contributors to antibiotic resistance. *J Global Infect Dis.* 2019;11(1):36-45.
3. Maertens JA. History of the development of azole derivatives. *Clin Microbiol Infect.* 2004;10 Suppl 1:1-10.
4. Troke PF, Johnson EM. Antifungal drug development: the past, present and future. *Drugs.* 2000;59(1):7-14.
5. Pfaller MA, Diekema DJ. Epidemiology of invasive candidiasis: a persistent public health problem. *Clin Microbiol Rev.* 2007;20(1):133-163.
6. Fitzpatrick TB, Johnson RA, Wolff K, Suurmond D. *Color Atlas, and Synopsis of Clinical Dermatology: Common and Serious Diseases.* 6th ed. New York: McGraw-Hill Medical; 2009.
7. Crain SM, Shen FH. Blastomycosis: a case study. *J Am Podiatr Med Assoc.* 2006;96(2):164-168.
8. Villanueva A, Arévalo MP, Yáñez L, et al. Treatment of dermatophyte onychomycosis with a topical antifungal agent, ketoconazole 2% cream. *J Am Acad Dermatol.* 2003;49(5 Suppl).
9. Bicanic T, Harrison TS. Cryptococcal meningitis. *Br Med Bull.* 2005; 72:99-118.

10. Hay RJ, Ashbee HR. Fungal infections. In: Burns T, Breathnach S, Cox N, Griffiths C, editors. *Rook's Textbook of Dermatology*. 8th ed. Oxford: Wiley-Blackwell; 2010.
11. Werner RN, Nikkels AF, Marinović B, et al. European consensus-based (S3) guidelines on the treatment of herpes zoster. *J Eur Acad Dermatol Venereol*. 2017;31(1):19-37.
12. Wingfield AB. Pharmacokinetics and pharmacodynamics of antifungal agents. In: *Dermatologic Therapy*. 1997;3(3):48-58.
13. Lewis RE. Pharmacodynamics of antifungal agents. *Infect Dis Clin North Am*. 2006;20(4):881-905.
14. Khairy MR. A comprehensive review on adverse effects of ketoconazole. *Pharmazie*. 2011;66(4):207-210.
15. Winnicka K, Wroblewska M, et al. Effect of food on the pharmacokinetics of ketoconazole: a review. *Drug Metabol Drug Interact*. 2009;24(4):255-263.
16. Stern RS. Dermatologic drugs and systemic reactions. *Med Clin North Am*. 1998;82(5):1199-1214.
17. Smith EB, Skelton HG. Hepatotoxicity with ketoconazole: a case report. *J Am Acad Dermatol*. 1984;10(2 Pt 1):213-216.
18. Terashita K, Tsukamoto Y. Adrenal insufficiency associated with ketoconazole therapy. *Intern Med*. 2002;41(10):801-803.
19. Kett DH, Azoulay E, Echeverria PM, et al. Candida bloodstream infections in intensive care units: analysis of the extended prevalence of infection in intensive care unit study. *Crit Care Med*. 2011;39(4):665-670.
20. Lebwohl M, Rapp SR. Treating scalp psoriasis: a new ketoconazole shampoo formulation. *Skin Therapy Lett*. 2002;7(2):1-3.
21. Rodriguez-Tudela JL, Almirante B, Rodriguez-Pardo D, et al. Epidemiology and management of invasive mycoses. *Clin Microbiol Infect*. 2005;11 Suppl 4:38-53.
22. Howard SJ, Arendrup MC. Acquired antifungal drug resistance in *Aspergillus fumigatus*: epidemiology and detection. *Med Mycol*. 2011;49.
23. Slavin M, van Hal S, Sorrell TC, et al. Combined use of amphotericin B lipid complex and voriconazole as first-line therapy for central nervous system fungal infections. *Clin Infect Dis*. 2015;60(4):663-666.
24. Verweij PE, Chowdhary A, Melchers WJ, et al. Azole Resistance in *Aspergillus fumigatus*: Can We Retain the Clinical Use of Mold-Active Antifungal Azoles? *Clin Infect Dis*. 2016;62(3):362-368.
25. Pfaller MA, Castanheira M. Nosocomial Candidiasis: Antifungal Stewardship and the Importance of Rapid Diagnostics. *J Fungi (Basel)*. 2020;6(1):27.
26. Lewis RE, Kontoyiannis DP. Epidemiology and treatment of mucormycosis. *Future Microbiol*. 2013;8(9):1163-1179.
27. Egunsola O, Adefurin A, Fakis A, et al. Safety of systemic antifungal agents in pediatric patients. *Antimicrob Agents Chemother*. 2013;57(2):739-744.
28. Gupta AK, Daigle D. A critical appraisal of once-weekly fluconazole in the treatment of superficial fungal infections. *Infect Drug Resist*. 2013; 6:65-71.

29. Perfect JR, Cox GM, Lee JY, et al. The impact of culture isolation of Aspergillus species: a hospital-based survey of aspergillosis. Clin Infect Dis. 2001;33(11):1824-1833.
30. Turner SA, Chen SC, Slavin MA, et al. Recommendations for the Investigation and Management of Aspergillosis in Haematology Patients in Australasia: Emphasis on Antifungal Stewardship. Intern Med J. 2011;41(8):500-509.

