Preface

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Children are prescribed antimicrobial agents more often than any other class of drugs. By far the most common indication for antimicrobials in pediatric patients is respiratory-tract infection, and cephalosporins are now probably the most commonly prescribed (3-lactam antibiotics in this age group.

In recent years, outpatient therapy has become increasingly popular in pediatrics, even in the management of moderate or severe infectious diseases that were previously treated in hospital. As part of this trend, a new emphasis has been placed on the development of extended-spectrum, long-acting oral cephalosporins that may permit sequential parenteral-oral or even exclusively oral antibiotic therapy of serious infections. Of course, such drugs should also be helpful for the wide variety of community-acquired infections that do not demand hospitalization.

In this context, a symposium was held to discuss theory and experience in the treatment of pediatric respiratory-tract infections with oral cephalosporins. Comparative pharmacokinetics, microbiology (with emphasis on the spread of resistance caused by evolving (β -lactamases) and some of the problems encountered in adequately conducting and reporting appropriate clinical efficacy studies were discussed. Finally, clinical experience was presented from trials with cefetamet pivoxil in the treatment of pediatric acute otitis media, lower-respiratory-tract infection and tonsillitis.

Cefetamet pivoxil is an ester prodrug of cefetamet, a 3rd-generation cephalosporin whose spectrum suggests that it should be appropriate for the treatment of respiratory-tract infections in children. In aggregate, the articles in this supplement offer a review of the assessment of new cephalosporins in pediatric respiratory-tract infections, with emphasis on the development of the pediatric formulation of cefetamet pivoxil.