Diarrhea, colitis, and pseudomembranous colitis have been observed to begin up to several weeks following cessation of oral and parenteral therapy with clindamycin. If both a resin and vancomycin are to be administered concurrently, it may be advisable to separate the time of administration of each drug. The usual adult dosage is 500 milligrams to 2 grams of vancomycin orally per day in three to four divided doses administered for 7 to 10 days. Cholestyramine or colestipol resins bind vancomycin and do not affect the absorption of clindamycin. The chemical name for clindamycin phosphate is Methyl 7-chloro-6,7,8-trideoxy-6-(1-methyl-4-propyl-L-2-pyrrolidinecarboxamido)-1-thio-L-threo-o- galacto-octopyranoside 2- (dihydrogen phosphate).

CLINICAL PHARMACOLOGY

Although clindamycin phosphate is reactive in vitro, rapid in vivo hydrolysis prevents this compound to the antibacterially active clindamycin.

Cross resistance has been demonstrated between clindamycin and lincomycin. Antagonism has been demonstrated between clindamycin and erythromycin.

Following multiple topical applications of clindamycin phosphate at a concentration equivalent to 10 mg clindamycin per ml, in an isopropyl alcohol and water solution, very low levels of clindamycin are present in the serum (< 3 ng/mL) and less than 0.2% of the dose is recovered in urine as clindamycin.

Clindamycin activity has been demonstrated in comedones from acne patients. The mean concentration of antibiotic activity in extracted comedones after application of clindamycin phosphate topical solution for 4 weeks was 597 mcg/g of comedonal material (range 0–1490). Clindamycin is not absorbed from the skin. The mean concentration of clindamycin in comedones from acne patients was 126 mcg/g (range 0–425) and 111 mcg/g (range 0–569) for clindamycin phosphate and clindamycin hydrochloride, respectively.

Adverse events have been reported in association with the use of topical clindamycin. In clinical trials with pregnant women, the systemic administration of clindamycin during the second and third trimesters has not been associated with an increased frequency of congenital abnormalities. There are no adequate studies in pregnant women during the first trimester of pregnancy. Use of the topical formulation of clindamycin is usually not a problem in pregnant women.

Adverse reactions in 18 clinical studies of various formulations of topical clindamycin phosphate using placebo vehicle and/or active comparator drugs as controls, patients experienced a number of treatment-emergent adverse dermatologic events (see table below).