Preface

Antibacterial Therapy and Newer Agents

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Guest Editors

The discipline of infectious diseases is one of the most rapidly changing fields in medicine. In most specialties of medicine, diseases remain relatively stable, and diagnostic and therapeutic approaches change slowly. In infectious diseases, the syndromes change with the emergence of new organisms, development of resistant pathogens, and resurgence of infections that have virtually disappeared. Clearly, the diagnostic and therapeutic approaches must change rapidly to keep pace with the changing epidemiology of infections. In no area of medicine does the knowledge and art of clinical practice change as rapidly as in the use of antimicrobial agents.

In this issue of Medical Clinics of North America, we deal with antibacterial agents and their use, with concentration on newer agents and recent changes in the use of some older antibacterial agents. Pneumococci, enterococci, and gram-negative bacilli have continued to become increasingly resistant to existing antimicrobial agents, and in addition, community-acquired methicillin-resistant Staphylococcus aureus has spread dramatically. Criteria for susceptibility of pneumococci and enterococci to various antibacterial agents have recently changed. New β-lactam, antistaphylococcal, and glycylicycline antibiotics have been developed or are in development.

This issue reviews various aspects of the clinical use and management of certain antibacterial agents. Problems with resistant bacteria as well as specific use of antibacterial agents in renal insufficiency are covered. The current status of important older antibiotics is summarized. Newer antibiotics are described, as is the use of topical agents.

In choosing authors to address the different topics, an effort was made to select individuals who are experts in the areas assigned. The end result of their efforts is

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a state-of-the-art review on the subject of the use of antibacterial agents and their interactions with bacteria.

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