RESEARCH ARTICLE

# **Characteristics, Properties and Analytical Methods of Cefquinome - A Review**

SHAZA W. SHANTIER

Department of Pharmaceutical Chemistry, Faculty of Pharmacy, University of Khartoum, P.O.Box-1996, Sudan *sshantier@yahoo.com* 

Received 30 November 2018 / Accepted 30 December 2018

**Abstract:** Drugs have been used for the treatment of infectious diseases since the 17<sup>th</sup> century. However, chemotherapy as a science began in the first decade of the 20<sup>th</sup> century with understanding of the principles of selective toxicity, the specific chemical relationships between microbial pathogens and drugs, the development of drug resistance and the role of combined therapy. Analysis of such drugs, whether used for treatment of human or animal illness, is essential in understanding the bioavailability and therapeutic control which will ensure their activity and safety. Thus, this review aims to highlight the characteristics, specifically the pharmacokinetic parameters and the analytical methods reported in literature for cefquinome, a fourth generation cephalosporine used to treat infections caused by gram-positive and gram-negative microorganisms.

Keywords: Infection, Antibiotics, Activity, Cefquinome, Cephalosporines

## Introduction

Antibiotics are type of antimicrobial drugs used in the treatment and prevention of bacterial infections<sup>1</sup>. Generally, they are chemical substances derived from, or produced by living organisms, as well as their structural analogs obtained by synthesis, capable of inhibiting in low concentration, the growth and even destruction of other microrganisms<sup>2</sup>.

Antibiotics are commonly classified based on their mechanism of action, chemical structure, or spectrum of activity. An ideal antibiotic exhibits selective toxicity by targeting bacterial functions or growth processes for example cell wall synthesis (penicillins and cephalosporins), the cell membrane (polymyxins) and essential bacterial enzymes (rifamycins, lipiarmycins, quinolones and sulfonamides)<sup>3</sup>.

For more than 40 years, antibiotics approved by the FDA have been used to treat, control and prevent diseases in animals as well as in humans. The benefits of using antibiotics to treat and prevent animal disease extend far beyond the farm. In fact, research has shown that as rates of animal illnesses increase, so do rates of human illness<sup>4</sup>. At least one study has shown that even a slight increase in animal-illness rate leads to a greater human-illness rate than the development of antibiotic resistance<sup>5</sup>.

Antibiotic resistance is a phenomenon that occurs following extensive contact of bacteria with antibiotics and their presence in the environment. It is one of the biggest threats to global health, food security and development today. New resistance mechanisms are emerging and spreading globally, threatening our ability to treat common infectious diseases. A growing list of infections such as pneumonia, tuberculosis, blood poisoning and gonorrhoea are becoming harder and sometimes impossible, to treat as antibiotics become less effective.

A global action plan on antimicrobial resistance, including antibiotic resistance, was endorsed at the World Health Assembly in May 2015 and supported by the governing bodies of FAO (Food and Agriculture Organization of the United Nations) and OIE (World Organization for Animal Health). The global action plan aims to ensure prevention and treatment of infectious diseases with safe and effective medicines.

Faced by the high levels of antibiotic resistance as well as the reduction of the approved drugs by FDA in recent years and the potential allergenic reactions that they may illicit in certain individuals, it is absolutely necessary to develop new drugs, adopt new therapeutic strategies and incorporate cultural changes<sup>6-8</sup>.

Nevertheless, severe quality control of all pharmaceutical formulations is required to ensure their safety standards and efficacy<sup>9</sup>.

Thus, the physicochemical characteristics of drugs must conform to the standards necessary for the proper handling and industrialization of the same drug to ensure the confidence at treatments about their function<sup>10</sup>.

Based on those information and facts that point to the importance of the development of analytical methods; characteristics, physiochemical properties and reported methods already developed for the quantification and identification of cefquinome, a fourth generation cephalosporin among the second largest class of  $\beta$ -lactam antibiotics, will be highlighted in this review.

#### Cephalosporines

Cephalosporines are broad spectrum,  $\beta$ -lactam antibacterial agents which inhibit bacterial cell wall synthesis. They were discovered from a fungal colony in Sardinian sewer water in 1948<sup>11</sup>.

The discovery of cephalosporines nucleus, 7-aminocephalosporanic acid (Figure 1), promoted the semi-synthetics of cephalosporin of medicinal value. Modifications of the basic 7-ACA nucleus have resulted from acylations of the 7-amino group with different acids or nucleophilic substitution or reduction of the acetoxyl group. This yielded drugs of good therapeutic activity, low toxicity, acid stability and decreased allergenicity. They can be classified into four major groups or generations, depending mainly on the spectrum of antimicrobial activity. As a general rule, first-generation compounds have better activity against gram-positive organisms and the latter compounds (fourth generation) exhibit improved activity against gram-negative aerobic organisms<sup>12</sup>.

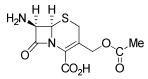


Figure 1. Chemical structure of 7-aminocephalosporanic acid

#### Cefquinome

Among the fourth generation, cefquinome (Figure 2) is a semisynthetic, broad spectrum aminothiazolyl cephalosporin. In 1993, cefquinome was approved for the first time as broad spectrum antibacterial drug.

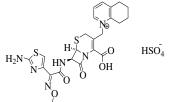


Figure 2. Chemical structure of cefquinome sulphate

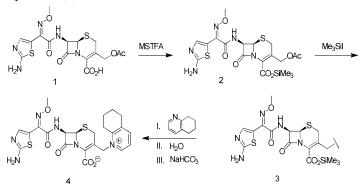
It is formulated as ready to use suspension for injection. It is marketed under different brand names: Cobactan<sup>®</sup> 2.5% (Intervent, Austria and Germany); Cefquinor LC<sup>®</sup> (Bayer, Germany); Cefimam<sup>®</sup> (Norbrook Laboratories, Ireland); Mastivia<sup>®</sup> (Fatro, Italy); Virbactan<sup>®</sup> (Vibrac, Belguim, Germany)<sup>13</sup>.

#### Physicochemical properties

Cefquinome is chemically designated as (6R,7R)-7-[[(2Z)-2-(2-amino-1,3-thiazol-4-yl)-2-methoxyiminoacetyl]amino]-8-oxo-3-(5,6,7,8-tetrahydroquinolin-1-ium-1-ylmethyl)-5-thia-1-azabicyclo[4.2.0]oct-2-ene-2-carboxylate. Its chemical formula is  $C_{23}H_{26}N_6O_5S_2$ , has molecular weight of 528.602 g/mol. It is white powder, freely soluble in water; with logP value<sup>14</sup> of -1.49.

#### Synthesis

As a kind of new animal appropriation antibiotics, there were fewer reports about the synthesis of its analogues and intermediates and the first synthesized patent was in 1984. Up to now, the reported synthesis methods were mainly used the 7-ACA or cefotaxime as the raw material (Scheme 1). Cefquinome is synthesized by the structural modification of cefotaxime (1). Cefotaxime acid is converted to silyl ester (2) by derivatization with *N*-methyl-*N*-(trimethylsilyl) trifluoroacetamide (MSTFA). Treatment of this intermediate with trimethylsilyl iodide gives the allylic iodide (3). Displacement of the halogen moiety and hydrolysis of the silyl ester followed by adjustments of the pH leads to the betaine cefquinome (4)<sup>15</sup>.



Scheme 1. Chemical synthesis of cefquinome

## Mechanism of action

Cefquinome binds to and inactivates penicillin-binding proteins (PBPs) located on the inner membrane of the bacterial cell wall. PBPs are enzymes involved in the terminal stages of assembling the bacterial cell wall and in reshaping the cell wall during growth and division. Inactivation of PBPs interferes with the cross-linkage of peptidoglycan chains necessary for bacterial cell wall strength and rigidity. This results in the weakening of the bacterial cell wall and causes cell lysis<sup>16</sup>.

## Pharmacokinetics and pharmacodynamics

Chemically, its zwitterionic structure facilitates rapid penetration across biological membranes, including porins of bacterial cell walls. It has high affinity to target penicillinbinding proteins. The  $\beta$ -lactam nucleus is responsible for its reactivity; a quaternary quinolinium, an aminothiazolyl moiety and an unusual *O*-alkylated oxime are the main peripheral functional groups. It has a relatively short half-life of about 2.5 hours. It is less than 5% protein bound and is excreted unchanged in the urine<sup>17</sup>.

#### Resistance and clinical uses

Microorganisms may exhibit resistance to drugs by different mechanisms including production of enzymes that destroy drugs, altering their metabolic pathway, changing permeability or developing an altered structural target to the drug<sup>18</sup>.

Cefquinome is highly resistant against inactivation by  $\beta$ -lactamase producing bacteria which explains its broad spectrum activity. Its pharmacological and antibacterial properties are valuable in the treatment of infections caused by various types of gram positive and Gram negative bacteria, such as Actinobacillus spp., Haemophilus spp., Pasteurella spp., E. coli, Staphylococcus spp., Streptococcus spp., Salmonella spp., Clostridium spp., Corynebacterium and Erysipelothrix rhusiopathiae.

#### Veterinary use

It is used for the treatment of bovine respiratory disease (BRD)<sup>19</sup> in cattle, respiratory tract infections in pigs, dermatitis and infectious ulbar necrosis and also used for other illnesses, such as "shipping fever", a pneumonia-like illness commonly found in cattle.

## Methods of analysis

Drug analysis plays an important role in the pharmaceutical field<sup>20,21</sup>. Analytical techniques are extremely important to conduct bioavailability and bioequivalence studies, quantification and identification of the drug substance and impurities and physical and chemical stability. Furthermore pharmacokinetic parameters for the therapeutic monitoring of the drug are also assessed using bioanalytical techniques<sup>22,23</sup>.

The analytical methods described in the literature for the determination of cefquinome are shown in Table 1 and 2. Those methods can be categorized depending on the method of analysis and the matrix analysed into chromatographic, spectrophotometric and microbiological methods of analysis.

As can be seen in Table 1, there is a predominance of pharmacokinetics determination in animals' biological fluids such as plasma, urine and serum, using high-performance liquid chromatography (HPLC). The chromatographic separation was carried out applying high performance or ultra high performance techniques with iscocratic or gradient elution. Methanol, acetonitrile, water and buffer were mainly used as eluents in the reported methods.

The injection volume was $10 \ \mu$ Lacid in vater) and solvent B (methanol). Initial gradient conditions were set to 5% B before incorporating a linear gradient increasing to 55% I Linear gradient of acetonitrile in water with a constant 0.1% trifluoroacetic acid solution.UVat 268 nmHPLCPlasma $C_{18}$ ; 1 mL/minMobile phase: mixture of buffer (0.085 M, pH 2.8) at a ratio of 85:15 (v/v).UV at 265 nmHPLCAPI $C_{18}$ ; 1 mL/minMobile phase: mixture of buffer: acetonitrile (80:20 v/v).UV at 268 nmLCWater and meatC18 (150 mm × 0.3 mm, meatGradient program combining solvent A 0.1 /minUV at 250 nmHPLCAPILiChroCART RP-18 column (5 µm particle size, 125 mm x 4 mm), 1 mL/minMobile phase: consisted of 10 volumes of 0.02 M phosphate buffer (pH 7.0).UV at 268 nmHPLCNeutropenic volume was 5 uL with a flow rate of 250 µL/minC <sub>18</sub> ; 1 mL/minMobile phase: consisted of 10 volumes of an monium acetate containing 0.1% formic acid in water, PH 4) and solvent B (acetonitrile and 5 mM mouse thighMS/MSUHPLCbovine muscleC <sub>18</sub> ; 1 mL/minIndum formic acid in water, PH 70.)Mobile phase: actionitrile and 5 mM ammonium acetate containing 0.1% formic acid and 0.2 mM ammonium acetate in water (mobile phase A) and 0.01% formic acid and 0.01% formic acid in acetonitile (mobile phase B).ESI-MS/MSHPLCPig urine and musclecolumn (150 x 2.0 mm, 4µm), with a C18 guard column (4 x 3.0 mm), dat a 0.0 mm, 4x 3.0 mm), dat a 0.0 mm, 4x 3.0 mm, dat a 0.0 mm, 4x 3.0 mm, dat a 0.0 mm, 4x 3.0 mm, dat a 0.0 mm, 4x 3.0 mm, <th>lethod</th> <th>Matrices</th> <th>Column and flow rate</th> <th>Mobile phase</th> <th>Detection</th> <th>Reference</th>	lethod	Matrices	Column and flow rate	Mobile phase	Detection	Reference
HPLCPlasma $C_{18}; 0.9 \text{ mL/min}$ Linear gradient of actonitrile in water with a constant $0.1\%$ trifluoroactic acid solution.UV at 268 nmHPLCPlasma $C_{18}; 1 \text{ mL/min}$ Mobile phase: mixture of ACN/phosphate buffer (0.085 M, pH 2.8) at a ratio of 85:15 (v/v).UV at 268 nmHPLCAPI $C_{18}; 1 \text{ mL/min}$ Mobile phase: ammonium acetate buffer: actonitrile (80:20 v/v).UV at 268 nmLCWater and meatC18 (150 mm × 0.3 mm, meatGradient program combining solvent A solvent B (acetonitrile-methanol (50:50, v/v)UV at 250 nmHPLCAPILiChroCART RP-18 column (5 µm particle size, 125 mm x 4 mm), 1 mL/min.Mobile phase consisted of 10 volumes of acetonitrile and 90 volumes of an 0.02 M phosphate buffer (pH 7.0).UV at 268 nmLCNeutropenic mouse thigh $C_{18}; 1 \text{ mL/min}$ Mobile phase consisted of 10 volumes of acetonitrile and 90 volumes of an 10.02 M phosphate buffer (pH 7.0).UV at 268 nmUHPLCbovine muscle $C_{18}; 1 \text{ mL/min}$ Mobile phase: actonitrile and 90 volumes of an 10.02 M phosphate buffer (pH 7.0).UV at 268 nmUHPLCbovine muscle $C_{18}; 1 \text{ mL/min}$ Binary gradient separation comprising of 0.01% formic acid and 0.2 mM ammonium acetate in water (mobile phase A) and 0.01% formic acid and 0.2 mM ammonium acetate in water (mobile phase A) and 0.01% formic acid in acetonitrile (mobile phase B).ESI-MS/MS and B (MeOH).	UHPLC	Bovine milk		acid in water) and solvent B (methanol). Initial gradient conditions were set to 5% B before incorporating a linear gradient		[41]
HPLCPlasmaC18; 1 mL/minMobile phase: mixture of ACN/phosphate buffer (0.085 M, pH 2.8) at a ratio of 85:15 (v/v).UV at 265 nmHPLCAPIC18; 1 mL/minMobile phase: amonium acetate buffer: acetonitrile (80:20 v/v).UV at 268 nm buffer: acetonitrile (80:20 v/v).LCWater and meatC18 (150 mm × 0.3 mm, meatGradient program combining solvent A (0.1% formic acid in water, pH 4) and solvent B (acetonitrile-methanol 	IPLC	Plasma	C <sub>18</sub> ; 0.9 mL/min	Linear gradient of acetonitrile in water with a constant 0.1% trifluoroacetic	UVat 268 nm	[42]
HPLCAPI $C_{18}$ ;1 mL/minMobile phase: ammonium acetateUV at 268 nmLCWater and meat $5 \ \mu m$ , 100 Å), 20 $\mu$ L/minGradient program combining solvent AUV at 250 nmLCAPILiChroCART RP-18 column ( $5 \ \mu m$ particle size, 125 mm x 4 mm), 1 mL/min.Gradient program combining solvent AUV at 268 nmLCNeutropenic mouse thighLiChroCART RP-18 column 	IPLC	Plasma	C <sub>18</sub> ; 1 mL/min	Mobile phase: mixture of ACN/phosphate buffer (0.085 M, pH	UV at 265 nm	[43]
LCWater and meatC18 (150 mm $\times$ 0.3 mm, 5 µm, 100 Å), 20 µL/minGradient program combining solvent AUV at 250 nmHPLCAPILiChroCART RP-18 column (5 µm particle size, 125 mm x 4 mm), 1 mL/min.Mobile phase consisted of 10 volumes of an 0.02 M phosphate buffer (pH 7.0).UV at 268 nmLCNeutropenic mouse thighC18 (2.1 mm $\times$ 50 mm, 3.5 um) The injection volume was 5 uL with a flow rate of 250 µL/minMobile phase: acetonitrile and 90 volumes of an 0.02 M phosphate buffer (pH 7.0).MS/MSUHPLCbovine muscleC18; 1 mL/minBinary gradient separation comprising of 0.01% formic acid and 0.2 mM ammonium acetate in water (mobile phase A) and 0.01% formic acid in acetonitrile (mobile phase B).ESI-MS/MSHPLCPig urine and musclecolumn (150 x 2.0 mm, 4µm), with a C18 guard column (4 x 3.0 mm),Gradient program combining solvent A (0.1% formic acid in acetonitrile and 90 volumes of an 0.02 M phosphate buffer (pH 7.0).UV at 268 nm 0.02 M phosphate buffer (pH 7.0).	IPLC	API	C <sub>18</sub> ;1 mL/min	Mobile phase: ammonium acetate	UV at 268 nm	[39]
HPLCAPILiChroCART RP-18 column (5 μm particle size, 125 mm x 4 mm), 1 mL/min.Mobile phase consisted of 10 volumes of acetonitrile and 90 volumes of an 0.02 M phosphate buffer (pH 7.0).UV at 268 nmLCNeutropenic mouse thighC <sub>18</sub> (2.1 mm × 50 mm, 3.5 µm) The injection volume was 5 µL with a flow rate of 250 µL/minMobile phase consisted of 10 volumes of acetonitrile and 90 volumes of an 0.02 M phosphate buffer (pH 7.0).MS/MSUHPLCbovine muscleC <sub>18</sub> ; 1 mL/minBinary gradient separation comprising of 0.01% formic acid and 0.2 mM ammonium acetate in water (mobile phase A) and 0.01% formic acid in acetonitrile (mobile phase B).ESI-MS/MSHPLCPig urine and musclecolumn (150 x 2.0 mm,4µm), with a C18 guard column (4 x 3.0 mm),Mobile phase: a binary mixture of solvents A (0.1% aqueous formic acid) and B (MeOH).MS/MS	C			Gradient program combining solvent A (0.1% formic acid in water, pH 4) and solvent B (acetonitrile-methanol	UV at 250 nm	[44]
LCNeutropenic mouse thigh $C_{18}$ (2.1 mm × 50 mm, 3.5 µm) The injection volume was 5 µL with a flow rate of 250 µL/minMobile phase: acetonitrile and 5 mM ammonium acetate containing 0.1% formic acid (10:90, v/v) provided as an isocratic elutionMS/MSUHPLCbovine muscle $C_{18}$ ; 1 mL/minBinary gradient separation comprising of 0.01% formic acid and 0.2 mM ammonium acetate in water (mobile phase A) and 0.01% formic acid in acetonitrile (mobile phase B).ESI-MS/MSHPLCPig urine and musclecolumn (150 x 2.0 mm,4µm), with a C18 guard column (4 x 3.0 mm),column (150 x 2.0 mm,4µm), with a C18 guard column (4 x 3.0 mm),Mobile phase: a binary mixture of and B (MeOH).MS/MS	IPLC	API	(5 µm particle size, 125 mm x	Mobile phase consisted of 10 volumes of acetonitrile and 90 volumes of an	UV at 268 nm	[40]
UHPLCbovine muscleC18; 1 mL/minBinary gradient separation comprising of 0.01% formic acid and 0.2 mM ammonium acetate in water (mobile phase A) and 0.01% formic acid in acetonitrile (mobile phase B).ESI-MS/MSHPLCPig urine and musclecolumn (150 x 2.0 mm,4µm), with a C18 guard column (4 x 3.0 mm),Binary gradient separation comprising of 0.01% formic acid and 0.2 mM ammonium acetate in water (mobile phase A) and 0.01% formic acid in acetonitrile (mobile phase B).ESI-MS/MSHPLCPig urine and musclecolumn (150 x 2.0 mm,4µm), with a C18 guard column (4 x 3.0 mm),Mobile phase: a binary mixture of solvents A (0.1% aqueous formic acid) and B (MeOH).MS/MS	C		C <sub>18</sub> (2.1 mm × 50 mm, 3.5 $\mu$ m) The injection volume was 5 $\mu$ L with a	Mobile phase: acetonitrile and 5 mM ammonium acetate containing 0.1% formic acid (10:90, v/v) provided as an	MS/MS	[45]
HPLCPig urine and musclecolumn (150 x 2.0 mm,4µm), with a C18 guard column (4 x 3.0 mm),Mobile phase: a binary mixture of solvents A (0.1% aqueous formic acid)MS/MS<	JHPLC	bovine muscle		Binary gradient separation comprising of 0.01% formic acid and 0.2 mM ammonium acetate in water (mobile phase A) and 0.01% formic acid in	ESI-MS/MS	[46]
	IPLC		with a C18 guard column	Mobile phase: a binary mixture of solvents A (0.1% aqueous formic acid)	MS/MS	[47]

Table 1. HPLC and spectroscopic-based methods for the determination of cefquinome

441

UHPLC	cow milk	$C_{18}$ (150 mm L × 1.0 mm	Isocratic elution of mobile phase	MS/MS	[48]
		ID) with 1.7 $\mu$ m particle	(water-acetonitrile-formic acid, 74.9:		
		size, 0.125 mL/ min	25.0:0.1 v/v/v)		5.403
LC	Mouse thigh	$C_{18}$ (2.1 mm × 50 mm,	Mobile phase: acetonitrile and 5 mM	MS/MS	[49]
		3.5 $\mu$ m) The injection volume was 5 $\mu$ L with a	ammonium acetate containing 0.1% formic acid (10:90, v/v) provided as an		
		flow rate of 250 $\mu$ L/min	isocratic elution		
HPLC	Gland tissue	$C_{18}$ (4.6 mm × 150 mm,	Mobile phase: acetonitrile and 5 mM	-	[30]
III LC	Gland Lissue	$5 \mu\text{m}$ ) The injection volume	ammonium acetate containing 0.1%		[50]
		was 50 $\mu$ L with a flow rate	formic acid (13/87v/v) provided as an		
		of 250 µL/min	isocratic elution		
HPLC	blood and	C <sub>18</sub> (250 mm x 4.6 mm i.d.,	Linear gradient of acetonitrile in water	UV at	[50]
	synovial fluid	5 μm), 0.9 mL/min.	with a constant 0.1% trifluoroacetic	268nm	
			acid solution		
LC	Bovine milk	C <sub>18</sub>	Mobile phase: methanol and water		
I.C.	1 .		(both with 0.1% of formic acid)	ESI-MS/MS	[51]
LC	bovine serum	-	-	UV	[52]
HPLC	Plasma	$C_{18}$ (250 mm by 4.6 mm;	Phenomenex Gemini Mobile phase: acetonitrile and 0.1% trifluoroacetic	UV at 268 nm	[53]
		5 μm). 0.9 mL/min	acid in water.		
HPLC	plasma and	C <sub>18.</sub> 1 mL/min.	Mobile phase: 0.005% formic acid and	ESI-MS	[54]
III LC	broncho-alveolar		methanol		[51]
	lavage fluid				
Absorption	API	-	ratio difference, derivative ratio and	-	[55]
spectrometry UV			mean centering		
Electrochemical	plasma and	-	Performing Cyclodextrin-Based Ion-	-	[38]
method	milk		Selective Electrode		
Absorption	API	-	Zero-, first- and second order	268 nm,	[56]
spectrometry UV			derivative spectrometry	286 nm, 311 nm	
Absorption	API	-	Coupling with ammonium molybdate	VIS at 670 nm	[57]
spectrometry UV/VIS			in acidic media	200	[50]
Absorption	API	-	Differential method	289 nm	[58]
spectrometry UV/VIS	)				

442

Matrices / Microorganisms	Conditions / Methods	References
Milk and meat	Utilizing BlaR-CTD to develop a receptor-based ELISA	[59]
Serum and inflamed tissue	PK determination using tissue-cage model	[60]
Sheep and goat serum	PKs determination: microbiological assay technique using Micrococcus luteus (ATCC 9341) as test organism	[61]
S. aureus strains	PK/PD relation: tissue-cage infection model was established in rabbits	[62]
<i>Escherichia coli</i> isolates	Calculating MICs of cefquinome and applying Monte Carlo simulation	[31]
S. aureus strains	Evaluate PK/PD against an experimental catheter-related biofilm model due to S. aureus	[63]
Milk	Investigating methods for the bioremediation of milk using unpasteurized and UHT milk spiked with cefquinome as model	[64]
Salmonella and Escherichia coli	Evaluating resistance using minimum inhibitory concentration determinations and disc diffusion	[65]
Food	A novel microplate assay for the detection and determination of penicillins and cephalosporins with intact beta-lactam structure	[30]
Kidney tissue	Solid-phase fluorescence immunoassay (SPFIA) developed for antibiotic residue detection	[66]
Set of bacteria	Activity comparison in clinical cultures by determining MICs	[36]

Table 2. Microassay method for determination of cefquinome

The composition and percentage of the mobile phase were varied according to the conditions and to obtain good separation. The responses were recorded using UV, mass spectrophotometry, tandem mass spectrophotometry or electrospray ionization tandem mass spectrophotometry detectors. The columns were mainly  $C_{18}$  with a flow rate ranging between 0.25-1 mL/min.

Several authors consider methanol as a green solvent compared to acetonitrile, although some authors are more cautious about its use<sup>24-27</sup>. Currently, the development of non-aggressive methods to the environment and human health are highly recommended<sup>28,29</sup>. The pharmacokinetics and therapeutic dose of cefquinome were assessed using microbiological methods (Table 2). The techniques used include ELISA, disc diffusion and solid-phase fluorescence immunoassay.

In the literature, reported methods also have described practical methods to be used in the therapeutic drug monitoring. Yu Y *et al.*,<sup>30</sup> assessed cefquinome dose by pharmacokinetic / pharmacodynamic modeling in mouse model of staphylococcus aureus mastitis. Cefquinome pharmacokinetics, bioavailability and dose assessment was also described by Zhao DH *et al.*, <sup>31</sup>. Lamar J *et al.*, <sup>32</sup> developed a receptor-based microplate assay for the detection of beta-lactam antibiotics including cefquinome in different food matrices.

Taverne FJ *et al.*,<sup>33</sup> determined the pharmacokinetic data of cephalosporins by reviewing the available literature for food producing and companion animal species. They assessed the accuracy of allometric scaling in food-producing and companion animals.

Chin NX et al.,<sup>34</sup> compared the in vitro activity of cefquinome with ceftazidime, cefpirome, and cefepime. Cefquinome was found to inhibit members of the Enterobacteriaceae at less than or equal to 0.5 microgram/mL for *Escherichia coli*, *Klebsiella pneumoniae*, *K. oxytoca*, *Citrobacter diversus*, *Salmonella Shigella*, Proteus mirabilis, *Morganella* and *Providencia*.

Limbert M *et al* and Murphy S P *et al.*,<sup>35,36</sup> described the *in vitro* and *in vivo* antibacterial activity and pharmacokinetics of cefquinome. The in vitro and trends in resistance to antimicrobials were determined by Nedbalcova K *et al.*,<sup>37</sup> using a dilution micromethod in a group of *Actinobacillus pleuropneumoniae*, *Pasteurella multocida*, *Mannheimia haemolytica* and *Escherichia coli* isolates from clinical cases of cattle and swine diseases.

Few methods for the determination of cefquinome in bulk and pharmaceutical formulations by spectrophotometry with absorption in UV and visible region or chromatographic analysis were found in the literature. Those methods determined cefquinome content by either measuring the absorbance values (zero-order, first derivative, second derivative or colorimetric) or the peak areas at specified retention time. The main details are described in Table 1.

Stability study and kinetic monitoring of cefquinome sulfate using cyclodextrin-based ion-selective electrode were developed by Yehia AM, *et al.*,<sup>38</sup>. Shantier SW *et al* and Dołhań A *et al.*,<sup>39,40</sup> developed chromatographic and spectrophotometric methods for the analysis and stability studies of cefquinome sulphate in bulk and pharmaceutical dosage forms.

### Conclusion

Infections are the second leading reason for mortality worldwide which justifies the need to study the effectiveness of and improve the present antimicrobials/ antibiotics available for the animals or human use.

This article summarized a brief review on the characteristics and reported methods for the analysis of cefquinome in different matrices (plasma, urine, serum and bulk and dosage forms).

Despite the advantages of some of those techniques, relevant points to consider are the complexity, analyte amount and sample treatment especially with toxic solvents. Currently, the development of non-aggressive methods to the environment and human health are highly recommended.

In pharmaceutical analysis, preference is always directed towards development of simple, feasible and cost effective methods. Development of such methods will be of great impact specifically for during and in-process control and for the routine quality control of drugs.

#### Competing interests

The author declares no conflict of interest

#### Funding

The current work was self sponsored.

## References

1. The ABC's of Antibiotics, *Retrieved*, 11 October 2019; http://professionals.site.apic.org/files/2013/10/AntibioticInfographic14-FINAL.pdf

- 2. Factsheet for experts, European Centre for Disease Prevention and Control. Retrieved 21 December 2014.
- 3. Calderon C B and Sabundayo B P, Antimicrobial Classifications: Drugs for Bugs. In Schwalbe R, Steele-Moore L and Goodwin A C, Antimicrobial Susceptibility Testing Protocols. CRC Press. Taylor and Frances group, 1990.
- 4. Scott H H, Brudvig J, James D, Mirceta J, Polvinski M, Mattheus N and Griffith R, *Public Health Report*, 2008, **123(3)**, 343-351; DOI:10.1177/003335490812300314
- 5. Singer R S, Louis A, Cox Jr, James S D, Scott, H H, Ian P and Gay Y M, *Prev Vet Med.*, 2007, **79**, 186-203; DOI:10.1016/j.prevetmed.2006.12.003
- 6. Guimarães D O, Momesso L S and Pupo M T, *Química Nova.*, 2010, 33(3), 667-679.
- 7. Brooks B D and Brooks A E, *Adv Drug Del Rev.*, 2014, **78**, 14-27; DOI:10.1016/j.addr.2014.10.027
- 8. Oldifield E and Feng X, *Trends Pharmacol Sci.*, 2014, **35(12)**, 664-674; DOI:10.1016/j.tips.2014.10.007
- 9. Harle D G, Baldo B A and Wells J V, *Mol Immunal.*, 1988, **25(12)**, 1347-1354; DOI:10.1016/0161-5890(88)90050-8
- 10. La Roca M F, Sobrinho J L S, Nunes L C C and Neto P J R, *Brasilian J Pharmacy*, 2007, **88**, 177-180.
- 11. Climeni B S O, Dellalibera F L, Monteiro M V, Bazan C T and Pereira D M, *Revista Científica Eletrônica de Medicina Veterinária*, 2009, 12, 1-8.
- 12. Katzung B G, Masters S B and Trevor A J, *Basic Pharmacology and Clinical*. McGraw Hill, Inter American of Brazil: São Paulo, Brazil, 2009.
- 13. https://www.drugs.com
- 14. https://pubchem.ncbi.nlm.nih.gov/compound/5464355
- 15. Brown Raymond F, Kinnick Michael D, Morin John M, Vasileff Robert T, Counter Fred T, Davidson Edward O, Ensminger Paul W, Eudaly Judith A and Kasher Jeffrey S, *J Med Chem.*, 1990, **33(8)**, 2114-2121; DOI:10.1021/jm00170a011
- 16. https://ncit.nci.nih.gov/ncitbrowser/ConceptReport.jsp?dictionary=NCI\_Thesaurus& ns=NCI\_Thesaurus&code=C79564
- 17. Risk estimation for cefquinome to evaluate potential microbiological effects on bacteria of human health concern, 2006. [Cited June 2012]. Available from: www.fda.gov.
- Mandell G L, Bennett J E and Dolin R, Anti-infective therapy. Volume I Part I Section E, In: Mandell, Douglas and Bennett's Principals and Practice of Infectious Diseases, 5<sup>th</sup> Ed., Churchill Livingstsone, 2000.
- 19. Rick Weiss, "FDA Rules Override Warnings About Drug", *The Washington Post*, March 4, 2007, sec. A01
- 20. Lee D C and Webb M L, *Pharmaceutical Analysis*; Blackwell Publishing Ltd: Oxford, 2003.
- 21. Hanna-Brown M, Anal Methods, 2012, 4(6), 1484; DOI:10.1039/C2AY90024F
- 22. Bonfilio R, Cazedey E C L, Araújo M B de and Salgado H R N, *Crit Rev Anal Chem.*, **2012**, **42(1)**, 87-100
- 23. Siddiqui M R, AlOthman Z A and Rahman N A, *Arab J Chem.*, 2017, **10**(1), S1409-S1421; DOI:10.1016/j.arabjc.2013.04.016
- 24. Capello C, Fischer U and Hungerbühler K, *Green Chem.*, 2007, **9**, 927-934; DOI:10.1039/B617536H
- 25. Byrne F P, Jin S, Paggiola G, Petchey T H M, Clark J H, Farmer T J, Hunt A J, McElroy C R, Sherwood J, Sustain Chem Process., 2016, 4(7), 1-24; DOI:10.1186/s40508-016-0051-z

- 26. Curzons A D Constable D C and Cunningham V L, *Clean Prod Process*, 1999, **1(2)**, 82-90; DOI:10.1007/s100980050014
- Henderson R K, Jiménez-González C, Constable D J C, Alston S R, Inglis G G A, Fisher G, Sherwood J, Binks S P and Curzons A D, *Green Chem.*, 2011, 4, 854-862; DOI:10.1039/C0GC00918K
- Alfonsi K, Colberg J, Dunn P J, Fevig T, Jennings S, Johnson T A, Kleine H P, Knight C, Nagy M A, Perry D A, et al. Green Chem., 2008, 10(1), 31-36; DOI:10.1039/B711717E
- 29. Płotka J, Tobiszewski M, Sulej A M, Kupska M, Górecki T and Namieśnik J, J Chromatogr A, 2013, 13, 1-20; DOI:10.1016/j.chroma.2013.07.099
- Yu Y, Zhou Y F, Li X, Chen M R, Qiao G L, Sun J, Liao X P and Liu Y H, Front Microbiol., 2016, 7(7), 1595; DOI:10.3389/fmicb.2016.01595
- 31. Zhao D H, Wang X F, Wang Q and Li L D, *BMC Vet Res.*, 2017, **13(1)**, 226; DOI:10.1186/s12917-017-1148-7
- 32. Lamar J and Petz M, *Anal Chim Acta*, 2007, **586(1-2)**, 296-303; DOI:10.1016/j.aca.2006.09.032
- 33. Taverne F J, van Geijlswijk I M, Heederik D J, Wagenaar J A and Mouton J W, *BMC Vet Res.*, 2016, **12(1)**, 185; DOI:10.1186/s12917-016-0817-2
- 34. Chin N X, Gu J W, Fang W and Neu H C, *Diagn Microbiol Infect Dis.*, 1992, **15(4)**, 331-337; DOI:10.1016/0732-8893(92)90019-P
- 35. Limbert M, Isert D, Klesel N, Markus A, Seeger K, Seibert G and Schrinner E, *Antimicrob Agents Chemother*, 1991, **35**(1), 14-19; DOI:0.1128/aac.35.1.14
- 36. Murphy S P, Erwin M E and Jones R N, *Diagn Microbiol Infect Dis.*, 1994, **20**(1), 49-55; DOI:10.1016/0732-8893(94)90019-1
- 37. Nedbalcova K, Nechvatalova K, Pokludova L, Bures J, Kucerova Z, Koutecka L and Hera A, *Vet Microbiol.*, 2014, **171(3-4)**, 328-336; DOI:10.1016/j.vetmic.2014.02.004
- Yehia A M, Arafa R M, Abbas S S and Amer S M, J AOAC Int., 2016, 99(1), 73-81; DOI:10.5740/jaoacint.15-0185
- 39. Shantier S W, Gadkariem E A, Adam M O and Mohamed M A, *Int J Biomed Sci.*, 2013, **9(3)**, 162-167.
- 40. Dołhań A, Jelilńska A and Manuszewska M, Acta Pol Pharm., 2014, 71(2), 249-254.
- 41. Hou X L, Wu Y L, Lv Y, Xu X Q, Zhao J and Yang T, *J Chromatogr B Analyt Technol Biomed Life Sci.*, 2013, **15(931)**, 6-11; DOI:10.1016/j.jchromb.2013.05.006
- 42. Dinakaran V, Dumka V K, Ranjan B, Balaje R and Sidhu P K, *Trop Anim Health Prod.*, 2013, **45**(7), 1509-1512; DOI:10.1007/s11250-013-0390-7
- 43. Xie W, Zhang X, Wang T and Du S, *British Poult Sci.*, 2013, **54(1)**, 81-86; DOI:10.1080/00071668.2013.764399
- 44. Quesada-Molina C, García-Campaña A M and del Olmo-Iruela M, *Talanta*, 2013, **15**(115), 943-949; DOI:10.1016/j.talanta.2013.07.008
- 45. Wang J, Shan Q, Ding H, Liang C, Zeng Z, Antimicrob Agents Chemother, 2014, 58(6), 3008-3012; DOI:10.1128/AAC.01666-13
- 46. Di Rocco M, Moloney M, O'Beirne T, Earley S, Berendsen B, Furey A and Danaher M, *J Chromatogr A*, 2017, **1500**, 121-135; DOI:10.1016/j.chroma.2017.04.022
- 47. Chiesa L M, Nobile M, Panseri S and Arioli F, *Food Chem.*, 2017, **15**(235), 111-118; DOI:10.1016/j.foodchem.2017.04.184
- 48. Baeza A N, Urraca J L, Chamorro R, Orellana G, Castellari M and Moreno-Bondi M C, *J Chromatogr A*, 2016, **1474**, 121-129; DOI:10.1016/j.chroma.2016.10.069

- 49. Shan, Q and Wang J, J Vet Pharmacol Ther., 2017, **40(4)**, 392-397; DOI:10.1111/jvp.12365
- 50. Uney K, Altan F, Altan S, Erol H, Arican M and Elmas M, *J Vet Pharmacol Ther.*, 2017, **40(3)**, 239-247; DOI:10.1111/jvp.12362
- 51. Jank L, Martins M T, Arsand J B, Hoff R B, Barreto F and Pizzolato T M, *Part A Chem Anal Control Expo Risk Assess.*, 2015, **32(12)**, 1992-2001; DOI:10.1080/19440049.2015.1099745
- 52. Ahmad I, Hao H, Huang L, Sanders P, Wang X, Chen D, Tao Y, Xie S, Xiuhua K, Li J, Dan W and Yuan Z, *Front Microbiol.*, 2015, **17(6)**, 588; DOI:10.3389/fmicb.2015.00588
- 53. Uney K, Altan F and Elmas M, *Antimicrob Agents Chemother.*, 2011, **55**(2), 854-859; DOI:10.1128/AAC.01126-10
- 54. Maes A, Meyns T, Sustronck B, Maes D, De Backer P and Croubels S, *J Mass Spectrom.*, 2007, **42(5)**, 657-663; DOI:10.1002/jms.1199
- 55. Yehia A M, Arafa R M, Abbas S S and Amer S M, Spectrochim Acta A: Mol Biomol Spectrosc., 2016, **153**, 231-240; DOI:10.1016/j.saa.2015.08.037
- 56. Shantier S W and Gadkariem E A, *Elixir Pharmacy*, 2013, **59**, 15471-15473.
- 57. Shantier S W and Gadkariem E A, *American J Appl Sci.*, 2014, **11(2)**, 202-206; DOI:10.3844/ajassp.2014.202.206
- 58. Shantier S W and Gadkariem E A, British J Pharma Res., 2014, 4(5), 617-625.
- 59. Peng J, Cheng G, Huang L, Wang Y, Hao H, Peng D, Liu Z and Yuan Z, *Anal Bioanal Chem.*, 2013, **405**(27), 8925-8933; DOI:10.1007/s00216-013-7311-5
- Shan Q, Yang F, Wang J, Ding H, He L and Zeng Z, J Vet Pharmacol Ther., 2014, 37(2), 178-185; DOI:10.1111/jvp.12076
- 61. El-Hewaity M, Abd El Latif A, Soliman A and Aboubakr M, *J Vet Med.*, 2014, **2014**, 949642; DOI:10.1155/2014/949642
- 62. Xiong M, Wu X, Ye X, Zhang L, Zeng S, Huang Z, Wu Y, Sun J and Ding H, *Front Microbiol.*, 2016, **7**(**7**), 874; DOI:10.3389/fmicb.2016.00874
- 63. Zhou Y F, Shi W, Yu Y, Tao M T, Xiong Y Q, Sun J and Liu Y H, *Front Microbiol.*, 2016, **7(6)**, 1513; DOI:10.3389/fmicb.2015.01513
- Horton R A, Randall L P, Bailey-Horne V, Heinrich K, Sharman M, Brunton L A, La Ragione R M and Jones J R, J Appl Microbiol., 2015, 118(4), 901-910; DOI:10.1111/jam.12765
- Aarestrup F M, Hasman H, Veldman K and Mevius D, *Microb Drug Resist.*, 2010, 16(4), 253-261; DOI:10.1089/mdr.2010.0036
- 66. Okerman L, De Wasch K, Van Hoof J and Smedts W, JAOAC Int., 2003, 86(2), 236-240.