



ijmps

Vol 04 issue 02

Section: Healthcare

Category: Research

Received on: 02/01/13

Revised on: 04/02/13

Accepted on: 28/02/13

IN VITRO PENETRATION OF THE ANTIBIOTIC FOSFOMYCIN IN SWINE INTESTINAL CELLS (IPEC J2)

D.S. Pérez^{1,2}, G. Martínez^{1,2}, A.L. Soraci^{1,2}, M.O. Tapia^{1,2}

¹Laboratorio de Toxicología, Centro de Investigación Veterinaria de Tandil, Departamento de Fisiopatología, Facultad de Ciencias Veterinarias, Universidad Nacional del Centro de la Provincia de Buenos Aires, Tandil, Buenos Aires, Argentina

²Consejo Nacional de Investigaciones Científicas y Técnicas (CONICET), Buenos Aires, Argentina

E-mail of Corresponding Author: denisa@vet.unicen.edu.ar

ABSTRACT

Fosfomicin is an antibiotic widely used for the treatment and prevention of swine infections caused by resistant bacteria. The aim of this research was to study the penetration of fosfomicin in an *in vitro* model of intestinal cells (IPEC-J2 cells). Cells cultures were subjected to 580 µg/mL of calcium fosfomicin. Intracellular concentrations of the antibiotic were analyzed by HPLC MS/MS and they ranged from 23.48 to 45.81 µg/mL (T_{max} : 4 h). Fosfomicin concentrations exceeded the MIC₉₀ for the most important pathogens in swine intestinal infections (*Escherichia coli*: 0.50 µg/mL, *Salmonella enterica subsp. Enterica*: 4 µg/mL). Therefore, it is apparent that fosfomicin is an alternative for the treatment of intestinal infections in pigs.

Keywords: Fosfomicin, *in vitro*, penetration, IPEC -2 cells, intestinal infections, pigs

INTRODUCTION

Swine industry provides one of the most important sources of animal protein, being pork industry the largest in production and consumption, followed by poultry meat and beef. In pig production, weaning is considered as a critical period for piglets. It is characterized by a decrease in food intake that leads to a status of under nutrition, affecting other aspects of animal physiology and metabolism (Dirkzwagera *et al.*, 2005). During this period animals are more susceptible to infectious diseases (Nabuurs *et al.*, 1993). The main sites of infection (biophase) of the pathogens responsible for these disorders are the interstitial and intracellular fluid. In this regard, it should be noted that most of enteric diseases are caused by intracellular organisms, such as *Salmonella sp.* (facultative intracellular) and *Lawsonia intracellularis* (obligate intracellular) (Pluske *et al.*, 1996; Pedersen *et al.*, 2008), although other

microorganisms that are located at the extracellular level are also important, such as *E. coli*.

Different antibiotics have been used for decades to reduce pathogen infection in pigs (irrational use). For this reason, many bacteria have become resistant to the most frequently used antimicrobials (Dirkzwagera *et al.*, 2005; Mathew *et al.*, 1998; Rood *et al.*, 1985). Among the most recently used antibiotics is fosfomicin (cis-1,2-epoxyphosphonic acid), an intensive production widely used antibiotic (Serrano, 2002) is a broad-spectrum drug, structurally unrelated to other classes of antimicrobial agents. It inhibits cell wall synthesis as it interferes with peptidoglycan production at an earlier stage than beta-lactams or glycopeptide antibiotics (Gobernado, 2003; Kahan *et al.*, 1974; Lin, 1976; Popovic *et al.*, 2009). It has a low molecular weight (138.059 Da) and its chemical structure is similar to that of

phosphoenol-pyruvate. When compared with other antibiotics, fosfomycin has a broader *in vitro* spectrum of action than penicillin and semi-synthetic cephalosporins (Mata *et al.*, 1977), and cross-resistance has not been reported (Gobernado, 2003). The use of fosfomycin in animals and humans has been proposed because of its low toxicity and potential efficacy (Gallego *et al.*, 1974), being also widely used in animal production due to its rapid effect, good tolerance and lack of side effects (Aramayona, 1997; Carramiñana, 2004).

The pharmacokinetics of fosfomycin has been described in humans (Gallego *et al.*, 1971; Damaso *et al.* 1990; Falagas *et al.*, 2008), rabbits (Fernandez Lastra *et al.* 1986, 1987), broilers (Aramayona *et al.*, 1997, Soraci *et al.* 2011), cattle (Sumano *et al.*, 2007), horses (Zozaya *et al.*, 2008), dogs (Gutiérrez *et al.*, 2008) and pigs (Soraci *et al.*, 2011, Pérez *et al.*, 2012). Its chemical structure supports different salts: sodium, calcium and tromethamine (Perez-Rodriguez and Chavez Hernandez Velasco, 1997; Serrano, 2002). This is due to its acidic nature that allows the rapid formation of salts. The fosfomycin-calcium salt formulation is used orally, whereas the more water-soluble disodium salt can be used intravenously. Fosfomycin-tromethamine salt is highly hydro-soluble and offers a good oral bioavailability in humans (Borsa *et al.*, 1988; Patel *et al.*, 1997; Popovic *et al.*, 2009). Perez *et al.* (2011, 2012) have established a fosfomycin withdrawal period of 3 days for broiler chicken muscle, liver and kidney and of 3 days after oral administration and 2 days after intramuscular administration in pig tissues.

It has been demonstrated that, besides being a bacterial inhibitor, fosfomycin has other properties such as, inhibition of bacterial adhesion to epithelial cells, penetration of wells in biofilms of exo-polysaccharide and protection against nephrotoxicity caused by drugs such as, cisplatin, cyclosporine, aminoglycosides, vancomycin, teicoplanin, amphotericin B and polymyxin

(Gobernado, 2003). Martínez *et al.* (2011) demonstrated fosfomycin has a protective effect on HEP-2 cells when they are incubated with the mycotoxin deoxivalenol. Morikawa *et al.* (1993) and Honda *et al.* (1998) have shown that fosfomycin has immunomodulatory effect on lymphocytes. Similarly, Krause *et al.* (2001) studied the effect of fosfomycin on neutrophil function and showed that destruction of microorganisms is increased when incubated with this antibiotic.

Fosfomycin exhibits a time dependent killing, so it kills bacteria when its concentrations remain constantly above the Minimum Inhibitory Concentration (MIC) (Aliabadi and Lees, 1997; Toutain *et al.*, 2002). In this regard, for an antibiotic to be effective against relevant pathogens, it is essential to reach concentrations higher than the minimum inhibitory concentration (MIC) at the site of action (Nix *et al.*, 1991; Schentag and Ballow, 1991; Toutain *et al.*, 2002). Fosfomycin is indicated for the treatment of a variety of porcine bacterial pathogens (*Haemophilus parasuis*, *Streptococcus suis*, *Pasteurella multocida*, *Bordetella bronchiseptica*, *Staphylococcus hyicus*, *Escherichia coli*, *Salmonella enterica*) associated with stress and/or several viral diseases (Martineau, 1997) and its MIC₉₀ for most of the important pathogens in swine production has been established in 0.25-4 µg/mL (Fernández *et al.*, 1995, Sumano *et al.*, 2007, Ibar *et al.*, 2009). In this regard, Pérez *et al.* (2012), have demonstrated that fosfomycin is an alternative for the treatment of intracellular respiratory infections in pigs, because it penetrates in HEP-2 cells and reaches concentrations that exceed the MIC₉₀ for the most important pathogens in swine respiratory infections.

Although fosfomycin is widely used in clinical practice in the pork industry, its use in pigs is given on the basis of its potential clinical efficacy. However, there are no studies showing that this antibiotic reaches adequate concentrations in the biophase where the most important pathogens

operate. It was hypothesized that the antibiotic reaches concentrations above the MIC₉₀ for most of the enteric microorganisms which are relevant in swine production systems. According to this background, the aim of this work was to determine fosfomycin concentration in the intracellular fluid of IPEC-J2 cells, as a model of fosfomycin penetration into intestinal cells and to determine the relationship between intracellular and serum fosfomycin concentrations in weaning piglets.

MATERIALS AND METHODS

This work was performed at the Laboratory of Toxicology of the Faculty of Veterinary Sciences, Tandil Veterinary Research Center, UNICEN, Tandil, Buenos Aires, Argentina.

Antibiotic

Calcium fosfomycin (98.9% of purity) was from Bedson Laboratory, Pilar, Buenos Aires, Argentina.

We use a dose of 580 µg/mL, which was estimated considering a therapeutic dose of 30 mg/kg body weight (b.w.) of calcium fosfomycin for pigs, an average post-weaning piglet b.w. of 15 kg, the intestinal volume where the antibiotic is dissolved (622 mL) (Ruckebusch, 1981) and a bioavailability (F%) of 20 (Pérez *et al*, 2012, unpublished data), so the 80 % of the drug remains in the gut. Stock solution of fosfomycin calcium salt was prepared in physiological saline solution (PSS).

Cell line

For these experiments, IPEC-J2 cells were used. These cells were kindly provided by Dr. Anthony Bliklager (North Carolina State University, Raleigh, NC). IPEC-J2 is a non-transformed columnar epithelial cell line, from the mid-jejunum of a neonatal piglet. They were originated in 1989, by Helen Berschneider, at the University of North Carolina (Brosnahan and Brown, 2012). Given the high homology in porcine and human intestinal structure and function, and presumably in enterocytes as well (Geens and Niewold, 2011; Brosnahan and Brown, 2012),

studies performed with IPEC-J2 cells may provide valuable insights on the penetration of antibiotics in the human intestinal mucosa.

Cells were cultured in Dulbecco's modified Eagle medium: nutrient mixture F-12 (Ham) (1:1) with GlutaMAX™-I (DMEM/F12) (Invitrogen™ Life Technologies, Carlsbad, CA, USA), supplemented with 20% fetal bovine serum, 1% insulin-transferring-selenium supplements (Invitrogen), 1% epidermal growth factor (Invitrogen) and 1% penicillin-streptomycin (penicillin 10,000 U/ml and streptomycin 100 mg/ml; Invitrogen) in a humidified atmosphere of 5% CO₂ at 37°C. IPEC-J2 cells were seeded into 24-well plates at a concentration of 1.2 x 10⁶/ml. Cells in a confluent monolayer were used in all experiments. The cells were maintained in an atmosphere of 5% CO₂ at 37°C for 24 h.

Cell viability

Cell concentration and viability were determined by trypan blue exclusion assay after 24 h of incubation of IPEC-J2 cells with fosfomycin.

Experimental design

The culture medium was removed and cells cultures were washed with PSS to eliminate residual PBS, since phosphates of the buffer might interfere with the detection of fosfomycin by HPLC-MS/MS. Cells were incubated from 5 minutes to 24 hours at 37 ° C and 5% CO₂, depending on the experiment, a-) IPEC-J2 cells were incubated with 1 mL of PSS, in absence of fosfomycin (negative control); b-) Cell cultures were incubated with 1 mL of the 580 µg/mL stock solution of calcium fosfomycin. The results were corroborated by six-replicates.

Cell cultures were observed under an inverted microscope at 40X to determine if the monolayer was intact and cell detachment, cytoplasmic 'dots' (sign of intoxication) and loss of cell membrane were not present. In any case, cells were not affected during the incubation period.

Determination of fosfomycin concentrations in IPEC-J2 cells

After each incubation time (15, 30, 45 min, 1, 2, 3, 4, 6, 8, 12, 18 and 24 h, the supernatant was collected and each well containing IPEC-J2 cells was washed twice with HPLC water. Supernatants were centrifuged at 3500 rpm for 6 minutes to obtain the extracellular fosfomycin. Pellet (sloughed cells) was restored to the corresponding well. After the addition of 2 mL of HPLC water to the wells, culture plates were sealed and sonicated for 30 min to break the cells and release fosfomycin to the HPLC water. Then, the content of each well was centrifuged at 10,000 rpm at 4 °C. One mL was filtered through nylon filters of 0.22 µm, placed in vials, and intra and extracellular concentrations of fosfomycin were determined by HPLC-MS / MS.

To estimate the influence of IPEC-J2 cells intracellular water on fosfomycin intracellular concentrations, we based on Kiem and Shentag (2008) work. We have into account the IPEC-J2 cell count in a well plate (1.2×10^6 cells) and the mean cell volume (2.75×10^{-6}). Therefore, processed data obtained from Xcalibur software were re-calculated considering the intracellular volume of water. The degree of penetration of fosfomycin into IPEC-J2 cells was determined by comparing the AUC_{0-t} of IPEC-J2 cells with the AUC_{0-t} of serum.

Instruments

The HPLC-MS/MS system was from Thermo Electron Corporation (San Jose, CA, USA), consisting of a Finnigan Surveyor auto sampler, a Finnigan Surveyor MS quaternary pump. The detector was a Thermo Quantum Discovery Max triple quadrupole mass spectrometer, equipped with a ESI source. Nitrogen used as nebulizer and sheath gas was obtained through a nitrogen generator from Peak Scientific Ltd. (Inchinnan, Scotland). Data processing was done using Xcalibur software, also from Thermo.

Mass Spectrometer conditions

The mass spectrometer was operated in negative ionization mode. The tuning parameters were optimized with 10 µg/mL individual aqueous solutions of fosfomycin directly infused in the ion source by means of a syringe pump at 10 µl/min, with influence of mobile phase delivered from the LC pump through a T connection to give the corresponding chromatographic flow rate. The spray voltage was set to -3800 eV, the capillary temperature was 350 °C, and argon 99,999% purity was used for collision induced dissociation (CID) at 1.6 m Torr in the collision cell. Source CID energy was set to -8eV. Fosfomycin detection and quantification were achieved by single reaction monitoring of transitions m/z 137 → 79 with an optimized collision energy of 25.

CHROMATOGRAPHIC CONDITIONS

Separation was achieved on a Phenomenex CN (cyano) stationary phase, 75 mm x 4.6 i.d., 5 µm column. The mobile phase consisted on acetonitrile: water (20:80), working in isocratic mode, at a flow rate of 100 µl/min. The column was maintained at 30 °C, while the samples in the auto sampler were at 10 °C. Sample injection volume was 20µl, chromatographic run time was 8 min and fosfomycin retention time was 6 min.

Statistical analysis

Results were analyzed by ANOVA, using InStat3 software.

RESULTS

The viability of the cells incubated with fosfomycin after 24 h of incubation was 100%. The concentrations of intracellular antibiotic in the wells incubated with 580 ppm calcium fosfomycin ranged between 23.48 and 45.81 µg/ml (Table 1). Figure 1 shows fosfomycin mean intracellular concentrations in IPEC-J2 cells. The T_{max} , moment where fosfomycin reached its maximal intracellular concentration, was 4 h. After this time, the concentration of intracellular antibiotic

started to decrease until it reached concentrations of 23.48 µg/ml at 24 h of incubation.

Only a 7.89 % of the administrated dose was able to enter the IPEC-J2 cells, remaining most of the antibiotic in the extracellular fluid.

Insert Table 1

Fosfomycin AUC in serum, C_{max} and T_{max} in weaning piglets were determined by Soraci *et al.* (2011). Fosfomycin AUC_{0-t} after an oral dose of calcium fosfomycin was 39.6 µg-h/mL. Fosfomycin AUC_{0-t} after the incubation with 580 µg/mL of calcium fosfomycin was 729.60. The ratio of fosfomycin AUC in IPEC-J2 cells compared to AUC in serum ($AUC_{IPEC-J2} / AUC_{serum}$) was 18.42. The C_{max} was 3.60 µg/mL for the calcium salt orally administered, and 45.81 µg/mL for the 580 µg/mL dose of calcium fosfomycin in IPEC-J2 cells. These concentrations were achieved at different times. T_{max} were: 3 h (fosfomycin calcium salt in serum) and 4 h (580 µg/mL calcium fosfomycin dose in IPEC-J2 cells). Table 2 shows some pharmacokinetics parameters of fosfomycin in serum (after a after a single oral dose of 30 mg/kg b.w.) and in IPEC-J2 cells (after incubation with calcium fosfomycin; 580 µg/mL).

Insert Table 2

DISCUSSION

For many clinically relevant pig enteric pathologies, intestinal cells represent a major site of infection by intracellular pathogens (biophase) (Schentag, 1990; Toutain *et al.*, 2002; Ross, 2006; Došen *et al.*, 2007). We decided to use IPEC-J2 cells as an *in vitro* model to estimate intracellular fosfomycin concentrations in intestinal cells. The capacity of certain antibiotics to penetrate cell membranes represents an important pre-requisite for their *in vivo* efficacy against intracellular bacteria (Mandell, 1973; Johnson *et al.*, 1980; Yourtee and Root, 1982; Jacobs and Wilson, 1983; Höger *et al.*, 1985).

Antibiotics with high lipid solubility are able to penetrate cell membranes (Mandell, 1973; Johnson *et al.*, 1980). However, fosfomycin is known to be

a hydrophilic drug and, therefore, passive transmembrane diffusion is an improbable explanation for its uptake (Höger *et al.*, 1985). Apparently, passive transport through the bacterial cell membrane is not a likely mechanism. Nevertheless, intracellular penetration of a small quantity of the drug by this mechanism cannot be rejected. The presence of the antibiotic inside the cells might be explained by active diffusion of transmembrane. Milagre *et al.* (2011) demonstrated that fosfomycin is uptaken by a proteic transport system. Kahan *et al.* (1974), shown the existence of two different active transport mechanisms for fosfomycin. In some bacteria, the drug is incorporated via the sn-glycero-3-phosphate transport system. Under certain conditions, the glucosa-6-phosphate system, which can be externally induced, may also be used. We hypothesized that a similar mechanism takes place in animal cells, so it is possible that a similar active transport mechanism for fosfomycin is present in the enterocytes, as described for bacteria.

In the present study, we found that the concentrations of fosfomycin were significantly higher in IPEC-J2 cells than in serum, at all sampling times. Bacteria may survive within cells and remain unaffected by those antimicrobial agents which are unable to reach the intracellular space. There are several antibiotics with known intracellular accumulation and efficacy against intracellular pathogens. However, the clinical applicability might be limited by their adverse effects on important neutrophil functions. Such inhibitory actions of antibiotics on host defense mechanisms might be critical in immunocompromised hosts (Woodruff *et al.*, 1977). This undesirable effect is not present after fosfomycin administration (Gobernado, 2003) and, on the contrary, Morikawa *et al.* (1993) and Honda *et al.* (1998) have shown it has immunomodulatory effect on lymphocytes. Krause *et al.* (2001) have demonstrated an increased power of destruction of

microorganisms when neutrophils are incubated in the presence of fosfomycin.

Besides all this, an antibiotic taken up intracellularly can only be clinically useful if it retains its bactericidal activity. Many infectious diseases are caused by facultative organisms that are able to survive within cells. The intracellular location of these microorganisms protects them from the host defense mechanisms and from antibiotics with poor penetration into phagocytic cells (Briones *et al.*, 2008). In swine production, the intracellular and interstitial fluids are the biophase of *Mycoplasma hyopneumoniae*, *Bordetella bronchiseptica*, *Salmonella choleraesuis*, *Salmonella enterica*, *Pasteurella multocida*, *Streptococcus sp.* and *Lawsonia intracellularis*. These bacteria would be killed as soon as the antibiotic reaches a bactericidal concentration within the cell (Höger *et al.*, 1985). So, as described, the choice of an antibiotic is dependent on its direct antimicrobial activity. Generally, this property is detected *in vitro* by determination of the MIC (Herbert, 2002). A fosfomycin MIC₉₀ of 0.25-4 µg/mL (Fernández *et al.*, 1995, Ibar *et al.* 2009) has been determined for the most important pathogens in swine production. Our studies in HEP-2 cells with three different doses of fosfomycin demonstrated the penetration of the antibiotic into the cells (Pérez *et al.*, 2012), but the amounts were lower than in IPEC-J2 cells. We found that the intracellular penetration was around 7.89 % of the incubation dose and concentrations were always higher than the MIC₉₀ for the most important enteric pathogens in swine production. When compared with the percentage of the antibiotic that penetrates in HEP-2 cells, it was also higher in the intestinal cells (7.89 vs. 0.25-1.42).

Studies of PK/PD of several antibiotics have demonstrated the importance of measuring the concentrations of antibiotics at the infection sites, taking into account that the distribution of the drug may vary according to the tissues (Nix *et al.*, 1991; Schentag and Ballow, 1991; Toutain *et al.*, 2002).

The penetration of drugs into various tissues is best described by the use of the AUC (area under the curve), which responds to variations in concentration with time (Schentag and Ballow, 1991; Kiem and Schentag, 2008). The comparative AUC_{IPEC-J2} vs. AUC_{serum} was considered significant ($p < 0.05$). Orally administered calcium fosfomycin has a low bioavailability (20%) (Pérez *et al.*, 2012, unpublished data), so the 80 % of the drug reaches de gut and is in conditions to penetrate into the enterocytes. T_{max} is reached 1 h later in IPEC-J2 than in serum (4 h vs. 3 h).

When the time period exceeding the MIC for the relevant pathogen ($t > MIC$) is maximized (%T > MIC), optimal bacterial killing by fosfomycin will be achieved (Sumano *et al.*, 2007; Gutierrez *et al.*, 2009; Popovic *et al.*, 2010). In addition, an effective bacterial killing can be expected when the MIC for the pathogen is covered for at least 60-70% of the dosing interval (McKellar *et al.*, 2004). *Salmonella enterica* is considered an important agent in enteric diseases of weaning piglets. Fosfomycin MIC₉₀ for this pathogen has been determined at 4 µg/ml, and bacteria have demonstrated to be 100% sensitive to this antibiotic, with no resistance (Ibar *et al.*, 2009). In the present study, fosfomycin concentrations in IPEC-J2 cells were always above the MIC₉₀ for *Salmonella enterica* up to 24 h and at the therapeutic dose assayed.

CONCLUSIONS

Fosfomycin MIC₉₀ is 0.25-4 µg/mL for the most important pathogens in swine production. As demonstrated in this study, concentrations achieved at the cellular level are remarkably higher. These findings make fosfomycin an excellent alternative for the treatment of enteric intracellular infections in pigs, and taking into account the great amount of the antibiotic which remains in the gut, it is a good drug to treat other pathogens at the extracellular level. To further corroborate our *in vitro* studies, additional

experiments should be carried out in pigs infected with enteric pathogens.

Conflict of interest statement

None of the authors has any financial or personal relationships that could inappropriately influence or bias the content of the paper.

ACKNOWLEDGEMENTS

Dr. Anthony Blikslager is acknowledged for kindly provide the IPEC-J2 cells and Dra. Sandra Elizabeth Pérez is acknowledged for her help in cell cultures.

REFERENCES

1. Aliabadi, F.S., Lees, P. (1997) Pharmacodynamic and pharmacokinetic interrelationships of antibacterial drugs. *Journal of Veterinary Pharmacology and Therapeutics*, 20, 14-17.
2. Aramayona, J.J., Bregante, M.A., Solans, C., Rueda, S., Fraile, L.J., García, M.A. (1997) Pharmacokinetics of fosfomicin in chickens after a single intravenous dose and tissue levels following chronic oral administration. *Veterinary Research*, 28(6):581-8.
3. Borsa, F., Leroy, A., Fillastre, J.P., Godin, M., Moulin, B. (1988) Comparative pharmacokinetics of tromethamine fosfomicin and calcium fosfomicin in young and elderly adults. *Antimicrobial Agents and Chemotherapy*, 938-941.
4. Briones, E., Colino C.I., Lanao J.M. (2008) Delivery systems to increase the selectivity of antibiotics in phagocytic cells. *Journal of Controlled Release*, 125(3):210-227.
5. Brosnahan, A.J., Brown, D.R. (2012). Porcine IPEC-J2 intestinal epithelial cells in microbiological investigations. *Vet. Microbiol.* 156, 229–237.
6. Carramiñana, J.J., Rota, C., Agustín, I., Herrera A. (2004) Antibiotic resistance in *Salmonella* Enteritidis isolated from broiler carcasses. *Veterinary Microbiology*, 104-133.
7. Dámaso, D., Moreno-López, M., Daza, R. M. (1990) *Antibióticos y Quimioterápicos Antibacterianos. Uso Clínico.* Ed. Marketing Pharm, S.A. Madrid.
8. Dirkzwagera, A., Veldmana, B., Bikker, P. (2005) A nutritional approach for the prevention of post weaning syndrome in piglets. *Animal Research*, 54, 231-236.
9. Došen, R., Prodanov, J., Milanov, D., Stojanov, I., Pušić, I. (2007) The bacterial infections of respiratory tract of swine. *Biotechnology in animal husbandry*, 23 (5-6), 237-243.
10. Falagas, M.E., Giannopoulou, K.P., Kokolakis, G.N., Petros I.R. (2008) Fosfomicin: Use beyond urinary tract and gastrointestinal infections. Invited Article. *Reviews of anti-infective agents. CID*, 46: 1069-1077.
11. Fernández Lastra, C., Mariño, E. L., Dominguez-Gil, A. (1986) Linearity of the pharmacokinetics of phosphomycin in serum and interstitial tissue fluid in rabbits. *Arzneimittelforschung*, 36 (10):1518-1520.
12. Fernández Lastra, C., Mariño, E. L., Dominguez-Gil, A. (1987) Phosphomycin levels in serum and interstitial tissue fluid in a multiple dosage regimen in rabbits. *Arzneimittelforschung*, 37 (8): 927-929.
13. Fernández, P., Herrera, I., Martínez, P., Gómez, L., Prieto, J. (1995) Enhancement of the susceptibility of *Staphylococcus aureus* to phagocytosis after treatment with fosfomicin compared with other antimicrobial agents. *Chemotherapy*, 41, 45-49.
14. Gallego, A., Rodríguez, A., Mata, J.M. (1974) Fosfomicin: pharmacological studies. *Drugs of Today*, 10, 161-168.
15. Gobernado, M. (2003) Fosfomicina. *Revista Española de Quimioterapia*, 16 (1), 15-40.
16. Gutierrez, O. L. (2008) Pharmacokinetics of disodium fosfomicin in mongrel dogs. *Research in Veterinary Science*, 85 (1), 156-161.

17. Herbert, H. (2002) Antibiotic treatment of infections with intracellular bacteria. *Infectious Diseases and Pathogenesis*, 281-293.
18. Höger, P.H., Seger, R.A., Schaad, U.B., Hitzig, W.H. (1985), Chronic granulomatous disease: uptake and intracellular activity of fosfomicin in granulocytes. *Pediatric Research*, 19 (1):38-44.
19. Honda, J., Okubo, Y., Kusaba, M., Kumagai, M., Saruwatari, N., Oizumi, K. (1998) Fosfomicin (FOM: 1 R-2S-epoxypropylphosphonic acid) suppresses the production of IL-8 from monocytes via the suppression of neutrophil function. *Immunopharmacology*, 39, 149-55.
20. Ibar M. P., Vigo G., Piñeyro P., Caffer M. I., Quiroga P., Perfumo C., Centrón D., Giacoboni G. (2009) Serovariedades de *Salmonella entérica* subespecie entérica en porcinos de faena y su resistencia a los antimicrobianos. *Revista Argentina de Microbiología*, 41, 156-162.
21. Jacobs, R.F. and Wilson C.B. (1983) Activity of antibiotics in chronic granulomatous disease of childhood. *Pediatric Research*, 17:916-919.
22. Johnson, J.D., Hand, W.L., Francis, J.B., King-Thompson N., Corwin R.W. (1980) Antibiotic uptake by alveolar macrophages. *Journal of Laboratory and Clinical Medicine*, 95:429-439.
23. Kahan, F.M., Kahan, J.S., Cassidy, P.J., Kropp, H. (1974) The mechanism of action of fosfomicin (phosphonomycin). *Annals of the New York Academy of Sciences*, 235, 364-386.
24. Kiem, S. & Schentag, J.J. (2008) Interpretation of antibiotic concentration ratios measured in epithelial lining fluid. *Antimicrobial Agents and Chemotherapy*, 52, 24-36.
25. Krause, R, Patruta, S, Daxböck, F, Fladerer, P, Wenisch, C. 2001, The effect of fosfomicin on neutrophil function. *Journal of Antimicrobial Chemotherapy*, 47(2):141-6.
26. Lin, E.C. (1976) Glycerol dissimilation and its regulation in bacteria. *Annual Review of Microbiology*, 30, 535-578.
27. Mandell, G.L. (1973) Interaction of intraleukocytic bacteria and antibiotics. *Journal of Clinical Investigation*, 52: 1673-1679.
28. Martineau, G.P. (1997) *Maladies d'élevage des porcs*. Ed. France Agricole pp. 174-209.
29. Martínez, G., Pérez D.S., Soraci A.L., Tapia M. O. (2011) Penetración de fosfomicina en células tratadas con dioxinivalenol. XVII Congreso Argentino de Toxicología-ATA, Tandil, Bs. As., Argentina.
30. Mata, J., Rodríguez, A., Gallego, A. (1977) Fosfomicin: in vitro activity. *Chemotherapy* 23 (1), 23-24.
31. Mathew, A. G.; Upchurch, W. G.; Chattin, S. E. (1998) Incidence of antibiotic resistance in fecal *Escherichia coli* isolated from commercial swine farms. *Journal of Animal Science*, 76 (2) 429-434.
32. McKellar, Q.A., Sanchez Bruni, S.F., Jones, D.G. (2004) Pharmacokinetic / pharmacodynamic relationships of antimicrobial drugs used in veterinary medicine. *Journal of Veterinary Pharmacology and Therapeutics*, 27, 503-514.
33. Milagre, C.D.F., Cabeça, L.F., Martins, L.C., Marsaioli, A.J. (2011) STD NMR Spectroscopy: a case study of fosfomicin binding interactions in living bacterial cells. *Journal of Brazilian Chemical Society*, 22(2), 286-291.
34. Morikawa, K., Watabe, H., Araake, M., Morikawa, S. (1996) Modulatory effect of antibiotics on cytokine production by human monocytes in vitro. *Antimicrobial Agents and Chemotherapy*, 40, 1366-1370.
35. Nabuurs, M.J.A., Hoogendoorn, A., van der Molen, E.J., van Osta, A.L.M. (1993) Villous height and crypt depth in weaned and

- unweaned pigs, reared under various circumstances in the Netherlands. *Research in Veterinary Science*, 5578-5584.
36. Nix, D.E., Goodwin, S.D., Peloquin, C.A., Rotella, D.L., Schentag, J.J. (1991) Antibiotic tissue penetration and its relevance: impact of tissue penetration on infection response. *Antimicrobial Agents and Chemotherapy*, 35, 1953-1959.
 37. Patel, S.S., Balfour, J.A., Bryson, H.M. (1997) Fosfomycin trometamine. A review of its antibacterial activity, pharmacokinetic properties and therapeutic efficacy as a single-dose oral treatment for acute uncomplicated lower urinary tract infections. *Drugs*, 53 (4): 637-656.
 38. Pedersen, K., Lotte, B., Ole Eske, H., Danilo, M. A., Lo Fo, W., Naueryby B. (2008) Reproducible Infection Model for *Clostridium perfringens* in broiler chickens. *Avian Disease* 52, (1):34-39.
 39. Pérez, D. S., Soraci A. L., Dieguez S.N., Tapia M. O. (2011) Determination and withdrawal time of fosfomycin in chicken muscle, liver and kidney. *International Journal of Poultry Science*. 10(8): 644-655.
 40. Pérez, D. S., Soraci A. L., Tapia M. O. (2012) *In vitro* penetration of fosfomycin in respiratory cells. *The Pig Journal* 67.
 41. Pérez D. S., Soraci A. L., Tapia, M. O. (2012, unpublished data). Tissue disposition and withdrawal time of fosfomycin in swines after oral and intramuscular administration.
 42. Pérez-Velasco Rodríguez, D., Chávez Hernández, I. (1997) Estabilidad de Fosfomicina Cálcica producida en Cuba. *SINTEFARMA*, 3 (2).
 43. Pluske, J. R., Siba P. M., Pethick, D. W., Durmic, Z., Mullan, B. P., Hampson, D. J. (1996) The incidence of swine dysentery in pigs can be reduced by feeding diets that limit the amount of fermentable substrate entering the large intestine. *Journal of Nutrition*, 126:2920-2933.
 44. Popovic, M., Steinort, D., Pillai, S., Joukhadar, C. (2009) Fosfomycin: an old, new friend?. *European Journal of Clinical Microbiology & Infectious Diseases*, 29 (2): 127-142.
 45. Ross, R.F. (2006) *Pasteurella multocida* and its role in porcine pneumonia. *Animal Health Research Reviews*, 7, 13-29.
 46. Rood, J.I.; Buddle, J.R.; Wales, A.J.; Sidhu, R. (1985) The occurrence of antibiotic resistance in *Clostridium perfringens* from Pigs. *Australian Veterinary Journal*, 62 (8): 276-279.
 47. Ruckebusch Y. (1981). *Physiologie Pharmacologie Therapeutique animals*, second ed. Maloine, París.
 48. Schentag, J.J. & Ballow, C.H. (1991) Tissue-directed pharmacokinetics. *American Journal of Medicine*, 91, 5-11.
 49. Schentag, J.J. (1990) The significance of the relationship between tissue: serum ratios, tissue concentrations and the location of microorganisms. *Research and Clinical Forums*, 12, 23-27.
 50. Serrano, L. Biodisponibilidad de los antimicrobianos en los nuevos sistemas de producción. (2002) <http://www.apavic.com/html/sections/presentaciones/biodisponibilidad.asp>
 51. Soraci, A.L., Pérez, D.S., Martínez, G., Dieguez, S., Tapia M.O., Amanto F.A., Harkes, R., Romano, O. (2010) Plasma behavior study of disodium-fosfomycin and its bioavailability in post weaning piglets. *Research Veterinary Science*, 90, 498-502.
 52. Soraci, A.L., Pérez, D.S., Tapia, M.O. Martínez, S., Dieguez, Buronfosse-Roque F., Harkes R., Colusi, A. Romano O. (2011) Pharmacocinétique et biodisponibilité de fosfomycine chez le poulet de chair. *Revue de Médecine Vétérinaire*, 162, 7, 358-363.
 53. Sumano, L. H., Ocampo, C. L., Gutierrez, O. L. (2007) Intravenous and intramuscular pharmacokinetics of a single-daily dose of

- disodium-fosfomicin in cattle, administered for 3 days. *Journal of Veterinary Pharmacology and Therapeutics*, 30 (1): 49-54.
54. Toutain, P.L., del Castillo, R.E., Bousquet-Mélou, A. (2002) The pharmacokinetic-pharmacodynamic approach to a rational dosage regimen for antibiotics. *Research in Veterinary Science*, 73 (2), 105-114.
55. Woodruff, H.B., Mata, J.M., Hernández S., Mochales S., Rodríguez A., Stapley E.O., Wallick, H., Miller A.K., Hendlin D. (1977) Fosfomicin: laboratory studies. *Chemotherapy*, 23 (1):1-22.
56. Yourtee, E.L., Root, R.K. (1982) Antibiotic-neutrophil interactions in microbicidal killing. In: Gallin J.L., Fauci A.S. (eds) *Advances in Host Defense Mechanisms*, Vol I. Raven Press, New York, pp 187-209.
57. Zozaya D. H., Gutiérrez O. L., Ocampo C. L., Sumano L. H. (2008) Pharmacokinetics of a single bolus intravenous, intramuscular and subcutaneous dose of disodium fosfomicina in horses. *Journal of Veterinary Pharmacology and Therapeutics*, 31 (4): 321-327.

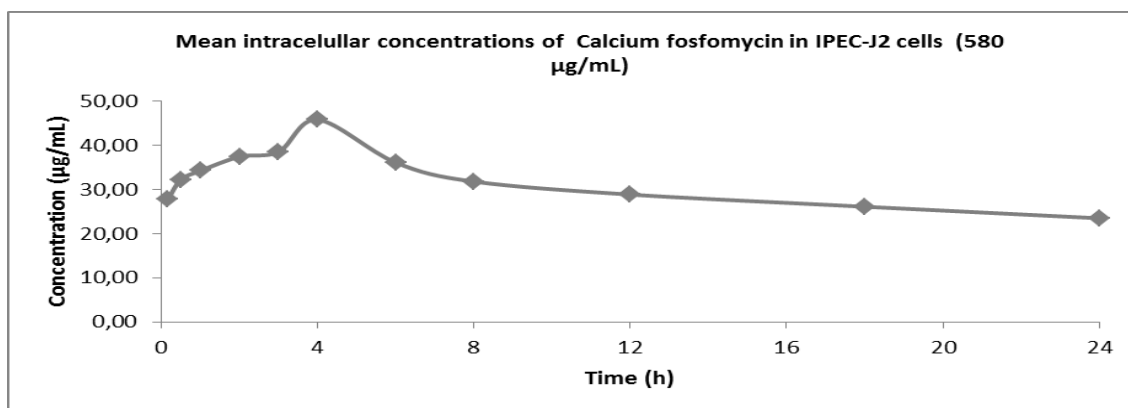


Figure 1: Mean intracellular concentrations of calcium fosfomicin in IPEC-J2 cells after the incubation with a dose of 580 µg/mL.

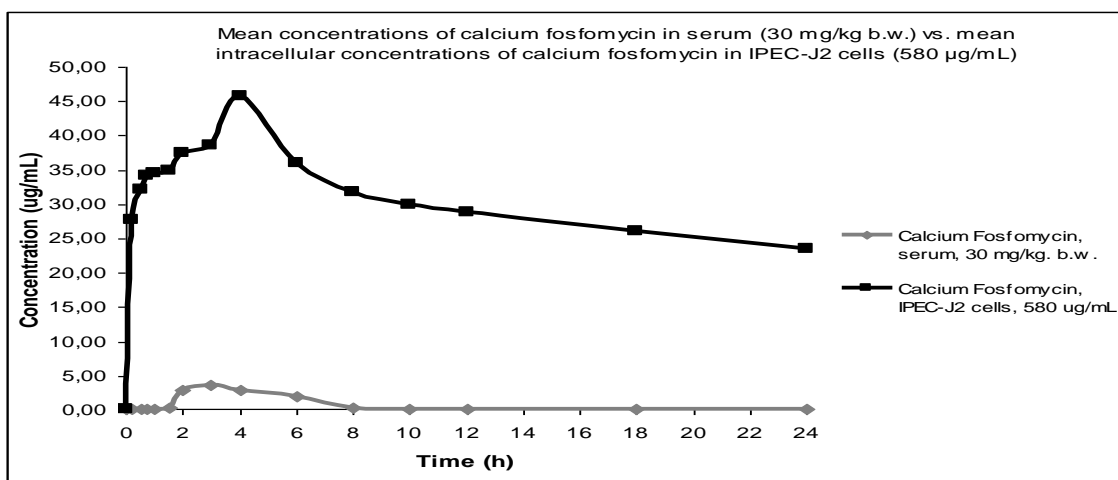


Figure 2: Mean concentrations of calcium fosfomicin in serum (30 mg/kg b.w.) vs. mean intracellular concentrations of calcium fosfomicin in IPEC-J2 cells (580 µg/mL).

Table 1: Penetration of calcium fosfomicin into IPEC-J2 cells (Data are means from experiments performed in sextuplicate \pm SD)

Time	Fosfomicin concentration ($\mu\text{g/ml}$) in IPEC J2 cells
15 min	27,81 \pm 2,71
30 min	32,24 \pm 4,89
1 h	34,25 \pm 5,88
2 h	37,44 \pm 8,45
3 h	38,53 \pm 7,67
4 h	45,81 \pm 3,84
6 h	36,09 \pm 1,59
8 h	31,79 \pm 4,37
12 h	28,86 \pm 5,09
18 h	26,10 \pm 4,51
24 h	23,48 \pm 8,64

Table 2: Calcium fosfomicin pharmacokinetics parameters in serum and IPEC-J2 cells

Parameters	Serum	IPEC-J2 cells
	Calcium Fosfomicin 30 mg/kg b.w.	Calcium Fosfomicin 580 $\mu\text{g/mL}$
AUC _{0-t} $\mu\text{g.h/mL}$	39.60	729.60
C _{max} $\mu\text{g/mL}$	3.60	45.81
T _{max} (h)	3.00	4.00