

# Evaluation of efficacy of moxifloxacin (0.5%) in the treatment of non-perforated bacterial corneal ulcers

<b>Submission date</b> 30/06/2010	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
<b>Registration date</b> 11/08/2010	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
<b>Last Edited</b> 09/09/2010	<b>Condition category</b> Eye Diseases	<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

## Plain English summary of protocol

Not provided at time of registration

## Contact information

### Type(s)

Scientific

### Contact name

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## Additional identifiers

### Protocol serial number

OP-19/07.09.2009

## Study information

Scientific Title

Evaluation of efficacy of moxifloxacin (0.5%) in the treatment of non-perforated bacterial corneal ulcers: a randomised controlled trial

### **Study objectives**

The use of fortified intensive antibiotics has practical limitations related to availability and cost. The effectiveness of multiple fortified antibiotics is limited further by variability in shelf life and the dissipation of 1 agent if a second agent is applied shortly thereafter. The use of multiple antibiotics simultaneously and with frequent dosing may result in added toxicity and damage to the ocular surface epithelium, thereby impairing recovery.

Fluoroquinolones offer the advantages of good ocular penetration, demonstration of broad-spectrum efficacy, excellent safety profiles in ocular infections, and a distinct mode of resistance acquisition.

Moxifloxacin is a fourth-generation fluoroquinolone that exhibits a broad spectrum of bactericidal activity against both Gram-positive and Gram-negative bacterial pathogens, including staphylococci, *S. pneumoniae*, members of the family enterobacteriaceae, *P. aeruginosa*, *H. influenzae*, and *Moraxella* species. Moxifloxacin has also been shown to have superior activity compared with ciprofloxacin against quinolone resistant strains of *S. aureus*. Data also shows superior corneal and aqueous penetration of moxifloxacin and so higher therapeutic levels can be obtained, which should lead to more effective antimicrobials activity and hence better clinical outcomes.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

The All India Institute of Medical Sciences Ethics Committee approved on the 4th August 2009 (ref: P-09/2.03.2009 & AA-04/04.08.2009)

### **Primary study design**

Interventional

### **Study design**

Prospective randomised controlled clinical trial

### **Study type(s)**

Treatment

### **Health condition(s) or problem(s) studied**

Corneal ulcer

### **Interventions**

Drug instillation protocol:

1. First 48 hours: 1 drop hourly, day and night
2. Day 3: 1 drop hourly by day and every 2 hours at night
3. Days 4 - 5: 1 drop every 2 hours by day and every 4 hours by night
4. Days 6 - 7: 1 drop every 4 hours
5. Weeks 2 - 8: 1 drop every 6 hours and stopped when clinically appropriate

The total duration of treatment will be 8 weeks. Additional supportive treatment included vitamins, cycloplegic and antiglaucoma therapy if required. Any change of protocol, adverse event and surgical intervention was documented.

**Intervention Type**

Drug

**Phase**

Phase III

**Drug/device/biological/vaccine name(s)**

Moxifloxacin

**Primary outcome(s)**

1. Time to epithelialisation
2. Time to resolution of the infiltrates

All outcomes were measured on days 2, 4, 7, 14, 21 and at 3 months.

**Key secondary outcome(s)**

1. Uncorrected Visual Acuity (UCVA)
2. Best Corrected Visual Acuity (BCVA)

All outcomes were measured on days 2, 4, 7, 14, 21 and at 3 months.

**Completion date**

01/02/2010

**Eligibility****Key inclusion criteria**

Non-perforated bacterial corneal ulcers

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Not Specified

**Sex**

All

**Key exclusion criteria**

1. Known allergy to fluoroquinolones, aminoglycosides, penicillins, cephalosporins or benzalkonium chloride
2. Patients with fungal, viral or acanthamoeba infection

3. Patients to be treated with subconjunctival injection(s) of antibiotic(s) and/or with systemic antimicrobials
4. Patients aged 16 - 65 years
5. Pregnant and lactating females
6. Any adverse effects or protocol violations
7. Perforated corneal ulcers

**Date of first enrolment**

01/02/2009

**Date of final enrolment**

01/02/2010

## Locations

**Countries of recruitment**

India

**Study participating centre**

Rajendra Prasad Centre for Ophthalmic Sciences

New Delhi

India

110029

## Sponsor information

**Organisation**

Rajendra Prasad Centre for Ophthalmic Sciences (India)

**ROR**

<https://ror.org/02dwcqs71>

## Funder(s)

**Funder type**

Research organisation

**Funder Name**

All India Institute of Medical Sciences (AIIMS) (India)

# Results and Publications

Individual participant data (IPD) sharing plan

**IPD sharing plan summary**

Not provided at time of registration