

Metal (II) Complexes of Fluconazole: Thermal, XRD and Cytotoxicity Studies

Syed Imran Ali^{a*}, Zi-NingLei^b, Mohsin Ali^c, Konatsu Kojima^b, Mansoor Ahmed^d,
Richard Peng^b, Dong-HuaYang^b, Syed Moazzam Haider^e, Seyed Abdulmajid
Ayatollahi^{f, g} and Zhe-Sheng Chen^b

^aDepartment of Applied Chemistry and Chemical Technology, Faculty of Science, University of Karachi, Karachi-75270, Pakistan. ^bDepartment of Pharmaceutical Sciences, College of Pharmacy and Health Sciences, St. John's University, Queens, NY 11439, USA. ^cDepartment of Chemistry, Faculty of Science, University of Karachi, Karachi-75270, Pakistan. ^dDepartment of Pharmaceutical Chemistry, Faculty of Pharmacy, University of Karachi, Karachi-75270, Pakistan. ^eIndustrial Analytical Center (ICCBS), University of Karachi, Karachi-75270, Pakistan. ^fPhytochemistry Research Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran. ^gDepartment of Pharmacognosy, School of Pharmacy, Shahid Beheshti University of Medical Sciences, Tehran, Iran.

Abstract

We report thermal, X-ray diffraction (XRD) and cytotoxicity studies of complexes of fluconazole (FCZ) with Cu (II), Fe(II), Cd(II), Co(II), Ni(II), and Mn(II). From XRD measurements, FCZ and its metal complexes were identified as polycrystalline. Marked differences in the X-ray patterns of drug and its metal complexes revealed that the complexes are indeed different compounds and not just the mixture of the starting materials. Unlike pristine FCZ, which did not exhibit cytotoxicity, three complexes derived from Fe(II), Cu(II) and Co (II) proved to be effective in the cytotoxicity assay. The Cu(II)-FCZ exhibited significant activity against SNB-19, HCT-15, COLO-205, and KB-3-1 cell lines, while Fe(II)-FCZ and Co(II)-FCZ were found cytotoxic only to KB-3-1 cell line. For the pure FCZ, thermogravimetry revealed massive weight loss in the temperature range of 215 to 297 °C, due to the volatilization of FCZ. All the complexes followed multi-stage degradation profiles, eventually resulting in the formation of metal oxides. For pure FCZ, differential scanning calorimetry revealed melting point at 137 °C, followed by two further endothermic transitions at 294 °C and 498.44 °C representing the volatilization and subsequent degradation of FCZ, respectively. The absence of endothermic FCZ melting peak at around 137 °C indicates that the complexes represent different compounds. All complexes exhibit endothermic transitions at around 240-300 °C, representing melting and removal of ligand moiety, followed by another endothermic transition at around 498-499 °C, representing the ligand decomposition.

Keywords: Fluconazole; Metal complexes; Anticancer activity; X-ray diffraction; Thermogravimetry (TGA); Differential scanning calorimetry (DSC).

Introduction

Over the last few decades, growing resistance of microorganisms against existing

drugs have been a significant concern for researchers as it poses a considerable burden on the health departments of nations around the world (1-3). Substantial increase has been observed in the population of patients suffering from fungal infections, particularly infecting

* Corresponding author:
E-mail: imran.ali@uok.edu.pk

immune compromised patients, such as those infected with HIV/AIDS, or with a neoplastic condition, transplant recipients, patients under treatment in intensive care units and those which are undergoing chemotherapies (4-13). The growing trend in the population of patients at risk posed a serious challenge to the medical community and triggered the endeavors to explore new strategies to improve efficiency and efficacy of existing antifungals (5, 6).

Among the antifungals introduced in clinical practice, fluconazole (FCZ) remains the most widely explored owing to many advantages it offers (6, 14). Due to its excellent antifungal activity coupled with low toxicity, excellent pharmacokinetics and bioavailability, FCZ was considered to be the standard treatment against various fungal infections for many years since it became available for clinicians in 1990s (6, 15-18). The hydro-soluble nature renders it suitable for intravenous administration (6). Besides, it demonstrated excellent gastrointestinal absorption and spread easily by diffusion throughout the entire body, including cerebrospinal fluid (19, 20). For treating fungal infections in human, FCZ has demonstrated significantly better clinical and mycological cure rate compared to itraconazole in oropharyngeal candidiasis (21). Oral suspensions of FCZ are widely used in oral pseudomembranous candidiasis because of its good adhesion to the surface of the oral mucosa and a rapid symptomatic response (22-26). Its efficacy has also been demonstrated in immune compromised patients, such as those which are HIV-infected, or with a neoplastic condition (21, 27 and 28). FCZ also exhibits the activity against *Candida lusitanae*. For patients suffering from candidial osteomyelitis who are unable to start or complete the required course of amphotericin B, FCZ is a reasonable alternative and has been successful in achieving desired treatment results (29, 30).

Despite the set of favorable properties it offers, FCZ is still not considered as the perfect antifungal and has certain drawbacks which needs to be overcome. For instance, just like the other members of Azole family of antifungals, it has some non-negligible interactions with certain drugs which can cause a decrease in drug concentration or, to some extent, an increased toxicity (31).

Besides, its ineffectiveness against emerging pathogens such as *Scedosporium*, *Fusarium*, and *Mucorales* has also been reported (32). Since its emergence in the market, FCZ simulated extensive use against various fungal infections and chemoprophylaxis (33-35). Afterwards, over-prescription by physicians led to an increase in resistance to FCZ in a high percentage of patients (15, 36-39). Well established clinical and commercial importance highlights the need to explore new strategies and formulations to improve efficiency and efficacy of FCZ.

During the past decade, synergic effect of metal ions on the activity and efficacy of various drugs has been reported in several research papers. Drug-metal ion complexes have proven their efficacy in various fields of health such as anticancer chemotherapeutic agents, antacids, and anti-rheumatics (40, 41). With the aim to improve efficiency and efficacy of FCZ, we recently started research work to explore the synthesis of metal complexes of FCZ. A series of complexes of fluconazole with Cu (II), Fe(II), Cd(II), Co(II), Ni(II) and Mn(II) were synthesized and the morphological, spectroscopic, and antifungal properties were thoroughly reported (40). In this contribution, we further extend our previous study on these complexes to explore their thermal, X-ray diffraction, and cytotoxicity properties.

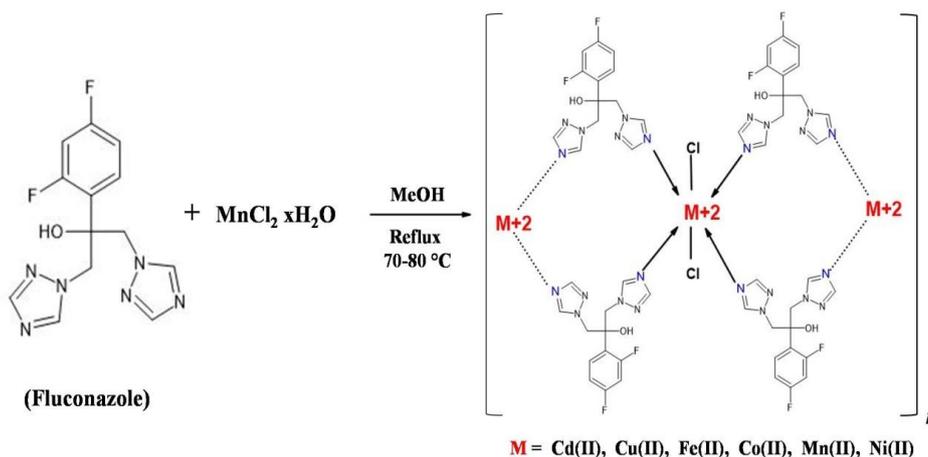
Experimental

Materials

The fluconazole (FCZ) sample was kindly provided by NabiQasim Pharma (PVT) Ltd, Karachi, Pakistan. Hydrated chlorides of copper, iron, manganese, cadmium, cobalt, and nickel (Merck, Germany) were all used as received. Methanol (analytical grade, Merck, Germany) was used as received. For all experiments, freshly distilled water was used.

Synthesis of the Complexes

A series of metal complexes of FCZ with Co, Mn, Fe, Ni, Cu, and Cd were synthesized. Details of the synthesis procedure and characterizations of the resulting complexes have already been described in our previous paper (40). A general synthesis scheme is depicted in Scheme 1.



Scheme 1. Synthesis of metal complexes of fluconazole (FCZ).

Characterization

X-ray diffraction studies were performed to explore the crystallinity of fluconazole and its metal complexes using a Bruker AXS D8 (Germany) X-Ray diffractometer operated at 40 kV and 60 mA and equipped with a Cu-K α 1 radiation (1.54 Å). The data were recorded at a scanning speed of 5°/min in the range of $10^\circ < 2\theta < 60^\circ$ using a step size of 0.02°/point. All samples were analyzed as dry powder.

Thermal properties of complexes were studied using differential scanning calorimetry (DSC) performed on a TA Instruments STD Q600 system under nitrogen atmosphere (50 kPa pressure). For all measurements, around 10 to 12 mg of powder samples, enclosed in DSC pans, were heated from room temperature to 700 °C at a scan rate of 10 °C min⁻¹. The parameters, such as onset temperature and peak temperature, were recorded from heating scans. Thermogravimetric analysis (TGA) was performed on a TA Instruments STD Q600 system using approximately 10 to 12 mg samples placed in crucibles. The samples were heated from room temperature to 700 °C at a heating rate of 10 °C min⁻¹ in nitrogen atmosphere.

Four cell lines including human astrocytoma SNB-19, human Dukes' type C colorectal adenocarcinoma HCT-15, human Dukes' type D colorectal adenocarcinoma COLO-205, and human epidermoid carcinoma KB-3-1 were obtained from the American Type Culture Collection (ATCC, Manassas, VA). The cell

lines were grown in DMEM supplemented with 10% FBS and 1% penicillin/streptomycin in a humidified incubator at 37 °C with 5% CO₂.

MTT (3-[4,5-dimethylthiazol-2-yl]-2,5-diphenyltetrazolium bromide) assay was used to evaluate the cytotoxicity of the test compounds. The cells were inoculated in 96-well plates at the density of 5,000 cells per well and allowed to adhere and grow for 24 h. The test compounds in different concentration were incubated with the cells for 72 h. After drug incubation, 4 mg/mL MTT solution was added to the cells by 20 μ L per well followed by a four-hour incubation. The cell viability was measured by reduction of the yellow dye MTT to a blue formazan product that were dissolved in DMSO (42). The absorbance of the blue dissolved formazan crystals in the viable cells was measured at 570 nm by using accuSkan™ GO UV/Vis Microplate Spectrophotometer (Fisher Sci., Fair Lawn, NJ). The IC₅₀ values (50% inhibitory concentration) were calculated.

Results and Discussion

X-Ray Diffraction

To explore the structure of the FCZ and its metal complexes, X-ray diffraction technique was used. The resulting X-ray patterns of pure FCZ and its metal complexes are shown in Figure 1. For the pure FCZ sample (Figure 1a), prominent diffraction peaks in the range

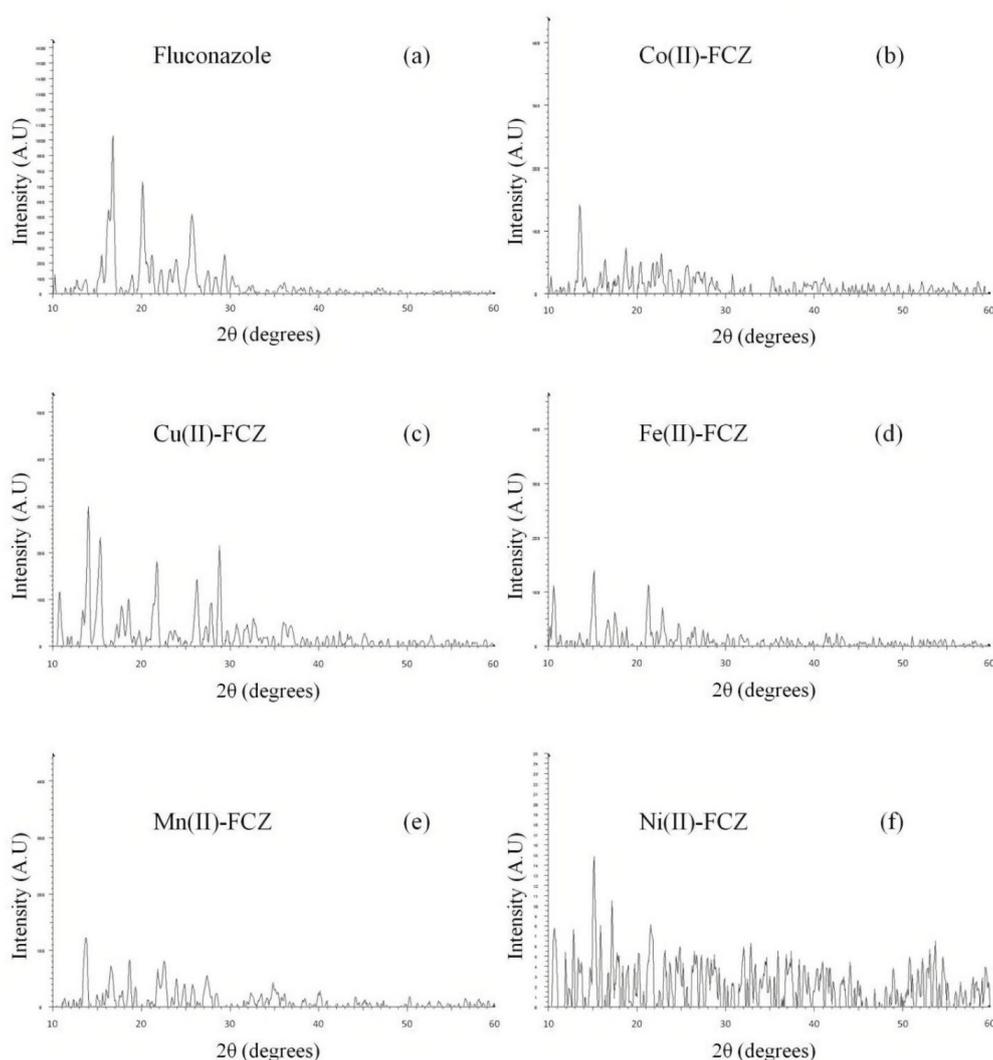


Figure 1. X-ray diffractograms of (a) pristine FCZ, (b) Co (II)-FCZ, (c) Cu(II)-FCZ, (d) Fe (II)-FCZ, (e) Mn (II)-FCZ and (f) Ni (II)-FCZ complexes.

of $2\theta = 10\text{--}60^\circ$ are evident clearly indicating a polycrystalline nature. It has been reported earlier that FCZ existed in at least two polymorphic forms which exhibit granular and flake-like slabs morphologies. The observed pattern agrees fairly well with that reported by Satish *et al.*, although there are few more spikes, which are likely due to the presence of more than one polymorphic form (42, 43). Consequently, the raw FCZ was identified as a mixture of polymorphs.

The diffractograms obtained for the metal complexes Co(II)-FCZ, Cu(II)-FCZ, Fe(II)-FCZ, Mn(II)-FCZ, and Ni(II)-FCZ are depicted in Figures 1b-1f, respectively. By comparing the obtained X-ray powder diffraction patterns

given in Figure 1, it can be easily seen that the pattern obtained for the pure FCZ sample (Figure 1a) differs drastically from those obtained for all its metal complexes. Thus, it can be inferred that each complex represents a definite compound of a definite structure and not merely the mixture of the starting materials (44). Besides, all complexes exhibited diffraction peaks at various angles with a lower intensity compared to the pure drug showing their crystalline nature with smaller particle sizes.

Thermal Stability

Thermal stabilities of FCZ and its metal complexes were explored using

thermogravimetric analysis (TGA) which was performed on powder samples under inert atmosphere employing a heating rate of $10\text{ }^{\circ}\text{C min}^{-1}$. The resulting thermograms are shown in Figure 2. For the pristine drug sample, a weight loss of around 1.8% was observed before the melting temperature in the range of $65\text{--}110\text{ }^{\circ}\text{C}$, which corresponds to the loss of water content. Considering the molecular weights of water and FCZ, and the percent weight loss, it can be inferred that the raw FCZ employed in this study is likely a mixture of different polymorphs and not solely consist of a monohydrate (45, 46). This result is consistent with the XRD findings which also revealed the presence of more than one polymorphic form.

Upon further heating, FCZ undergoes a melting transition at around $135\text{ to }138\text{ }^{\circ}\text{C}$. The drug then remained stable up to $215\text{ }^{\circ}\text{C}$ until a massive weight of around 99% was observed in the temperature range of $215\text{ to }297\text{ }^{\circ}\text{C}$. The observed massive weight loss, as previously reported by Moura *et al.* is attributed to the volatilization of molecular FCZ (47). The thermogravimetric analysis were also performed for Cd (II)-FCZ, Co (II)-FCZ, Cu(II)-FCZ, Fe (II)-FCZ, Mn(II)-FCZ, and Ni (II)-FCZ complexes and the results are presented in Figures 2b-2g. As was expected, the decomposition of all the complexes eventually resulted in the formation of metal oxide which demonstrates stability throughout the temperature range explored. All complexes exhibit multi stage degradation profiles which started with the initial loss of water molecules followed by losses of ligand molecules. Remarkably, compared to pure FCZ, the complexes exhibit better thermal stability and resulted in a substantial residual mass even after heating to $700\text{ }^{\circ}\text{C}$.

Differential Scanning Calorimetry (DSC)

The DSC patterns recorded for FCZ and its complexes are shown in Figure 3. An endothermic peak located at around $100\text{ }^{\circ}\text{C}$ in the calorimetric curve of FCZ (Figure 3a) corresponds to the dehydration process. As the melting points of the three known polymorphic forms of FCZ have been reported to fall in the range of $135\text{ to }140\text{ }^{\circ}\text{C}$, the endothermic transition detected at $137\text{ }^{\circ}\text{C}$ is

clearly representing the melting transition (47, 48). Endothermic transition observed beyond melting likely corresponds to the volatilization of molecular FCZ at $294\text{ }^{\circ}\text{C}$ and its subsequent degradation at $498.44\text{ }^{\circ}\text{C}$ (47). The calorimetric curves were also recorded for all the six complexes (Cd (II)-FCZ, Co (II)-FCZ, Cu (II)-FCZ, Fe (II)-FCZ, Mn (II)-FCZ, and Ni (II)-FCZ). For all the complexes explored, the observed endothermic transitions in the temperature range of $30\text{ to }70\text{ }^{\circ}\text{C}$ correspond to the loss of water molecules from the crystals (49, 50). A striking feature of the calorimetric curves of the complexes is the absence of endothermic melting peak of pure FCZ which indicates that these complexes represent definite compounds and are not merely the mixture of the starting materials. Further, endothermic peaks representing the melting and subsequent removal of ligand moiety occurred for Cd (II)-FCZ at $246.67\text{ }^{\circ}\text{C}$, Co (II)-FCZ at $261.44\text{ }^{\circ}\text{C}$, Cu (II)-FCZ at $170\text{ }^{\circ}\text{C}$ and $222.88\text{ }^{\circ}\text{C}$, Fe (II)-FCZ at $264.34\text{ }^{\circ}\text{C}$, Mn (II)-FCZ at $290.77\text{ }^{\circ}\text{C}$ and Ni (II)-FCZ at $308.43\text{ }^{\circ}\text{C}$. In case of all the complexes, endothermic transitions occurred at around $498\text{--}499\text{ }^{\circ}\text{C}$ corresponding to the decomposition of ligand after which the complexes exhibit gradual decomposition up to $700\text{ }^{\circ}\text{C}$.

Anticancer Activity

The IC_{50} values of the FCZ and its metal complexes on the human cancer cells used were summarized in Table 1. For the two types of human colorectal adenocarcinoma cells HCT-15 and COLO-205 cells, only Cu(II)-FCZ had slight cytotoxic effects, with similar IC_{50} values (mean \pm standard deviation) of $60.10 \pm 7.85\text{ }\mu\text{M}$, and $60.90 \pm 4.58\text{ }\mu\text{M}$, respectively. Also, only Cu(II)-FCZ had mild cytotoxicity on SNB-19 cells, but with a relatively lower IC_{50} value of $27.80 \pm 4.16\text{ }\mu\text{M}$. KB-3-1 cells exhibited higher sensitivity to the drugs than the other three cell lines. Among the seven compounds, Fe(II)-FCZ, Cu(II)-FCZ, and Co(II)-FCZ had IC_{50} values lower than $100\text{ }\mu\text{M}$ on KB-3-1 cell line, which were $81.33 \pm 11.35\text{ }\mu\text{M}$, $13.04 \pm 5.72\text{ }\mu\text{M}$, and $62.03 \pm 19.84\text{ }\mu\text{M}$, respectively (Figure 4).

The results reflected that metal cations,

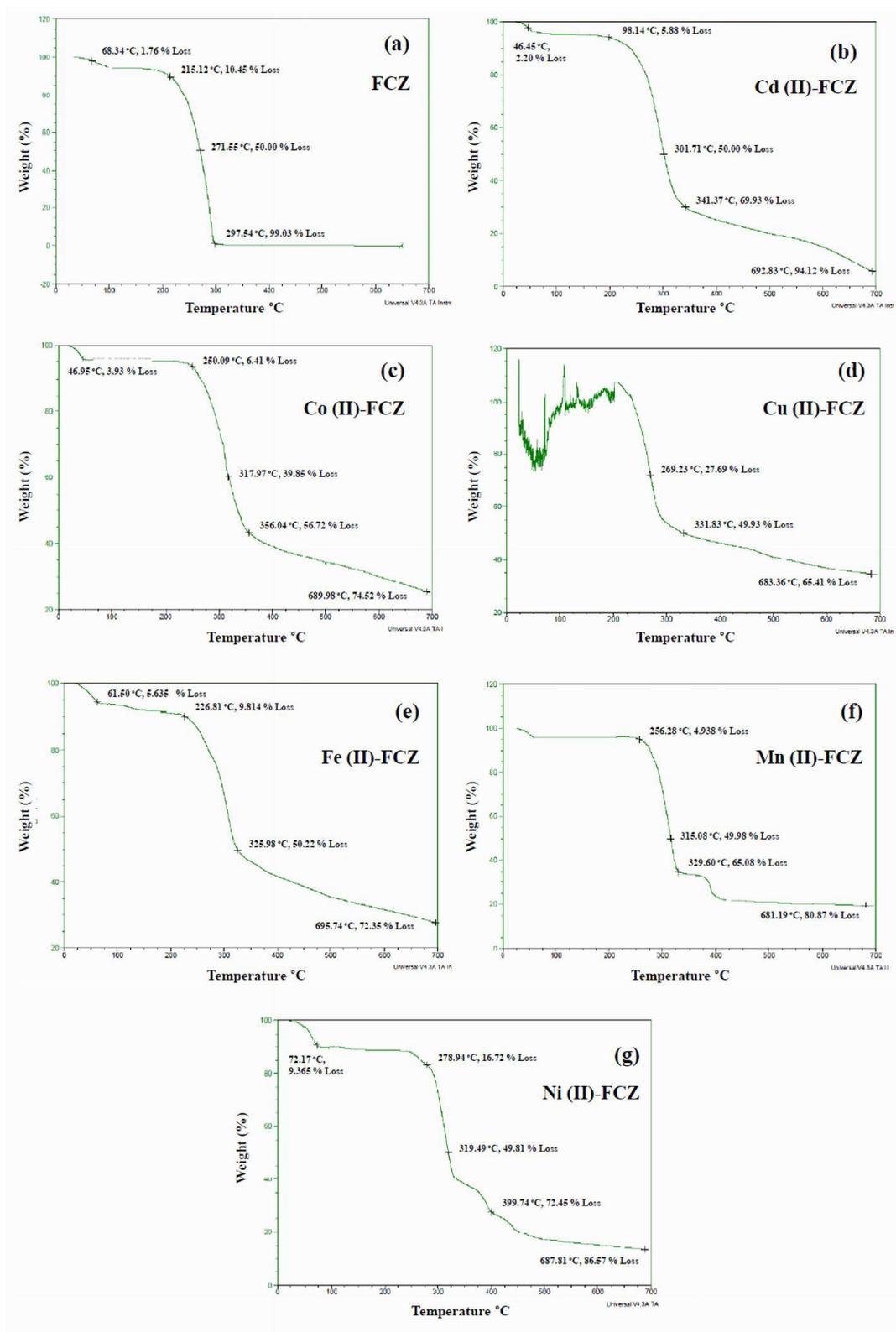


Figure 2. Thermo gravimetric profiles of (a) FCZ, (b) Cd(II)-FCZ, (c) Co(II)-FCZ, (d) Cu(II)-FCZ, (e) Fe(II)-FCZ, (f) Mn(II)-FCZ, and (g) Ni(II)-FCZ complexes.

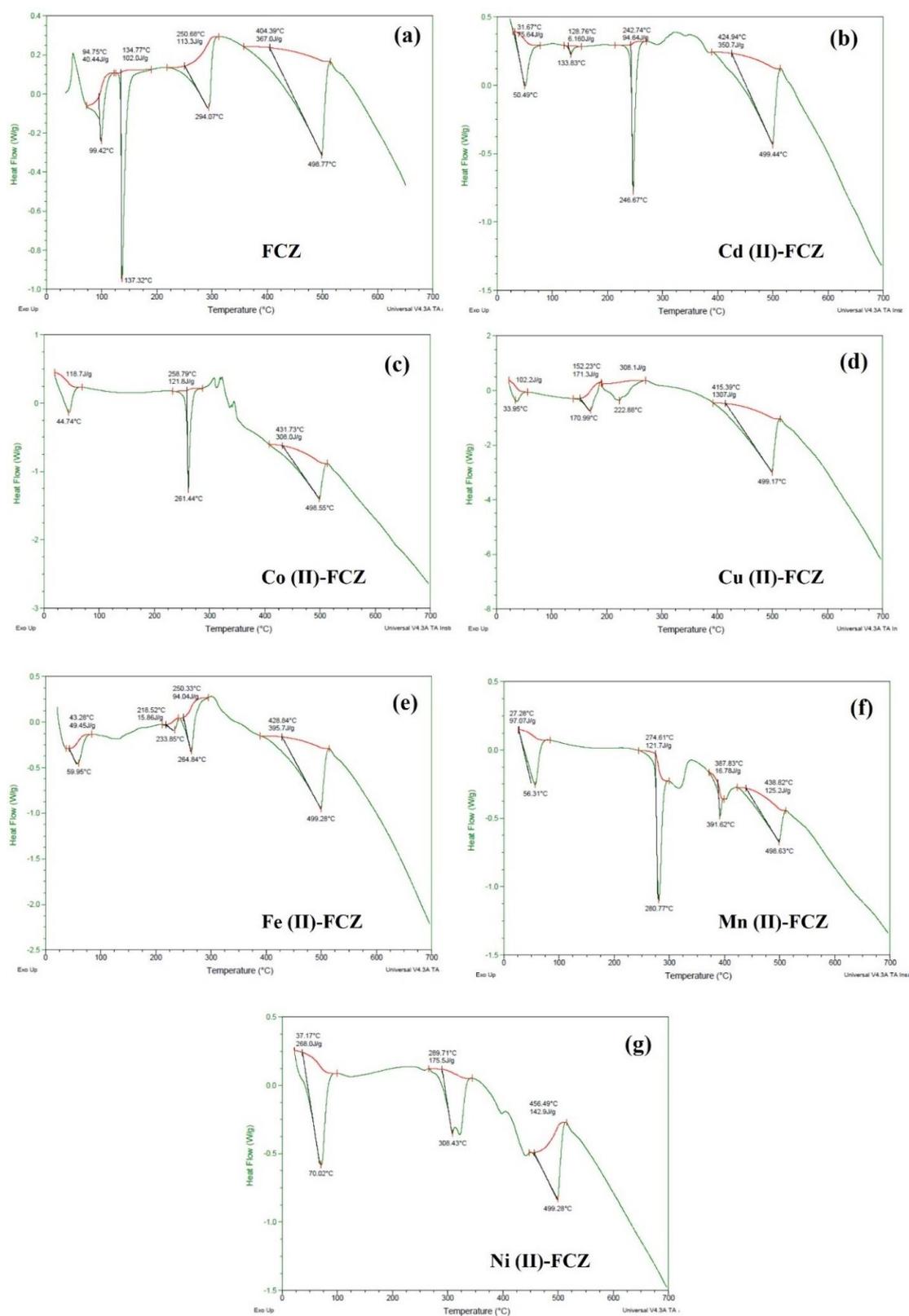


Figure 3. DSC curves for (a) FCZ, (b) Cd (II)-FCZ, (c) Co (II)-FCZ, (d) Cu (II)-FCZ, (e) Fe (II)-FCZ, (f) Mn (II)-FCZ and (g) Ni (II)-FCZ complexes.

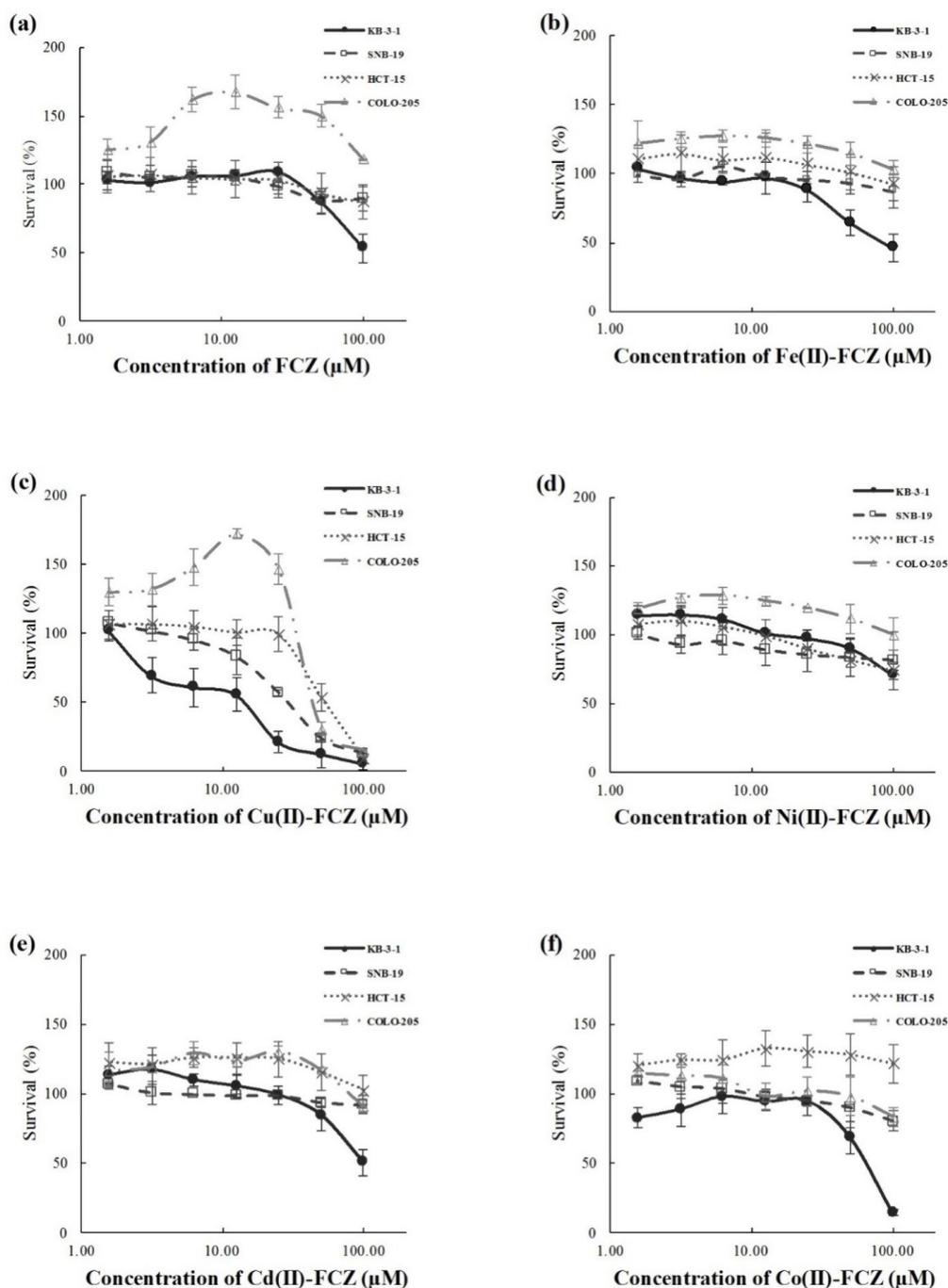


Figure 4. The cytotoxic effects of (a) FCZ, (b) Fe(II)-FCZ, (c), Cu(II)-FCZ, (d) Ni(II)-FCZ, (e) Cd(II)-FCZ, and (f) Co(II)-FCZ on the KB-3-1, SNB-19, HCT-15 and COLO-205 cell lines as determined by MTT assays. A serial concentrations used in various comp.

in the form of drug complexes with organic ligand, act as a critical role in anticancer activity. Previous study showed that the complexes are able to stabilize the cleavable complex formed between enzyme and DNA, meanwhile control the replication and

transcription of DNA in malignant tumour cells (44). Therefore, a complex with cation metal would show more active anticancer efficiency than the ligand alone. In this study, we also observed enhanced cytotoxic effects of metal complex than the parent compound

Table 1. Cytotoxicity of FCZ and metal complexes of FCZ on four human cancer cell lines.

Drug	IC ₅₀ ± SD (µM)			
	SNB-19	HCT-15	COLO-205	KB-3-1
FCZ	>100	>100	>100	>100
Fe(II)-FCZ	>100	>100	>100	81.33 ± 11.35
Cu(II)-FCZ	27.80 ± 4.16	60.10 ± 7.85	60.90 ± 4.58	13.04 ± 5.72
Ni(II)-FCZ	>100	>100	>100	>100
Mn(II)-FCZ	>100	>100	>100	>100
Cd(II)-FCZ	>100	>100	>100	>100
Co(II)-FCZ	>100	>100	>100	62.03 ± 19.84

FCZ on cancer cell lines. The mechanism may be related to the charge of metal and the high reactivity of the complex due to unpaired electrons, which may lead to superoxide dismutase (SOD) mimic activity and DNA cleavage activity that further results in cell apoptosis (51). This has been proved by the previous study with other azole compounds and metal complexes.

For example, a recent research showed that benzotriazole based Fe(III)-salen-like complex displayed remarkable anticancer activity against human chronic myelogenous erythroleukemia cell line and breast adenocarcinoma cell line, and further mechanistic studies supported that the resulting cancer cell apoptosis was probably led by certain superoxide dismutase (SOD) mimic activity and the subsequent local imbalance in superoxide/hydrogen peroxide levels(48). However, in our observation, not all metal complexes had significant anticancer effects, and a complex may not show cytotoxicity on all cancer cell lines, indicating that different metals may have different mechanisms of effects, which requires more researches in the future to uncover other findings.

Conclusion

Clinical and commercial importance of fluconazole (FCZ) has become an inspiration for researchers to explore new strategies and formulations to improve its growing ineffectiveness as antifungal. Complexation of drugs with metal ions is a well-established approach in medicinal chemistry to improve the efficacy of various drugs. The present contribution was intended to explore six

complexes of FCZ with Cu (II), Fe(II), Cd(II), Co(II), Ni(II), and Mn(II) for their thermal, XRD, and cytotoxicity properties.

Our results revealed that pure FCZ and its metal complexes were of polycrystalline nature. Contrary to the pure FCZ, three complexes demonstrated cytotoxicity against four human cancer cell lines used in the cytotoxicity assay. The Cu (II)-FCZ complex had cytotoxic activity against all four cancer cells, while Fe (II) and Co (II) complexes of FCZ showed some cytotoxic activity against KB-3-1 cancer cell, which implied the important role of metal complexes in anticancer activity. In case of pure FCZ, thermogravimetry revealed massive weight loss in the temperature range of 215 to 297 °C, due to the FCZ volatilization. The complexes; however followed multi stage degradation profiles, eventually resulting in the formation of metal oxides. From differential scanning calorimetry, the melting transition for pure FCZ was identified at 137 °C. Remarkably, this transition was not observed for all the six complexes indicating that these complexes represent definite compounds. Additional endothermic transitions for pure FCZ and its metal complexes were also observed.

Although not all metal complexes showed effectiveness, the obtained results indicate activity of Cu (II)-FCZ, Fe (II)-FCZ, and Co (II)-FCZ for the chosen strains. It can be said that the FCZ metal complexes embody a starting point towards the development and optimization of more effective anticancer and antifungal drugs and will likely lead to new direction for studies of novel antifungal formulations. More studies on evaluation of these metal complexes and further preparation of different derivatives are needed.

Acknowledgements

The authors are very thankful to Prof. Dr. Iqbal Choudhary, Director ICCBS, University of Karachi, for his support throughout this work.

References

- (1) Berber I, Cokmus C and Atalan E. Characterization of Staphylococcus species by SDS-PAGE of whole-cell and extracellular proteins. *Microbiology* (2003) 72: 42-7.
- (2) Harbarth S, Albrich W, Goldmann DA and Huebner J. Control of multiply resistant cocci: do international comparisons help? *Lancet Infect. Dis.* (2001) 1: 251-61.
- (3) Mitscher LA, Pillai SP, Gentry EJ and Shankel DM. Multiple drug resistance. *Medicinal Res. Rev.* (1999) 19: 477-96.
- (4) Pfaller M and Diekema D. Epidemiology of invasive candidiasis: a persistent public health problem. *Clin. Microbiol. Rev.* (2007) 20: 133-63.
- (5) Spampinato C and Leonardi D. *Candida* infections, causes, targets, and resistance mechanisms: traditional and alternative antifungal agents. *BioMed. Res. Int.* (2013) 2013: 1-13.
- (6) Vandeputte P, Ferrari S and Coste AT. Antifungal resistance and new strategies to control fungal infections. *Int. J. Microbiol.* (2011) 2012: 1-26.
- (7) Abi-Said D, Anaissie E, Uzun O, Raad I, Pinzcowski H and Vartivarian S. The epidemiology of hematogenous candidiasis caused by different *Candida* species. *Clin. Infect. Dis.* (1997) 24: 1122-8.
- (8) Ables AZ, Blumer NA, Valainis GT, Godenick MT, Kajdasz DK and Palesch YY. Fluconazole prophylaxis of severe *Candida* infection in trauma and postsurgical patients: a prospective, double-blind, randomized, placebo-controlled trial. *Infect. Dis. Clin. Pract.* (2000) 9: 169-75.
- (9) Alexander BD, Schell WA, Miller JL, Long GD and Perfect JR. *Candida glabrata* fungemia in transplant patients receiving voriconazole after fluconazole. *Transplantation* (2005) 80: 868-71.
- (10) Sobel JD. Pathogenesis and treatment of recurrent vulvovaginal candidiasis. *Clin. Infect. Dis.* (1992) 14: S148-S53.
- (11) Vazquez JA and Sobel JD. Mucosal candidiasis. *Infect. Dis. Clin. N Am.* (2002) 16: 793-820.
- (12) Kaufman DA. Prevention of invasive *Candida* infections in preterm infants: the time is now. *Expert Rev. Anti Infect. Ther.* (2008) 6: 393-9.
- (13) Tscherner M, Schwarzmüller T and Kuchler K. Pathogenesis and antifungal drug resistance of the human fungal pathogen *Candida glabrata*. *Pharmaceuticals* (2011) 4: 169-86.
- (14) Abranches P, Varejão E, da Silva C, de Fátima Â, Magalhães T, da Silva D, de Resende-Stoianoff M, Reis S, Nascimento C and de Almeida W. Complexes of fluconazole with sodium p-sulfonatocalix [n] arenes: characterization, solubility and antifungal activity. *RSC Adv.* (2015) 5: 44317-25.
- (15) Charlier C, Hart E, Lefort A, Ribaud P, Dromer F, Denning D, and Lortholary O. Fluconazole for the management of invasive candidiasis: where do we stand after 15 years? *J. Antimicrob. Chemother.* (2006) 57: 384-410.
- (16) Löffler J, Kelly SL, Hebart H, Schumacher U, Lass-Flörl C and Einsele H. Molecular analysis of cyp51 from fluconazole-resistant *Candida albicans* strains. *FEMS Microbiol. Lett.* (1997) 151: 263-68.
- (17) Sabatelli F, Patel R, Mann P, Mendrick C, Norris C, Hare R, Loebenberg D, Black T and McNicholas P. *In-vitro* activities of posaconazole, fluconazole, itraconazole, voriconazole, and amphotericin B against a large collection of clinically important molds and yeasts. *Antimicrob. Agents Chemother.* (2006) 50: 2009-15.
- (18) Déry M and Hasbun R. Fluconazole-resistant *Candida*: mechanisms and risk factor identification. *Curr. Fungal Infect. Rep.* (2011) 5: 23-8.
- (19) Arndt CA, Walsh TJ, McCully CL, Balis FM, Pizzo PA and Poplack DG. Fluconazole penetration into cerebrospinal fluid: implications for treating fungal infections of the central nervous system. *J. Infect. Dis.* (1988) 157: 178-80.
- (20) Brammer K, Farrow P and Faulkner J. Pharmacokinetics and tissue penetration of fluconazole in humans. *Rev. Infect. Dis.* (1990) 12: S318-S26.
- (21) Lashof AO, De Bock R, Herbrecht R, De Pauw BE, Krcmery V, Aoun M, Akova M, Cohen J, Siffnerova H, Egyed M and Ellis M. An open multicentre comparative study of the efficacy, safety and tolerance of fluconazole and itraconazole in the treatment of cancer patients with oropharyngeal candidiasis. *Eur. J. Cancer* (2004) 40: 1314-9.
- (22) Epstein JB, Gorsky M and Caldwell J. Fluconazole mouthrinses for oral candidiasis in postirradiation, transplant, and other patients. *Oral Surg. Oral Med. Oral Pathol. Oral Radiol. Endod.* (2002) 93: 671-5.
- (23) Goins RA, Ascher D, Waecker N, Arnold J and Moorefield E. Comparison of fluconazole and nystatin oral suspensions for treatment of oral candidiasis in infants. *Pediatr. Infect. Dis. J.* (2002) 21: 1165-7.

- (24) Lefebvre JL and Domenge C. A comparative study of the efficacy and safety of fluconazole oral suspension and amphotericin B oral suspension in cancer patients with mucositis. *Oral Oncol.* (2002) 38: 337-42.
- (25) Sholapurkar A, Pai KM, and Rao S. Comparison of efficacy of fluconazole mouthrinse and clotrimazole mouthpaint in the treatment of oral candidiasis. *Aust. Dent. J.* (2009) 54: 341-6.
- (26) Taillandier J, Esnault Y and Alemanni M. A comparison of fluconazole oral suspension and amphotericin B oral suspension in older patients with oropharyngeal candidosis. Multicentre Study Group. *Age Ageing* (2000) 29: 117-23.
- (27) Koks C, Crommentuyn K, Mathot R, Mulder J, Meenhorst P and Beijnen J. Prognostic factors for the clinical effectiveness of fluconazole in the treatment of oral candidiasis in HIV-1-infected individuals. *Pharmacol. Res.* (2002) 46: 89-94.
- (28) Lyon JP and de Resende MA. Correlation between adhesion, enzyme production, and susceptibility to fluconazole in *Candida albicans* obtained from denture wearers. *Oral Surg. Oral Med. Oral Pathol. Oral Radiol. Endod.* (2006) 102: 632-8.
- (29) Meberg A, Langslet A, Søvde A and Kolstad A. *Candida*-septicemia with chorioretinitis, osteomyelitis and arthritis treated with systemic miconazole and intraarticular amphotericin B. *Mycoses* (1977) 20: 257-60.
- (30) Tang C. Successful treatment of *Candida albicans* osteomyelitis with fluconazole. *J. Infect.* (1993) 26: 89-92.
- (31) Albengres E, Le Louët H and Tillement JP. Systemic antifungal agents. *Drug Saf.* (1998) 18: 83-97.
- (32) Denning DW, Venkateswarlu K, Oakley KL, Anderson M, Manning N, Stevens DA, Warnock DW and Kelly SL. Itraconazole resistance in *Aspergillus fumigatus*. *Antimicrob. Agents Chemother.* (1997) 41: 1364-8.
- (33) Hoffman HL, Ernst EJ, and Klepser ME. Novel triazole antifungal agents. *Expert Opin. Investig. Drugs* (2000) 9: 593-605.
- (34) Livermore D. The need for new antibiotics. *Clin. Microbiol. Infect.* (2004) 10: 1-9.
- (35) Meis JF and Verweij PE. Current management of fungal infections. *Drugs* (2001) 61: 13-25.
- (36) Franz R, Kelly SL, Lamb DC, Kelly DE, Ruhnke M and Morschhäuser J. Multiple molecular mechanisms contribute to a stepwise development of fluconazole resistance in clinical *Candida albicans* strains. *Antimicrob. Agents Chemother.* (1998) 42: 3065-72.
- (37) Orozco AS, Higginbotham LM, Hitchcock CA, Parkinson T, Falconer D, Ibrahim AS, Ghannoum MA and Filler SG. Mechanism of Fluconazole Resistance in *Candida krusei*. *Antimicrob. Agents Chemother.* (1998) 42: 2645-49.
- (38) Parkinson T, Falconer D and Hitchcock C. Fluconazole resistance due to energy-dependent drug efflux in *Candida glabrata*. *Antimicrob. Agents Chemother.* (1995) 39: 1696-9.
- (39) Redding SW, Kirkpatrick WR, Saville S, Coco BJ, White W, Fothergill A, Rinaldi M, Eng T, Patterson TF and Lopez-Ribot J. Multiple patterns of resistance to fluconazole in *Candida glabrata* isolates from a patient with oropharyngeal candidiasis receiving head and neck radiation. *J. Clin. Microbiol.* (2003) 41: 619-22.
- (40) Ali M, Ahmed M, Ahmed S, Ali SI, Perveen S, Mumtaz M, Haider SM and Nazim U. Fluconazole and its interaction with metal (II) complexes: SEM, spectroscopic and antifungal studies. *Pak. J. Pharma. Sci.* (2017) 30: 187-94.
- (41) Zhang CX and Lippard SJ. New metal complexes as potential therapeutics. *Curr. Opin. Chem. Biol.* (2003) 7: 481-9.
- (42) Desai SR and Dharwadkar SR. Study of process induced polymorphic transformations in fluconazole drug. *Acta Pol. Pharm.* (2009) 66: 115-22.
- (43) Al-Saif FA and Refat MS. Synthesis, spectroscopic, and thermal investigation of transition and non-transition complexes of metformin as potential insulin-mimetic agents. *J. Therm. Anal. Calorim.* (2013) 111: 2079-96.
- (44) Zhou CH, Zhang YY, Yan CY, Wan K, Gan LL and Shi Y. Recent researches in metal supramolecular complexes as anticancer agents. *Anticancer Agents Med. Chem.* (2010) 10: 371-95.
- (45) Moura EA, Correia LP, Pinto MF, Procópio JVV, de Souza FS and Macedo RO. Thermal characterization of the solid state and raw material fluconazole by thermal analysis and pyrolysis coupled to GC/MS. *J. Therm. Anal. Calorim.* (2010) 100: 289-93.
- (46) Park HJ, Kim MS, Lee S, Kim JS, Woo JS, Park JS and Hwang SJ. Recrystallization of fluconazole using the supercritical antisolvent (SAS) process. *Int. J. Pharm.* (2007) 328: 152-60.
- (47) Caira MR, Alkhamis KA and Obaidat RM. Preparation and crystal characterization of a polymorph, a monohydrate, and an ethyl acetate solvate of the antifungal fluconazole. *J. Pharm. Sci.* (2004) 93: 601-11.
- (48) Herchel R, Šindelář Z, Trávníček Z, Zbořil R and Vančo J. Novel 1D chain Fe (III)-salen-like complexes involving anionic heterocyclic N-donor ligands. Synthesis, X-ray structure, magnetic, ⁵⁷Fe Mössbauer, and biological activity studies. *Dalton Trans.* (2009) 2009: 9870-80.

- (49) Li SL, Lan YQ, Ma JF, Yang J, Wang XH and Su ZM. Syntheses and structures of organic–inorganic hybrid compounds based on metal-fluconazole coordination polymers and the β - Mo_8O_{26} anion. *Inorg. Chem.* (2007) 46: 8283-90.
- (50) Pansuriya PB and Patel MN. Synthesis, characterization and biological aspects of novel five-coordinated dimeric-Cu (II) systems. *J. Enzyme Inhib. Med. Chem.* (2008) 23: 108-19.
- (51) Ren Y, Zhang L, Zhou CH and Geng R. Recent development of benzotriazole-based medicinal drugs. *Med. Chem.* (2014) 4: 640-62.

This article is available online at <http://www.ijpr.ir>
