LAH 0248 5/85 AN/PA/TD/DR/AM

Fansidar® (Hoffman-La Roche, Switzerland) is frequently used for the prophylaxis and treatment of malaria. Each tablet of Fansidar® contains 500 ng sulphadoxine [4-Amino-N-(5,6-dimethoxy-4-pyrimidinyl)benzenesulfonamide] (SULPH; I) and 25 ng pyrimethamine [5-(4-chlorphenyl)-6-ethyl-2,4-pyrimidinediamine] (PYR; II). SULPH and PYR act synergistically to block enzymes in plasmoidal pyrimidine synthesis. Analytical methodologies proposed for the analysis of this preparation have suffered from the standpoint of the inability to quantitate these two compounds simultaneously. Recently, however, an article has appeared in the literature describing a simple, selective, and sensitive HPLC method for simultaneously separating and quantitating both SULPH and PYR, and also a major metabolite of SULPH, N4-Acetylsulphadoxime (NASULPH) in human plasma using a Waters μ BONDAPAKIM C18 column to effect the separation (1).

I. Sulphadoxine (SULPH)

4-Amino-N-(5,6-dimethoxy-4-pyrimidinyl) benzenesulfonamide

5-(4-chlorphenyl)-6-ethyl-2,4-pyrimidinediamine

The sample was prepared by extracting an internal standard-spiked plasma sample with ethylene dichloride. This organic phase was isolated, dried, and reconstituted in mobile phase, from which 40 $\,\mu l$ injections were made. Extraction recoveries averaged 80% for these compounds. The mobile phase, consisting of methanol:acetonitrile:water (25:15:60) containing 0.005M l-pentane sulphonic acid (PIC® B-5, pH 3.40) was pumped at a flow rate of 1.5 ml/min. The column used was a 30 cm by 3.9 mm I.D. μ BONDAPAK TM C18 with a particle size of 10 μM .

The separation obtained is illustrated in Figure 1. No significant interfering peaks were present in drug free plasma extract at the retention time corresponding to the peaks of interest. The minimum detection limits were reported to be 50 ppb for SULPH, 3 ppb for NASULPH, and 5 ppb for PYR. Within-day and day-to-day reproducibility are shown in Table 1. No significant degradation was detected for any of the compounds during storage for over six months.

The authors report that the ease of sample preparation, simultaneous quantitation, the small sample volume required, the low limit of detection of the compounds, and the short retention times all contribute to making the reported HPLC method suitable for routine analysis of Fansidar®. This method is presently being used in the author's laboratory for both routine clinical analyses and pharmacokinetic studies.

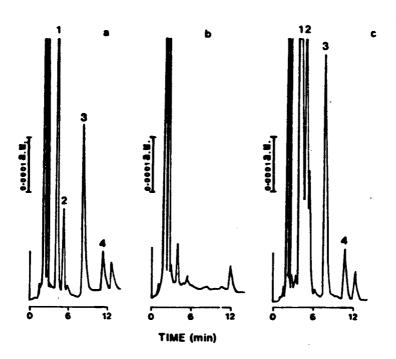


FIGURE 1. Chromatograms of (a) extracted spiked plasma sample containing SULPH, 0.45 μg per 0.5 ml (1); NASULPH, 0.045 μg per 0.5 ml (2); internal standard (quinine), 125 ng base (3) and PYR, 0.045 μg per 0.5 ml (4); (b) extracted drug free plasma; and (c) extracted plasma sample obtained 168 h after Fansidar® administration to a healthy volunteer (concentrations found in this sample were: SULPH, 19.8 μg per 0.5 ml (1); NASULPH, 0.678 μg per 0.5 ml (2); quinine, 125 ng base (3); and PYR, 0.039 μg per 0.5 ml (4).

FOR INVESTIGATIONAL USE ONLY.
THE PERFORMANCE CHARACTERISTIC FOR THIS
PROCEDURE HAS NOT BEEN ESTABLISHED.

TABLE I: PRECISION OF THE HPLC METHOD FOR SULPH, NASULPH AND PYR IN PLASMA (SPIKED SAMPLES)

The number of observations per compound per concentration = 5 in all cases

Compound	Concentration (µg per 0.5 ml)	Coefficient of variation(%)	
		Within-day	Day-to-day
SULPH	0.45	6.5	13.7
	1.82	4.1	6.7
	4.13	4.7	4.8
	22.73	2.9	4.2
Mean \pm S.D.		4.6 <u>+</u> 1.5	7.4 <u>+</u> 4.4
NASULPH	0.045	7.7	10.9
	0.182	6.8	8.3
	0.413	3.1	7.3
	2.273	3.0	5.5
Mean \pm S.D.		5.2 <u>+</u> 2.5	8.0 <u>+</u> 2.3
PYR	0.045	3.2	4.4
	0.182	3.9	6.1
	0.413	1.9	4.6
	2.273	2.2	3.7
Mean + S.D.		2.8 ± 0.9	4.7 <u>+</u> 1.0