



上海源叶生物科技有限公司
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产品名称: **Eperezolid**
CAS 号: **165800-04-4**
产品货号: **Y70440**

生物活性:

Description	Eperezolid (PNU-100592) is an orally active protein synthesis inhibitor that targets the bacterial 50S ribosomal subunit. Eperezolid competitively binds to a specific site on the ribosomal 50S subunit (overlapping with the binding sites of chloramphenicol and lincomycin) to inhibit the translation initiation stage and exert antibacterial activity. Eperezolid can induce host cell autophagy to enhance the clearance of intracellular mycobacteria, and its MIC90 for <i>Staphylococcus aureus</i> and <i>Enterococcus</i> is 1-4 µg/mL. Eperezolid is mainly used for antibacterial research on infections with Gram-positive bacteria such as methicillin-resistant <i>Staphylococci</i> and vancomycin-resistant <i>Enterococci</i> , as well as infections with intracellular bacteria such as <i>Mycobacterium tuberculosis</i> [1][2][3][4].																				
IC50 & Target	Oxazolidinone																				
In Vitro	1. 抗菌活性实验: Eperezolid (1×MIC-4×MIC; 24 h) 在体外对甲氧西林敏感/耐药金黄色葡萄球菌、凝固酶阴性葡萄球菌及万古霉素敏感/耐药肠球菌均表现出抑菌活性, MIC90 为 1-4 µg/mL, 时间杀菌曲线显示为抑菌作用且对粪肠球菌和屎肠球菌的抗生素后效应 (PAE) 为 0.1-1.2 h[1]。 2. 自噬诱导实验: Eperezolid (1 µM; 24 h) 在 dTHP-1 细胞中可诱导自噬, 表现为 LC3-I 向 LC3-II 的转化增加、LC3 puncta 形成增多, 且通过 MDC 染色证实自噬空泡数量显著增加, 同时抑制胞内耻垢分枝杆菌的存活[1]。 3. 核糖体结合实验: Eperezolid (1-100 µM; 10 min) 可特异性结合大肠杆菌 50S 核糖体亚基, Kd 约为 20 µM, 其结合可被氯霉素、林可霉素竞争性抑制, 但不影响肽基转移酶活性或翻译终止过程[1]。 <table><tr><td colspan="2">Cell Viability Assay[1]</td></tr><tr><td>Cell Line:</td><td><i>Staphylococcus aureus</i>, <i>Staphylococcus epidermidis</i>, <i>Enterococcus faecalis</i>, <i>Enterococcus faecium</i></td></tr><tr><td>Concentration:</td><td>1×MIC (1-4 µg/mL), 4×MIC</td></tr><tr><td>Incubation Time:</td><td>24 h</td></tr><tr><td>Result:</td><td>Showed bacteriostatic activity, with no significant reduction in bacterial counts (>1 log₁₀ CFU/mL) over 24 h. PAE was measured at 0.8 h against staphylococci and 0.1-0.8 h against enterococci, with higher PAE observed at 4×MIC.</td></tr><tr><td colspan="2">Cell Autophagy Assay[1]</td></tr><tr><td>Cell Line:</td><td>dTHP-1 human monocyte-derived macrophages</td></tr><tr><td>Concentration:</td><td>1 µM</td></tr><tr><td>Incubation Time:</td><td>24 h</td></tr><tr><td>Result:</td><td>Showed a significant increase in LC3-II/LC3-I ratio, and confocal microscopy revealed enhanced LC3 puncta formation. MDC staining indicated a 2-fold increase in autophagic vacuoles compared to control. Intracellular <i>M. smegmatis</i> viability was reduced by 50% compared to</td></tr></table>	Cell Viability Assay[1]		Cell Line:	<i>Staphylococcus aureus</i> , <i>Staphylococcus epidermidis</i> , <i>Enterococcus faecalis</i> , <i>Enterococcus faecium</i>	Concentration:	1×MIC (1-4 µg/mL), 4×MIC	Incubation Time:	24 h	Result:	Showed bacteriostatic activity, with no significant reduction in bacterial counts (>1 log ₁₀ CFU/mL) over 24 h. PAE was measured at 0.8 h against staphylococci and 0.1-0.8 h against enterococci, with higher PAE observed at 4×MIC.	Cell Autophagy Assay[1]		Cell Line:	dTHP-1 human monocyte-derived macrophages	Concentration:	1 µM	Incubation Time:	24 h	Result:	Showed a significant increase in LC3-II/LC3-I ratio, and confocal microscopy revealed enhanced LC3 puncta formation. MDC staining indicated a 2-fold increase in autophagic vacuoles compared to control. Intracellular <i>M. smegmatis</i> viability was reduced by 50% compared to
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		untreated controls.			
In Vivo	Eperezolid (25 mg/kg; 静脉注射/口服; q12h; 4.5 天) 在感染粪肠球菌大鼠的腹腔脓肿模型中, 静脉注射途径可降低 Vancomycin 耐药屎肠球菌感染模型的脓肿细菌密度, 而对粪肠球菌感染模型无显著抑制作用[3]。				
	Animal Model:	Sprague-Dawley rats (male, 175-250 g, 6-8 weeks old) with intra-abdominal abscess induced by Enterococcus faecalis 1310 or Vancomycin-resistant Enterococcus faecium A1221[3]			
	Dosage:	25 mg/kg			
	Administration:	Intravenous infusion or oral gavage, twice daily (q12h), for 4.5 days			
	Result:	For <i>E. faecalis</i> infection, had no significantly reduction in bacterial density in abscesses compared to untreated controls (mean viable bacteria: 8.3 log ₁₀ CFU/g vs. 8.6 log ₁₀ CFU/g). For vancomycin-resistant <i>E. faecium</i> infection, i.v. eperezolid reduced bacterial density to 6.5 log ₁₀ CFU/g (vs. 8.25 log ₁₀ CFU/g in controls), while oral administration showed a modest reduction to 7.8 log ₁₀ CFU/g. No sterile abscesses were observed in any treatment group.			
Solvent&Solubility	细胞实验:				
	DMSO 中的溶解度 : 40 mg/mL (101.42 mM; 超声助溶; 吸湿的 DMSO 对产品的溶解度有显著影响, 请使用新开封的 DMSO)				
	Preparing Stock Solutions	Solvent Mass Concentration	1 mg	5 mg	10 mg
		1 mM	2.5355 mL	12.6775 mL	25.3550 mL
		5 mM	0.5071 mL	2.5355 mL	5.0710 mL
10 mM		0.2535 mL	1.2677 mL	2.5355 mL	
* 请根据产品在不同溶剂中的溶解度选择合适的溶剂配制储备液; 一旦配成溶液, 请分装保存, 避免反复冻融造成的产品失效。					
储备液的保存方式和期限: -80°C, 2 years; -20°C, 1 year。-80°C 储存时, 请在 2 年内使用, -20°C 储存时, 请在 1 年内使用。					
动物实验:					
请根据您的 实验动物和给药方式 选择适当的溶解方案。					
以下溶解方案都请先按照 In Vitro 方式配制澄清的储备液, 再依次添加助溶剂:					
——为保证实验结果的可靠性, 澄清的储备液可以根据储存条件, 适当保存; 体内实验的工作液, 建议您现用现配, 当天使用;					
以下溶剂前显示的百分比是指该溶剂在您配制终溶液中的体积占比; 如在配制过程中出现沉淀、析出现象, 可以通过加热和/或超声的方式助溶					
方案 一					
请依序添加每种溶剂: 10% DMSO → 40% PEG300 → 5% Tween-80 → 45% Saline					
Solubility: ≥ 2.5 mg/mL (6.34 mM); 澄清溶液					
此方案可获得 ≥ 2.5 mg/mL (饱和度未知) 的澄清溶液。					
以 1 mL 工作液为例, 取 100 μL 25.0 mg/mL 的澄清 DMSO 储备液加到 400 μL PEG300 中, 混合均匀; 再向上述体系中加入 50 μL Tween-80, 混合均匀; 然后再继续加入 450 μL 生理盐水 定容至 1 mL。					
生理盐水的配制: 将 0.9 g 氯化钠, 溶解于 ddH ₂ O 并定容至 100 mL, 可以得到澄清透明的生理盐					



	水溶液。 方案 二 请依序添加每种溶剂： 10% DMSO → 90% (20% SBE-β -CD in Saline) Solubility: ≥ 2.5 mg/mL (6.34 mM); 澄清溶液 此方案可获得 ≥ 2.5 mg/mL（饱和度未知）的澄清溶液。 以 1 mL 工作液为例，取 100 μ L 25.0 mg/mL 的澄清 DMSO 储备液加到 900 μ L 20% 的 SBE-β -CD 生理盐水水溶液 中，混合均匀。 2 g SBE-β -CD（磺丁基醚 β -环糊精）粉末定容于 10 mL 的生理盐水中，完全溶解至澄清透明。 方案 三 请依序添加每种溶剂： 10% DMSO → 90% Corn Oil Solubility: ≥ 2.5 mg/mL (6.34 mM); 澄清溶液 此方案可获得 ≥ 2.5 mg/mL（饱和度未知）的澄清溶液，此方案实验周期在半个月以上的动物实验酌情使用。 以 1 mL 工作液为例，取 100 μ L 25.0 mg/mL 的澄清 DMSO 储备液加到 900 μ L 玉米油中，混合均匀。				
参考文献	[1]. Rybak MJ, et al. Comparative in vitro activities and postantibiotic effects of the oxazolidinone compounds eperezolid (PNU-100592) and linezolid (PNU-100766) versus vancomycin against Staphylococcus aureus, coagulase-negative staphylococci, Enterococcus faecalis, and Enterococcus faecium. Antimicrob Agents Chemother. 1998 Mar;42(3):721-4. [2]. Nayak, et al. Eperezolid modulates autophagy to control the growth of intracellular mycobacteria. (2023). [3]. Schülin T, et al. Activities of the oxazolidinones linezolid and eperezolid in experimental intra-abdominal abscess due to Enterococcus faecalis or vancomycin-resistant Enterococcus faecium. Antimicrob Agents Chemother. 1999 Dec;43(12):2873-6. [4]. Lin AH, et al. The oxazolidinone eperezolid binds to the 50S ribosomal subunit and competes with binding of chloramphenicol and lincomycin. Antimicrob Agents Chemother. 1997 Oct;41(10):2127-31.				
完整储备液配制表： * 请根据产品在不同溶剂中的溶解度选择合适的溶剂配制储备液；一旦配成溶液，请分装保存，避免反复冻融造成的产品失效。 储备液的保存方式和期限：-80℃, 2 years; -20℃, 1 year。-80℃ 储存时，请在 2 年内使用， -20℃ 储存时，请在 1 年内使用。					
可选溶剂	质量 溶剂体积 浓度	1 mg	5 mg	10 mg	25 mg
DMSO	1 mM	2.5355 mL	12.6775 mL	25.3550 mL	63.3874 mL
	5 mM	0.5071 mL	2.5355 mL	5.0710 mL	12.6775 mL
	10 mM	0.2535 mL	1.2677 mL	2.5355 mL	6.3387 mL
	15 mM	0.1690 mL	0.8452 mL	1.6903 mL	4.2258 mL
	20 mM	0.1268 mL	0.6339 mL	1.2677 mL	3.1694 mL
	25 mM	0.1014 mL	0.5071 mL	1.0142 mL	2.5355 mL



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	30 mM	0.0845 mL	0.4226 mL	0.8452 mL	2.1129 mL
	40 mM	0.0634 mL	0.3169 mL	0.6339 mL	1.5847 mL
	50 mM	0.0507 mL	0.2535 mL	0.5071 mL	1.2677 mL
	60 mM	0.0423 mL	0.2113 mL	0.4226 mL	1.0565 mL
	80 mM	0.0317 mL	0.1585 mL	0.3169 mL	0.7923 mL
	100 mM	0.0254 mL	0.1268 mL	0.2535 mL	0.6339 mL



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