


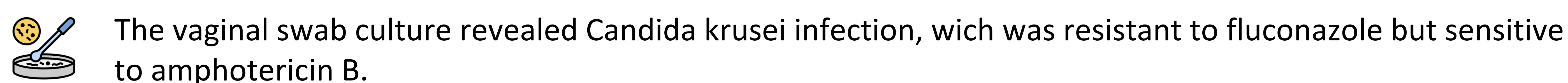
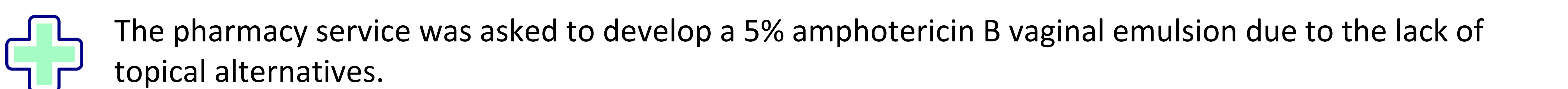
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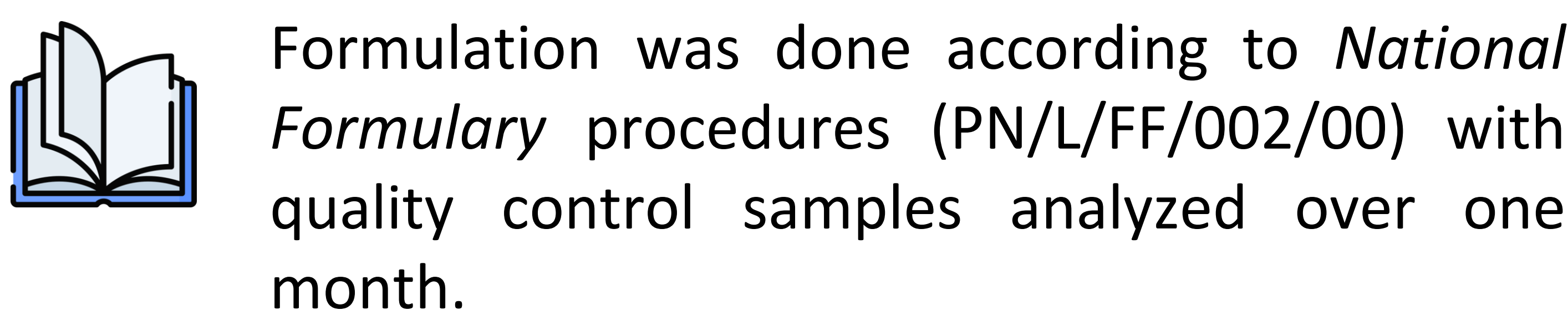
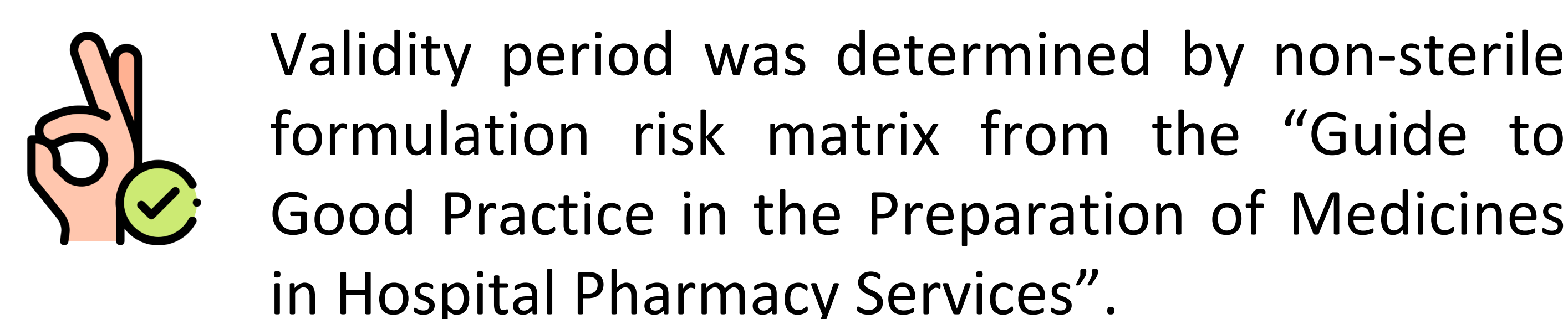

BACKGROUND AND IMPORTANCE

Vaginal fungal infections are a common complication following broad-spectrum antibiotic therapy due to the disruption of the normal vaginal flora. *Candida krusei* is an uncommon but clinically significant pathogen due to its resistance to conventional antifungal treatments, such as fluconazole.

AIM AND OBJECTIVES

-  To present the case of a 90-year-old female with *Candida krusei* vaginal candidiasis developed after oral amoxicillin-clavulanate 875mg/125mg every 8h for 10 days.
-  The vaginal swab culture revealed *Candida krusei* infection, which was resistant to fluconazole but sensitive to amphotericin B.
-  The pharmacy service was asked to develop a 5% amphotericin B vaginal emulsion due to the lack of topical alternatives.

MATERIAL AND METHODS

-  Formulation was done according to *National Formulary* procedures (PN/L/FF/002/00) with quality control samples analyzed over one month.
-  Validity period was determined by non-sterile formulation risk matrix from the "Guide to Good Practice in the Preparation of Medicines in Hospital Pharmacy Services".
-  Formula design was managed via CPFarma[®].
Clinical data were obtained from OrionClinic[®].

RESULTS

 O/W emulsion was designed due to the hydrophobic nature of amphotericin B.

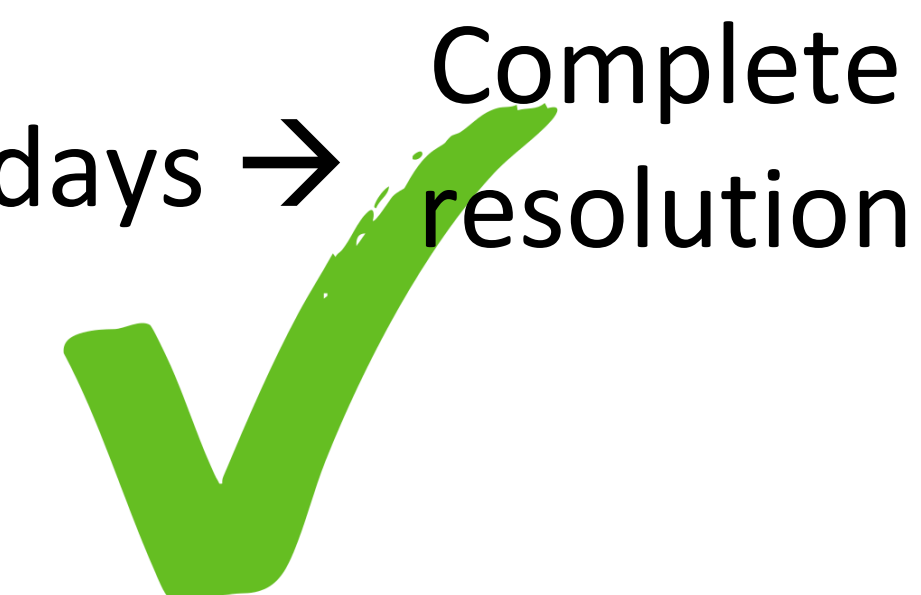
Component	Quantity
Amphotericin B	1.5 g
Glycerin	4 g
Ginebase [®] (O/W Vaginal Vehicle)	Up to 30 g



Validity period was set at 30 days under refrigerated conditions (2-8°C).



Patient evolution:
Application once daily during 14 days → Complete resolution
No reported adverse events.



CONCLUSION AND RELEVANCE

- The 5% amphotericin B vaginal emulsion resolved the drug-resistant infection.
- The role of the hospital pharmacist in the formulation of drugs is important in managing fungal-resistant infections.
- The successful treatment underscores the importance of microbiological cultures.



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