

USE OF TOPICAL 1% CIDOFOVIR ON SKIN LESIONS IN A PATIENT WITH MONKEYPOX.

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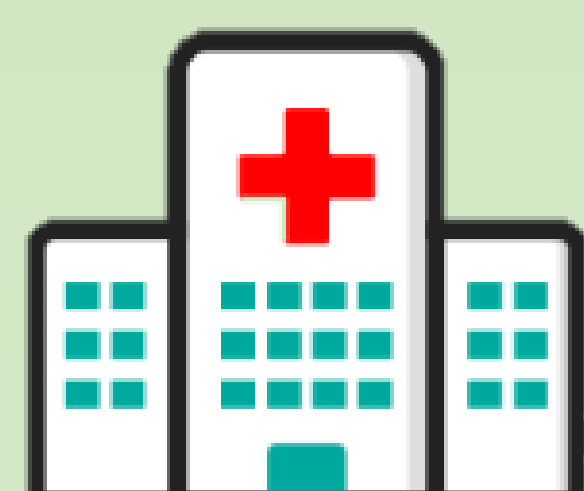
BACKGROUND AND OBJECTIVES

Monkeypox (MPX) is a zoonosis caused by an orthopoxvirus transmitted by droplets, direct contact or fomites. It can cause different signs and symptoms, including a variety of skin lesions, mainly located on the face, palms and/or soles.

AIM AND OBJECTIVES

To evaluate the response of vesiculo-pustular lesions to treatment with a topical magistral formulation of cidofovir.

MATERIAL AND METHODS



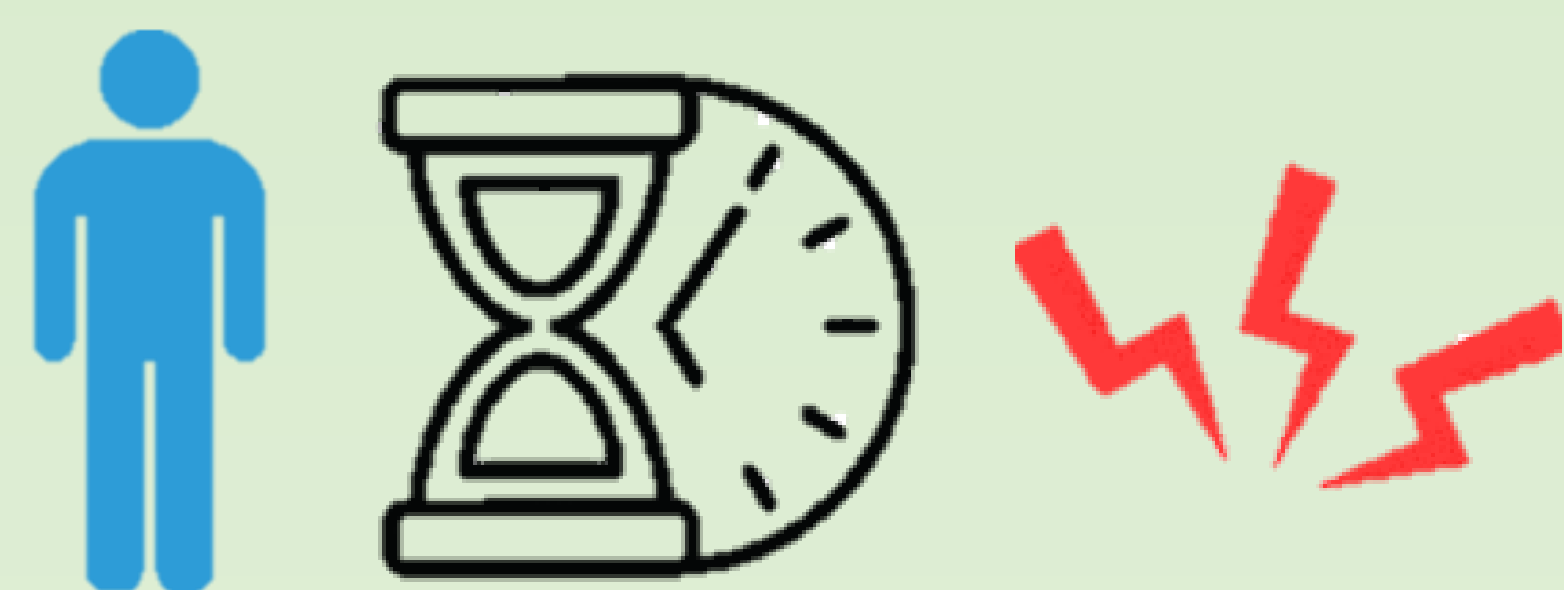
The period September - November 2022



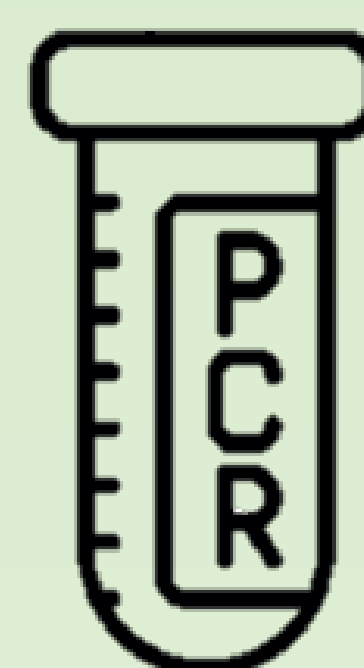
A magistral formula of topical 1% cidofovir in Base Beeler

- ✓ The formula was developed for the treatment of papillomatous lesions in the facial region, perianal area, intergluteal fold and extremities associated to the MPX diagnosis.
- ✓ The patient's evolution was monitored for 4 months and both demographic variables and those variables necessary for the evaluation of the lesions were collected, based on the electronic medical records and the center's prescription records.

RESULTS



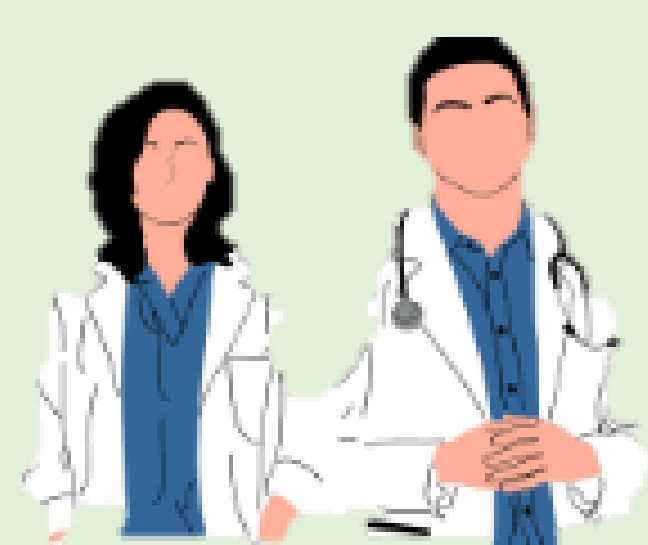
31-year-old. 7-10 days of evolution of pain that is difficult to control in the perianal area and skin lesions on the face and torso of 3-4 days of evolution



Diagnosis was confirmed with Orthopoxvirus real-time PCR, complete serology on admission and positive detection for HIV (stage C3) and coronavirus.

The initial treatment

1. 1/1000 zinc sulfate every 12 hours
2. topical fusidic acid every 12 hours
3. The latter was modified for topical Liade® (antibiotic ointment polymyxin B sulfate, neomycin and bacitracin)
4. It added Apodrex®, sterile dressing applied to the perianal lesion for the absorption of exudate.



Dermatology and Infectious Diseases service

The Pharmacy service was requested to develop a topical **1% Cidofovir magistral formula** (1 application to each lesion in the morning and at night daily) and Liade® is maintained

Vesiculo-pustular lesions in necrotic phase evolved to crusty phase and then to lesions with granulation tissue and some of them even evolved to healing process.



After 4 months of treatment, due to the lack of response and without achieving the total disappearance of the lesions, the treatment was suspended, returning to the initial treatment with zinc sulfate and topical fusidic acid.

J05- ANTIVIRALS FOR SYSTEMIC USE

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CONCLUSION AND RELEVANCE

In the absence of consensus on the treatment of vesiculo-pustular lesions caused by MPX, the application of a magistral formula of topical 1% cidofovir in Beeler Base improves these lesions partially, some of them up to the scarring phase. It can be considered as an alternative to zinc sulfate treatment.

