METRONIDAZOLE 2%+ LIDOCAINE 2% GEL IN CUTANEOUS SQUAMOUS CELL CARCINOMA OF THE HEAD AND NECK- CASE REPORTS

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BACKGROUND AND IMPORTACE

Cutaneous squamous cell carcinoma (SCC) is characterised by the abnormal and accelerated growth of cells in the superficial layers of the skin. SCC can appear as thick, scaly lesions that can crust, bleed and itch and are difficult to heal.

AIM AND OBJETIVES

To describe the preparation of a magistral formula (FM) of metronidazole 2% and lidocaine 2% gel for the treatment of localised head lesions with a strong painful and malodorous component in a patient with SCC of the head and neck.
To evaluate the efficacy of FM

MATERIAL AND METHODS

Observational and descriptive study of the development of a topical gel containing metronidazole 2% and lidocaine 2% for the treatment of lesions in a patient with SCC of the head and necks.

A literature search was conducted to review the FMs described in the literature.

Galenic development and validation of the formula was obtained in the second edition of the 'palliative care and master formulation' manual.

Efficacy was analysed by weekly monitoring of wound healing together with palliative care.

RESULTS

From the palliative care service we were asked to develop a metronidazole 2%
and lidicaine 2% gel to control pain and odour during the treatment of scalp lesions
in an 82 year old patient diagnosed with cutaneous squamous cell carcinoma of the head and neck.

Modus operandi for the preparation of 500 g of gel was:

1. Dissolve 0.8 g methylparaben sodium and 0.1 g propylparaben sodium in 500 ml water. Sprinkle 5 g of carbomer 940 over the mixture and leave to stand for 24 hours until a gel forms

2. Neutralise to ph 7 with triethanolamine (0,8-1%) to increase the viscosity of the gel.

3. Weigh 10 g metronidazole and 10 g lidocaine. Pulverise in a mortar and pestle and form a paste with glycerine.

4. Add the gel formed in step 1 to the paste and homogenise.

During the 6-month follow-up period, the patient's pain on dressing has decreased significantly, although purulent exudate continued to appear.

CONCLUSION AND RELEVANCE

The magistral formula has been very effective for pain control but has not been effective for control of purulent exudate or odour.

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