- Time for complete tissue adhesion was minimal (3–5 min).
- Inflammation and adverse events were absent in all cases.
- The prospective clinical evaluation was positive for follow-up in all cases and included integration and vascularisation of the grafts.

Histology supported the *in vivo* evidence. Staining of the autograft section showed inner vessels and the regeneration of the surrounding conjunctive tissue.

Conclusion and relevance It is possible to compound an ATA easily from whole blood, in a hospital pharmacy, for ophthalmological surgery, where the necessary volume is very low. This ATA was safe and effective, supported by our preclinical studies. This ATA could allow the possibility of replacing the suture in surgery with a low cost drug.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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No conflict of interest.

3PC-033

INTRACAMERAL AND INTRASTROMAL VORICONAZOLE ADMINISTRATION IN FUSARIUM KERATITIS

¹S Gutiérrez Palomo, ²IM Moreno Escudero, ¹A Rochina Astorga, ¹A Quesada Asencio, ¹L Peral Ballester, ¹A Navarro Ruiz*. ¹Hospital General Universitario De Elche, Pharmacy, Elche, Spain; ²Hospital General Universitario De Elche, Ophthalmology, Elche, Spain

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Background and importance Fungal keratitis is an infection of the cornea caused by fungi. The clinical symptoms include pain, secretions, blurred vision and photophobia. They are usually caused by the genus of filamentous fungi *Aspergillus*, *Fusarium* and *Penicillium*. Conventional treatment combines topical natamycin, voriconazole and moxifloxacin, in addition to oral voriconazole. Nevertheless, therapy for those refractory to treatment is not clear.

Aim and objectives We present a case of filamentary keratitis caused by *Fusarium* in a contact lenses wearer. The inefficacy of conventional treatment, together with the deep location of the infection, led to a search for therapeutic alternatives, opting for intracameral and intrastromal voriconazole injection at 0.05%. The efficacy of the preparation was evaluated.

Material and methods Voriconazole syringes 0.5 mL were prepared at a concentration of 0.05%. In a vertical laminar flow hood, the 200 mg voriconazole vial was reconstituted with 19 mL of water for injection (solution of 10 mg/mL). Physiological serum (19 mL) was loaded into a 50 mL syringe and 1 mL of reconstituted voriconazole was taken in an insulin syringe and transferred to the 50 mL syringe (solution of 0.5 mg/mL=0.05%). A 0.2 µm filter was adapted and 0.5 mL added to a 1 mL syringe. The reconstituted vial and preparation were stable after 24 hours at 2–8°C.

Efficacy was evaluated with the following criteria: abscess size, hypopyon level (fibrin and leucocytes in the anterior chamber) and tyndall (inflammatory cells in the anterior chamber).

Results A 34-year-old man, a contact lenses wearer, was diagnosed with *Fusarium* infection. He was refractory to conventional treatment and was started on therapy with intrastromal and intracameral injections of voriconazole 0.05%. The patient received three doses. The response obtained was satisfactory,

progressively decreasing the size of the abscess, the level of hypopyon and tyndall. Resolution of the infection was achieved in a period of 2 months. The patient has been progressively reducing the topical antibiotic and antifungal treatment, and currently all medication has been withdrawn.

Conclusion and relevance Compared with several published studies in which the use of 0.05% and even 1% intracameral voriconazole showed no efficacy for the treatment of *Fusarium* keratitis, our experience with this case demonstrates that it is an effective strategy which accelerate the resolution of the infection and prevents further complications.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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3PC-034

CONTENT UNIFORMITY OF EXTEMPORANEOUS COMPOUNDED SUSPENSIONS

¹E Dijkers*, ²H Polonini, ²A Ferreira. ¹Global Innovation Project Manager, Fagron Bv, Rotterdam, The Netherlands; ²Ortofarma Analytical Services, Ortofarma Analytical Services, Matias Barbosa, Brazil

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Background and importance There is still a need for non-sterile compounded medications for paediatric and elderly patients (eg, when dose adjustments are required or there are swallowing difficulties). Pharmacists generally have the choice between compounding capsules or oral liquids. Extemporaneous compounded oral liquids are often a more convenient and better adhered alternative to capsules, as they are swift to prepare and can allow dosing flexibility. Given their importance, drug substance content should be within the predetermined range, determined as content uniformity, as defined by the various pharmacopoeias: United States Pharmacopoeia, European Pharmacopoeia and British Pharmacopoeia.

Aim and objectives SyrSpend SF is an oral liquid vehicle range that has specific rheological properties to ensure dosing consistency throughout therapy. In this study, we present the content uniformity of a wide range of different active pharmaceutical ingredients in SyrSpend SF under refrigerated conditions and at room temperature, compared with what is known for the content uniformity of extemporaneous prepared capsules.

Material and methods In the study, 6414 samples were analysed by high performance liquid chromatography (HPLC-UV) for 93 different active pharmaceutical ingredients at controlled room temperature (15–25°C) and 105 active pharmaceutical ingredients under refrigerated conditions (2–8°C). Calculations were only performed until the maximum beyond use date of the sample. Acceptance values (AVs) were calculated for all of the different active pharmaceutical ingredients, at all time points and temperatures.

Results The mean AVs for room temperature and the controlled refrigerated temperature were 3.12 and 3.17, respectively (AV should be <15.0), indicating that all active pharmaceutical ingredients complied with the content uniformity specifications. The mean concentration of all samples was 100.30% at room temperature and 100.34% at the refrigerated temperature.

Conclusion and relevance Compounded oral liquids in SyrSpend SF showed little variation in content for all active pharmaceutical ingredients, and when evaluated according to