stability and its capacity to interact with plastic components, due to the presence of Polysorbate 80 as excipient into the formulation. The PVC perfusion system, intact of any chemotherapy administration, was analysed, as a blank sample, corresponding to a NaCl 0.9% bag.

Results HPLC analysis showed that the MS10 tubing (Fresenius Kabi) was plasticised by triethylhexyl trimellitate (TOTM), while the four route link (CAIR LGL) and the Connect-Z link (CAIR LGL) were plasticised by DINCH and TOTM. No trace of plasticiser was found after the 1-hour administration of chemotherapies. No trace of chemotherapy was found in the samples of the perfusion system used for the injection of either Etopophos or etoposide.

Conclusion and relevance No interaction between the PVC perfusion system and the chemotherapies Etopophos and etoposide was found in real-life conditions. However, further analysis, using a larger number of samples, other dosages of chemotherapies or in static conditions, to exacerbate the contact between the drug and the system may be necessary to confirm these results.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

3PC-012 IMPACT OF PRELIMINARY WIPING OF EQUIPMENT INTRODUCED INTO A CLEANROOM ON THE CONTROL OF THE ENVIRONMENT

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Background and importance Parenteral nutrition is a high-risk activity. It is necessary to master and control the preparation environment. Within our parenteral nutrition unit, a decontamination airlock (Malochet) with hydrogen peroxide (H_2O_2) (Clarus, Bioquell) is used to bring the equipment (medical devices, glass nutrient bottles) into the cleanroom. They are introduced directly from an ISO 8 area into the airlock, without systematic wiping.

Aim and objectives The goal was to improve environmental control by studying the impact of preliminary wiping of equipment entering the cleanroom before or after surface decontamination with H_2O_2.

Material and methods The same operator performed surface swabs on medical devices (paper and plastic sides) and glass nutrient bottles. The wiping method was the same for all: 1 pre-impregnated wipe (55% ethanol and quaternary ammonium propionate) per piece of equipment. The airlock was qualified (4 log decontamination, 9-min dwell phase). 6 cycles were performed for 70 samples. For each cycle, before decontamination, 3 swabs were carried out after a prior wiping (on plastic, glass and paper sides) and 4 without wiping (on plastic, glass and two paper sides), then 7 swabs on those pieces of equipment after decontamination. Inoculation on tryptocasein soy agar was performed for each swab. Agar plates were incubated for 3 days at 32°C and 4 days at room temperature. Colony-forming units (CFU) were read on days 3 and 7. Data were collected in an Excel file and analysed with Mann–Whitney and Welch tests.

Results The difference in the number of CFU at 7 days between the groups without wiping and with wiping before decontamination was significant *($p<0.01$)* but not significant after decontamination *($p=0.17$)*. The difference between the groups before decontamination with wiping and after decontamination without wiping was not significant *($p=0.079$)*, but with a strong trend. Most of the contamination found after decontamination was bacteria. A mould was found after decontamination.

Conclusion and relevance This study shows that contamination brought in by equipment is possible. Wiping reduces the risk of contamination when decontamination by H_2O_2 is not possible. It seems important to limit storage inside the cleanroom to avoid a release of contamination into the air.

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3PC-013 PHARMACEUTICAL COMPOUNDING IN PAEDIATRIC PATCH TESTING: ARE WE SURE ABOUT THE ACTUAL ACTIVE INGREDIENT CONCENTRATION?

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Background and importance Large diferences in active ingredient concentrations (AI) in drug patch tests, as a result of the drug source chosen, signify the need for further studies to ensure the quality of the preparations.

Aim and objectives To analyse the variability of the resulting AI concentrations in paediatric patch tests, according to the commercialised forms (CFs) used.

Material and methods A review of the recommendations for drug patch tests preparation was carried out using PubMed.

For the Allergy Department requested compounds, when no pure drug was commercially available, the CFs were used instead. In the latter case, following Spanish Society of Allergy and Clinical Immunology (SEAIC) recommendations, the CF weights were used, rather than their AI content, to obtain the prescribed drug concentration in the compounds. Finally, the actual AI concentration in each compound was calculated.

Results The SEAIC and the European Society of Contact Dermatitis recommendations were followed, whenever possible, using the pure drug, and when this was not available, resorting to the CF. Eight drugs were diluted by the Pharmacy Department at different concentrations in petrolatum. The only drugs whose manufacturers provided the pure drug were amoxicillin and doxycycline. When diluting the content of the capsules of phenoxymethylpenicillin potassium at 10%, the AI concentration obtained was 8%; however, when using the oral powder it was 1.4%. The same thing happened when diluting tablets of cefuroxime at 20%, namely the AI concentration obtained was 11%, while if using the oral powder it was 1.2%. For ampicillin at 5%, using the capsules the AI concentration obtained was 4.25%. When preparing brivaracetam at 30% and rufinamide at 3%, using the available tablets the AI concentrations obtained were 5.34% and 1.63%, respectively. However, when diluting the capsules of ethosuximide at 20%, the AI concentration obtained was 15.8%.

Conclusion and relevance The actual AI concentrations in the compounds vary depending on the CF used.Using the CF with the lowest amount of excipients allows one to obtain AI concentrations closer to those usually proposed by scientific societies. The results obtained demonstrate the need to