REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of Interest No conflict of interest

3PC-034 USE OF A MIXTURE OF BLEOMYCIN, LIDOCAINE AND EPINEPHRINE IN THE TREATMENT OF KELOID SCARS: ON THE SUBJECT OF A CASE

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Background and Importance Keloid scars represent an abnormality in wound repair in predisposed individuals. They are distinguished by an excessive synthesis of connective tissue. The treatment is difficult, recent studies have shown that the mixture of bleomycin, lidocaine and epinephrine (BLE) can be useful in the treatment of these lesions. The addition of lidocaine has an anaesthetic effect and also improves the cytotoxicity of bleomycin. Epinephrine has a vasopressor effect that prevents the passage of bleomycin and lidocaine into the blood.
Aim and Objectives To evaluate the efficacy and safety of the administration of the BLE mixture, by superficial puncture in a patient with keloid scars. Describe the preparation of the mixture in the Pharmacy Service.
Material and Methods Retrospective observational study of a patient to whom the BLE mixture was applied to keloid scars. The variables collected were: sex, age, size and location of the lesions, previous and concomitant treatments and data related to treatment with the BLE mixture (concentration, dose, frequency of administration, duration of treatment, effectiveness and safety). The clinical response to treatment was described with the following scale: complete crushing, very significant crushing, significant crushing. The patient's clinical history and the preparation protocol for the BLE mixture were reviewed.
Results A 14-year-old patient presented with keloid scars in the right cervical, scapular, and left thigh areas. He previously received intralesional punctures of corticosteroids, botulinum toxin and treatment with topical mometasone. The concentration of the BLE mixture was: bleomycin (0.75 g/l), lidocaine (3.5 g/l) and epinephrine (3.5 mg/l). 0.5 to 2 ml was administered in each puncture, monthly, making a total of 4 punctures. The clinical response was described as very significant crushing, with more inactive and whitish scars being observed. No adverse effect was observed.

The mixture was prepared in a vertical laminar flow hood. For this, a vial of bleomycin 15 mg/5 ml, 7 ml lidocaine hydrochloride 1% and 7 ml of diluted adrenaline 0.01 mg/ml were loaded into a 20 ml syringe. It was made up to 20 ml with 0.9% physiological serum.
Conclusion and Relevance The use of the BLE mixture was effective and safe in the treatment of the patient's keloid scars.

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4CPS-001 EMICIZUMAB IN ACQUIRED HAEMOPHILIA TYPE A: A CASE REPORT

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Background and Importance Acquired haemophilia A is a coagulation disorder in which antibodies against factor VIII are produced, interfering with its activity and leading to potentially severe bleeding. Among numerous causes, cancer is a prevailing one. First-line haemostatic treatment until inhibitor eradication consists of bypass agents, including recombinant factor VII activated (rFVIIa) or activated prothrombin complex concentrates (aPCC).
Aim and Objectives We present the case of a 70-year-old male patient diagnosed with metastatic prostate cancer who went to the emergency department of a tertiary referral hospital due to an acute-onset extensive hematoma on the right thigh, with neither personal nor family history of haemophilia.
Material and Methods The patient was diagnosed with paraneoplasic acquired haemophilia. Therefore, immunosuppressive (methylprednisolone + cyclophosphamide) and haemostatic treatment (rFVIIa at 5 mg every 8h) was initiated.

9 days in, off-label use of emicizumab was requested, intended to guarantee a haemostatic level that would allow outpatient management. Emicizumab was administered subcutaneously at 3 mg/kg weekly over 4 weeks and then fortnightly over 16 weeks between January 13th and May 25th, 2022.

Haemostatic was monitored daily during hospitalisation and weekly after discharge through determination of inhibitor activity (Bethesda Units, UB) and FVIII activity (bovine based Chromogenic Factor VIII assay, UI) in blood samples.
Results The patient was successfully treated until the resolution of bleeding and normalised FVIII levels. Over the treatment with emicizumab as the only haemostatic agent (107 days), 8 subcutaneous injections were administered (cost: € 51,255.2).

Having used rFVIIa (5 mg every 12 h) would have entailed 214 intravenous infusions, with a direct cost of € 618,301.64. Thus, emicizumab treatment meant direct cost saving of € 567,046.44.

Moreover, contributing factors to overheads as prolonged hospital stay, expenditure on consumables or staffing should be taken into account. Also risk of vascular access complications and quality of life must be considered.
Conclusion and Relevance Emicizumab has been a safe and cost-effective alternative to rFVIIa in haemorrhage prophylaxis, reducing direct costs by more than 10 times and allowed outpatient management.

Self-administration at home represents a major improvement in acquired haemophilia A quality of life.

Hospital pharmacy and haematology must collaborate to achieve a rational use of resources and an improvement in quality of life.

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