ethambutol 10% (w/w), isoniazid 15% (w/w) and pyrazinamide 25% (w/w).

Material and Methods

Scarce bibliographic information Review article published by the French Society of Dermatology, in which the concentrations of the active ingredient to be used in each PT are established.

Application of the general rules of Good Handling Practices, according to the Portuguese Galenic Formulary.

Results The pastes used in the PT were obtained by geometric dilution of pulverised ethambutol 400 mg , isoniazid 300 mg and pyrazinamide 500 mg tablets in white petrolatum.

After quality-control tests that includes colour, homogeneity and mass verification assays, the pastes were placed in a syringe for an easier application in the skin. It was given 30 days of stability at room temperature.

Conclusion and Relevance This preparation made possible to develop PT for the study of a delayed hypersensibility reaction to tuberculostatic drugs, that was not available before in the market, allowing a safer reintroduction of the treatment.

Although the PTs were negative in this patient, it was possible to develop and validate three compounding formulas with an adequate safety profile and low cost. This accomplishment will be useful in further cases.

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Conflict of Interest No conflict of interest

3PC-026 EFFECTIVENESS AND SAFETY OF INSULIN 1UI/ML EYE DROPS

C Apezteguia Fernandez*, MP Bautista Sanz, A Melgarejo Ortuño, E Matilla Garcia, B Rodriguez Vargas, C de Caceres Velasco, MA Amor Garcia, R Moreno Diaz. *Hospital Universitario Infanta Cristina, Servicio de Farmacia, Parla Madrid, Spain*

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Background and Importance Epithelial corneal defects are damaged areas of the corneal epithelium as a consequence of injury. The existence of insulin and insulin-like growth factor receptors in cornea keratocytes and epithelial cells could explain the increment on the corneal epithelial healing rates. Clinical experience with insulin eye drops is limited and more evidence in both diabetic and non-diabetic patients is still needed.

Recently, the insulin eye drops formulation 1 IU/mL has been prepared in Pharmacy Hospital for patients with keratitis, dry eye and a persistent epithelial corneal defect (PECD).

Aim and Objectives The aim is to describe effectiveness and tolerance of insulin 1 IU/mL eye drops treatment for different refractory corneal diseases.

Material and Methods Retrospective observational study in a tertiary hospital. 21 patients were included, treated with insulin eye drops during the period between February 2022–September 2022. The variables collected were: demographics, indication, duration of treatment, clinical response and adverse effects. All data were obtained from the electronic medical history.

Results 21 patients were treated with insulin eye drops 1 UI/mL, six of them with diabetes mellitus and other 15 were non-diabetic. Administration frequency was 4 times in a day (QID). They presented different corneal diseases that were refractory to conventional treatment. The median age was 74 (43-89) years. A total of 52.4% were women. 38.1% were diagnosed with non-herpetic keratitis,19% with herpetic keratitis, 23.8% with corneal erosion, and 19% with persistent epithelial corneal defect (PECD). The median duration of treatment was 6 months (2-9 months). 100% of patients responded to treatment and continued with insulin eye drops after epithelial healing. All patients presented epithelial healing in about 30-60 days, most of them referred improved of symptoms during first two weeks.

No significant adverse effects were reported. None hypersensitivity reaction were reported because of m-cresol presence in insulin eye drops.

Conclusion and Relevance The insulin eye drops formulation 1 IU/mL administered QID can be a quick, effective, and safe option for different corneal diseases refractory to the usual treatments in both diabetic and non-diabetic patients.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

3PC-028 FORMULATION OF AN ORAL PLATELET LYSATE GEL TO TREAT CHRONIC GRAFT VERSUS HOST DISEASE ASSOCIATED ORAL MUCOSITIS: EFFECTIVENESS IN A SERIES OF CASES

[1]A Torrent*, [1]T Lizondo, [1]M Mestre, [2]M Lozano, [1]MC López, [1]JR Roma, [1]N Fernández, [1]M Albanell, [1]A Escolà, [1]D Soy. *[1]Hospital Clínic de Barcelona, Pharmacy Service, Barcelona, Spain; [2]Hospital Clínic de Barcelona, Hemotherapy and Haemostasis, Barcelona, Spain*

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Background and Importance Chronic graft versus host disease (cGVHD) associated oral mucositis is a complication after stem-cell transplantation. Corticosteroids are the standard treatment, but there is no consensus in case of refractory lesions. Platelet concentrates may be a safe treatment option.

Aim and Objectives Design a sterile oral formulation able to release platelet lysate (PL) on oral cavity, and evaluate its effectiveness in a series of cases.

Material and Methods PL gel 25% was compounded by mixing in aseptic conditions 1:1 carboxymethyl cellulose sodium base 5% previously autoclaved with PL also diluted 1:1 with sodium chloride 0.9%. PL gel was packaged in 3mL aliquots using oral syringes, which were stored in the freezer until their use. Galenic validation was performed.

Patients with cGVHD associated oral mucositis from November 2021 to August 2022 who accepted to initiate oral PL gel were monitored. Effectiveness was evaluated based on severity of the oral mucositis (NCI-CTCAE Grade 1-4). Patient satisfaction was self-assessed in a visual scale 0-10 according to the degree of pain/discomfort. Adherence was assumed based on the number of syringes dispensed.

Results PL gel obtained was slightly yellow, translucent, pH=6, with medium consistency that leads adequate bioadhesive characteristics. No changes of pH, colour, weight, or microbial growth were observed during galenic validations. A beyond-use date of 45 days at -20°C was given.

Six patients with moderate oral mucositis (grade 3) who failed to first-line topical steroids therapy started PL gel. Two