immediately withdrawn. Despite administration of IV hydrocortisone, hypotension and desaturation persist. The patient began to fibrillate and went into cardiorespiratory arrest and cardiopulmonary resuscitation manoeuvres were started. The patient required the administration of adrenaline, amiodarone, noradrenaline, atropine and dobutamine.

Results He was transferred to our centre for intraoperative anaphylactic shock with troponins increasing from 41 ng/L to 3144 ng/L in the following determination and elevation of serum tryptase concentration to 15.4 µg/L, which supports the suspicion of anaphylaxis secondary to metamizole. Allergology Department performs diagnostic skin tests for latex and metamizole allergy. The skin tests were performed according to international guidelines and included 15-minute readings for immediate reactions. Pharmacy Department performed the preparation for skin tests solutions for metamizole, PRICK (400 mg/ml) and intra-dermo reaction (IDR1 4 mg/ml and IDR2 10 mg/ml) in the horizontal laminar flow cabinet. The IDR is only performed on the patient if the PRICK skin test is negative.

The skin test was negative for latex and positive in IDR 2 for metamizole. Pyrazolone allergy was confirmed and was probably the cause of Kounis syndrome.

Conclusion and Relevance Drug allergies can sometimes cause severe reactions such as anaphylactic reactions or Kounis syndrome. The prognosis of these reactions depends on a correct and immediate diagnosis and rapid treatment.

Electrocardiograms and different laboratory markers such as tryptase and troponins are available for diagnostic orientation. Suspected allergy should always be confirmed by allergy testing and the Pharmacy Department can ensure correct preparation.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

4CPS-054 USE OF INTRATHECAL LIPOSOMAL-AMPHOTERICIN B FOR CANDIDA MENINGITIS: A CASE REPORT

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Background and Importance Amphotericin B (AmB) is a standard treatment for opportunistic fungal pathogens such as cryptococcal meningitis. Its toxicity has been reduced by using lipid formulations of Amb (L-AmB), allowing the administration of higher doses. However, AmB shows slow and poor penetration to the cerebrospinal fluid (CSF) when administered by intravenous injection. To achieve higher concentration in CSF, intrathecal administration of L-AmB has been successfully used. Appearance of different Candida species in CSF are infrequent but critical. There are still significant knowledge gaps in pharmacodynamics and pharmacokinetics as the experience of central nervous system (CNS) Candida infections treated with L-AmB intrathecal literature is limited to one case report.

Aim and Objectives To describe the use of intrathecal L-AmB in Candida meningitis in one patient.

Material and Methods A 59-year-old woman with a history of obesity with metabolic syndrome was admitted to the Neurosurgery Service for bilateral cerebellar ischemic infarction needing decompressive craniectomy. During her evolution she presented as a complication CSF fistula requiring lumbar draining of CSF and subsequent urgent surgical intervention. CSF analysis revealed leukocytes 1398/mm^3, 6.38 mg/dL of glucose and 315 mg/dL of protein. *C. albicans* and *Nakaseomyces glabrata* (previously named *C. glabrata*) were isolated in removed adipose flap and CSF, respectively. Intravenous and intrathecal antifungal therapy was required and so, the Pharmacy Service was asked to develop a L-AmB intrathecal injection.

Results Treatment with intravenous L-AmB (5 mg/kg/day) and oral flucytosine (25 mg/kg/6 hours) were initiated. After ten days, due to the inability of removing the lumbar drain and the persistence of CNS infection, L-AmB intrathecal was added (0.5 mg/day, dissolved in 3 mL of 5% dextrose). Given the good evolution, it was proposed to de-escalate to voriconazole, flucytosine and intrathecal L-AmB. Intrathecal L-AmB was discontinued at the 20th day of treatment when the CSF cell count, glucose and protein levels returned to normal levels and the last four CSF cultures kept sterile. L-AmB treatment was well tolerated, and no side effects were observed.

Conclusion and Relevance Despite the limitations in the interpretation of this case report, the administration of intrathecal L-AmB may constitute a less toxic therapeutic alternative to conventional AmB (deoxycholate) for Candida meningitis.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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Conflict of Interest No conflict of interest

4CPS-057 SEARCHING FOR A TREATMENT FOR PERIPHERAL TISSUE ISCHEMIA IN NEWBORNS: A CASE REPORT

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Background and Importance Peripheral tissue ischemia (PTI) is a complication of vascular catheterisation in newborns. Conservative measures are often insufficient. Topical nitroglycerin has been used off-label as salvage therapy. We were requested 2% topical nitroglycerin ointment (TNO) as a compounding formula for PTI in two prematures. Due to the shortage of raw material, an effective and safe alternative had to be sought out.

Aim and Objectives To identify an alternative for 2% TNO as therapy for PTI, and thus, to describe the effectiveness and security of applying 0,4% rectal nitroglycerin ointment (RNO) in the affected areas.

Material and Methods Prospective study between January-June 2022, of 2 newborns with PTI. Patient 1: female, 31+5; 2 days, 1500g, ecchymosis in 4 fingers. Patient 2: female, 24 +6; 5days , 595g, marked necrosis in the pads of 5 fingers.

The manufacturing laboratory and other hospitals were contacted to find out the availability of the raw material. We also

consulted the Spanish Pharmacy Preparations and Compounding Group, and the Spanish Agency for Medicines and Medical Products (AEMPS) database for alternatives. We systematically searched MEDLINE, PubMed, Embase, Google Scholar. A close follow-up was carried out in coordination with paediatricians, and electronic prescription and computerised medical records were consulted daily, to evaluate effectiveness and security.

Results Due to the lack of raw material and alternatives in its preparation, other marketed pharmaceutical forms of nitroglycerin were evaluated (intravenous solution, transdermal patches, sublingual tablets, rectal ointment and sublingual spray). Application of 0.4% RNO in the affected areas was considered the most effective, safest, easy to dose, and quickest to acquire alternative.

Patient 1: ecchymosis completely disappeared in 48 hours of treatment. No adverse events, normal control of methaemoglobin. Good perfusion without vasoactives. Patient 2: 10 days to remit the marked necrosis. Well tolerated, initial slight drop in blood pressure, needing an increase of dopamine. Loss of the phalanges was avoided in both patients.

Conclusion and Relevance Commercialised 0.4% RNO in PTI was effective and safe in low birth weight premature newborns. However, it is necessary to be studied in more patients.

Pharmacist's role in the preparation, control and dispensing of medicines is essential, and its integration in the multidisciplinary team is crucial to ensure a quick response in emergency situations.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

4CPS-059 ABSTRACT WITHDRAWN

4CPS-060 EFFECTIVENESS AND ECONOMIC ANALYSIS OF WEIGHT-BASED VERSUS FIXED DOSING OF PEMBROLIZUMAB IN NON -MALL CELL LUNG CANCER

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Background and Importance Pembrolizumab is an anti-PDL-1 monoclonal antibody widely used in a variety of tumoural diseases. Initially used in a fixed-dose regime, trials showed that a weight-based dosing was more cost-effective and thus it was authorised by the Pharmacy Committee in our centre.

Aim and Objectives To compare the effectiveness of pembrolizumab, either as a fixed 200 mg dose or as a weight based 2 mg/kg dose every three weeks, in combination with pemetrexed and platinum, used in the first line setting as treatment of non-squamous non-small-cell lung cancer (NSCLC), with a CPS count <50%. In addition, to evaluate the economic impact of this dosing change.

Material and Methods Retrospective, observational, descriptive study of all patients treated with pembrolizumab, pemetrexed and platinum in non-squamous NSCLC between January 2018-August 2022. Collected variables: age, sex, weight, dosing, number of cycles, best response, progresion-free survival (PFS), overall survival (OS). Actual cost was calculated