4CPS-029 USE OF TOPICAL 1% CIDOFOVIR ON SKIN LESIONS IN A PATIENT WITH MONKEYPOX

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Background and Importance Monkeypox (MPX) is a zoonosis caused by an orthopoxvirus transmitted by droplets, direct contact or fomites. Different signs and symptoms are caused, including a variety of skin lesions.
Aim and Objectives The aim is to evaluate the response of vesiculo-pustular lesions to treatment with a topical magistral formulation (MF) of cidofovir.
Material and Methods On a second-level hospital, during September-November 2022, a MF of topical 1% cidofovir in Base Beeler was developed by the pharmacotechnical area for the treatment of papillomatous lesions in the facial region, perianal area and extremities associated to the MPX diagnosis.

The patient's evolution was monitored for 4 months, variables were collected, based on the electronic medical records and the centre's prescription records.
Results A 31-year-old male was admitted in July 2022 after 7–10 days of uncontrolled pain in the perianal area and skin lesions on the face and torso of 3–4 days of evolution. Suspicion of MPX led to a request for Orthopoxvirus real-time PCR. Diagnosis was confirmed with complete serology and positive detection for HIV (stage C3) and coronavirus.

Initially, the lesions were treated with 1/1000 zinc sulfate and topical fusidic acid every 12 hours. Given the poor response, fusidic acid was modified for topical Liade® (antibiotic ointment: polymyxin B sulfate, neomycin and bacitracin). It was also added Apodrex®, sterile dressing applied to the perianal lesion for the absorption of exudate.

Due to lack of response the Pharmacy service was requested to develop a topical 1% Cidofovir MF; Zinc sulfate was discontinued and Liade® was maintained.

The regimen was one application to each lesion twice a day, as well as Liade®.

Vesiculo-pustular lesions in necrotic phase evolved to crusty phase and then to lesions with granulation tissue and some of them even to healing process.

Four months later, due to lack of response and without achieving the complete disappearance of the lesions, it was returned to the initial treatment.
Conclusion and Relevance In the absence of consensus on the treatment of lesions caused by MPX, the application of topical 1% cidofovir improves these lesions partially, some of them up to the scarring phase. It can be considered as an alternative to zinc sulfate treatment.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-030 ANALYSIS OF ADHERENCE TO GROWTH HORMONE TREATMENT IN PAEDIATRIC PATIENTS

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Background and Importance Adherence to growth hormone treatment is critical as it is associated with increased growth velocity and improved adult height. However, because it requires daily injections, adherence may decline in paediatric patients.
Aim and Objectives The objectives of this study are to measure patient adherence to growth hormone treatment, evaluate the influence of age on adherence, and identify patient groups needing close pharmacist monitoring.
Material and Methods A retrospective and descriptive study included all patients undergoing growth hormone (somatostatin) treatment from 1 January 2017, to 31 December 2022. Variables considered included age (calculated from the last dispensation), gender, dispensation dates, and dispensed quantities.

Adherence was estimated using the indirect method of measuring medication dispensed over an interval (CSA: Continuous Single Interval Measure of Medication Acquisition); percentage of days covered relative to the total days in the interval, using the computer software Farmatools® (Dominion).
Results The study included 160 patients (52.5% girls, 47.5% boys), aged 4–18 years, with an average age of 12.5 years and a mean treatment duration of 3.2 years. Age groups comprised 4–6 years (10 patients), 7–9 years (21 patients), 10–12 years (39 patients), 13–15 years (53 patients), and 16–18 years (37 patients).

Regardless of age, 80.63% of the patients had an adherence rate of over 90% (68.13% over 95% adherence).

When analysing adherence within these age ranges, 30% (three patients) had adherence below 90% in the group aged 4–6 years, 4.76% (one patient) aged 7–9 years, 15.38% (six patients) aged 10–12 years, 13.21% (seven patients) aged 13–15 years and 37.84% (14 patients) aged 16–18 years.

Only one patient (10%) in the group aged 4–6 years had adherence below 85%, 0% in the group aged 7–9 years, 5.13% (two patients) in the group aged 10–12 years, 7.55% (four patients) in the group aged 13–15 years and 16.22% (six patients) in the group aged 16–18 years.
Conclusion and Relevance Most patients had optimal adherence, with the worst adherence in the extreme age groups. In younger children this may be due to fear of injections and in adolescents due to relaxation over time and lack of family supervision.

These age groups could benefit from closer pharmaceutical care.

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Conflict of Interest No conflict of interest.

4CPS-031 A POPULATION PHARMACOKINETIC MODEL OF VEDOLIZUMAB IN ADULT PATIENTS WITH INFLAMMATORY BOWEL DISEASE: A PRELIMINARY ANALYSIS

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Background and Importance Understanding determinants of vedolizumab clearance may enhance treatment optimisation as there are limited data on therapeutic drug monitoring (TDM) in patients with inflammatory bowel disease (IBD).