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Prospective evaluation of prescribing practice, antibiotic susceptibility pattern and adverse drug reactions of empirical antibiotics used in female patients with urinary tract infections

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The urinary tract infections (UTI) in females are usually treated empirically with antibiotics even before the laboratory results of urine cultures are available. The prescriptions and drug resistance patterns are varied in each locality. Drug resistance may lead to the reduced efficacy, chances of foetal and maternal complications, inappropriate therapy, unnecessary burden of therapy and unwanted adverse drug reactions. In this prospective clinical study, 327 female patients from obstetrics and gynaecology department of 350 bedded university teaching hospitals were enrolled after Institutional ethical clearance. The prescribing pattern, antibiotic susceptibility of the microorganism and adverse drug reactions were monitored for four months duration after obtaining the written informed consent. Among them 79.51% patients were married and maximum incidence (45.80%) of UTI was found during last trimester. It was more in 21-30 years age group (50.46%) and 75.84% were symptomatic. Amoxicillin-Clavulanic acid was prescribed in maximum patients 142(43.33%) followed by Nitrofurantoin 127(38.83%). Gram positives bacteria were found resistant to Amikacin, Ceftriaxone and Doxycycline whereas Gram negatives to Doxycycline, Cefixime, Ceftriaxone and Ofloxacin. Multi drug resistance (MDR = resistance in ≥2 drugs) was seen in most of the isolated bacterial uro-pathogens. The adverse drug reactions associated with such antibiotics were Amikacin (Headache 10%, Nausea & Vomiting 20%), Cefixime (Nausea 25%), Ceftriaxone (Watery stools 50%) and fluoroquinolones (metallic taste and nausea, photosensitivity with Ciprofloxacin). The increased incidence of UTI during gestation necessitates the appropriate choice of antibiotics for rationale treatment and to reduce the chances of ADRs by mandatory susceptibility patterns based pharmacotherapy prescribing practice.

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Minoxidil induced hypertrichosis in children

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Introduction: Minoxidil is a strong arterial vasodilator used in the treatment of hypertension. In dermatology, topic minoxidil is widely used to treat hair fall. Hypertrichosis may occur if this form is misused.

Case report: A 5 year-old girl developed patchy alopecia areata of the scalp. She was treated by minoxidil 2% lotion. Parents did not observe medical prescription and applied treatment hazardously over 10 times a day. Regrowth of hair was rapidly obtained. However, the parents complained of extensive hypertrichosis covering the front and the back. Physical examination revealed no hypotension and hirsutism evaluated at 20/36 on the Ferriman and Gallwey scale. Serum levels of 17 hydroxyprogesterone, 17 alfa progesterone, testosterone and cotisol were within normal ranges excluding hormonal disorder. Discontinuation of minoxidil was followed by progressive regression of hypertrichosis.

Discussion: Systemic effects are rarely reported with minoxidil based lotions. Indeed, transcutaneous absorption is insignificant ranging from 0. 3 to 4.5%. The main systemic side effects include hypotension, tachycardia and ECG changes. Hypertrichosis to topical minoxidil solution has been reported more frequently in females than in males. This side effect is dose-related and is mainly localized in the face. Discontinuation of treatment makes this trouble reversible. However medical supervision must be considered for a long time because of the product's very long action.

Conclusion: Minoxidil is the best accompanying treatment of alopecia areata. It must be delivered on medical prescription to ensure the best results and the maximum security use especially in children and women.

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