UNIVERSITI SAINS MALAYSIA

DRUG e-Newsletter

Unit Farmasi Klinikal Dan Maklumat Drug
Jabatan Farmasi
HOSPITAI USM

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HAVE YOU EVER HEARD OF UMBILICAL GRANULOMA?

What is an umbilical granuloma?[1]

UMBILICAL GRANULOMA is a common benign condition that presents in infancy. It is usually noticed as a mass of red, friable granulation tissue at the base of the umbilical stump after the cord separates in the first few days after birth.

Additional symptoms may include[3]

- oozing
- presence of sticky mucus
- mild irritation of the skin around the navel

It is usually not a cause for concern. It does not cause pain or discomfort. However, it occasionally becomes infected. **Symptoms of an infection may include[3]**

- fever
- pain or discomfort when the navel or surrounding tissue is touched
- increased swelling
- warmth or redness in the area
- pus draining from the granuloma

TREATMENT OPTIONS FOR UMBILICAL GRANULOMA[1,2]

First Line Treatment

Common salt

If the granuloma is not infected can treat at home with salt application.

Second Line Treatment

Copper sulphate or Silver nitrate

If the umbilical granuloma does not respond to salt treatment after one week, copper sulphate or silver nitrate can be considered.

Reference:

1. Srinivas Jois R and Rao S. Management of umbilical granuloma in infants: A systematic review of randomised controlled trials. *Aust. J. Gen. Pract.* Vol. 50, No. 8, August 2021. doi: 10.31128/AJGP-04-20-5371
2. *Umbilical granuloma in babies - royal united hospital.* The Royal United Hospitals Bath NHS Foundation Trust. (2015). Retrieved April 18, 2022, from https://ruh.nhs.uk/patients/services/clinical_depts/paediatrics/documents/patient_info/PAE020_Umbilical_Granuloma.pdf
3. Nicol Galan R.N. (2018). *Umbilical granuloma: Symptoms, causes, and treatment*. Medical News Today. Retrieved April 18, 2022, from https://www.medicalnewstoday.com/articles/321741#symptoms

HOME CARE[2]

- ✓ Keep the belly button clean and dry
- ✓ Expose the belly button to the air by folding back the top of the nappy

WHAT'S INTERESTING?

UMBILICAL GRANULOMA CAUTERIZATION [1,2,3]

Cauterization

Cauterization is a medical procedure that involves the application of either chemicals or electricity to destroy tissues.[4]

Type of salt	Common Salt (Sodium Chloride)	Copper sulphate	Silver Nitrate
			
Dosage form and strength	Powder sodium chloride BP [1g (17 mEq sodium, 17 mEq chloride)]	Copper sulphate crystal (Copper II suphate pentahydrate)	Wooden sticks with 75% silver nitrate and 25% potassium nitrate on the tip
Dose	Apply a pinch of salt BD (washed 30 minutes later) for 3- 5 days (perform by parent)	Apply a pinch of copper sulphate (washed 10 minutes later) OD for 1-2 days or until resolution of granuloma whichever occurs first (perform by physician/parent)	Apply OD for up to 3 days or until resolution of granuloma whichever occurs first (perform by physician)
Advantages	• First option to treat infants with umbilical granuloma • Lower cost and complication rates	• Simple • Cost-effective • Curative • Safe and superior to common salt	• Efficacious in treating umbilical granuloma
Disadvantages	Less effective than copper sulphate or silver nitrate	Burning of the surrounding skin with their application if not applied properly	❑ Burning of the surrounding skin with their application if not applied properly ❑ Non-standard drug
Availability in Hosp. USM[2]	✓	✓	X

Precaution: White soft paraffin/ Vaseline® need to be applied at the normal skin surrounding the granuloma cite before any type of salt application

Reference:

1. Srinivas Jois R and Rao S. Management of umbilical granuloma in infants: A systematic review of randomised controlled trials. *Aust. J. Gen. Pract*. Vol. 50, No. 8, August 2021. doi: 10.31128/AJGP-04-20-5371
2. Hospital USM Formulary
3. Lexicomp. (n.d.). Silver nitrate: Drug information. *UpToDate*. Retrieved January 31, 2022, from https://www.uptodate.com/contents/silver-nitrate-drug-information
4. Chemical Cauterization Techniques For Wound Care. The Wound Pros. Retrieved on 23/10/2022 from: https://www.thewoundpros.com/post/chemical-cauterization-techniques-for-wound-care

ALLOPURINOL
LABELLING UPDATES

Newly added **Warnings and Precautions**

- Skin Rash and Hypersensitivity
- Renal Function Impairment
- Hepatoxicity
- Myelopsuppression
- Drowsiness

Patient Counselling Information Related To These Adverse Effects

Skin Rash and Hypersensitivity
Inform patients that allopurinol may increase the risk of serious and sometimes fatal dermatologic reactions, including toxic epidermal necrolysis (TEN), Stevens-Johnson syndrome (SJS), and drug reaction with eosinophilia and systemic symptoms (DRESS). Instruct the patient to be alert for skin rash, blisters, fever or other signs and symptoms of these hypersensitivity reactions. Advise patients to stop the ALOPRIM immediately if they develop any type of rash and seek medical attention

Renal Function Impairment
Advise patients to stay well hydrated (e.g., 2 liters of liquid per day) while taking allopurinol

Hepatotoxicity
Advise patients of the risk of hepatoxicity and to report any signs and symptoms of liver failure, including jaundice, pruritus, bleeding, bruising, or anorexia to their healthcare provider

Myelosuppression
Advise patients of the risk of myelosuppression and to report any signs and symptoms of infection, fever, bleeding, shortness of breath, or significant fatigue to their healthcare provider

Drowsiness
Inform patients that drowsiness has been reported in patients taking ALOPRIM and to be cautious when engaging in activities where alertness is mandatory

Pregnancy
Advise pregnant women of the potential risk to a fetus. Advise women to notify their healthcare provider if they become pregnant or intend to become pregnant during treatment with allopurinol

Lactation
Advise women not to breastfeed during treatment with allopurinol for one week after the last dose.

References:
Drug Safety-related Labeling Changes. Retrieved on 10/5/2022 from: https://www.accessdata.fda.gov/scripts/cder/safetylabelingchanges/index.cfm

RISK OF ACUTE RESPIRATORY DISTRESS SYNDROME (ARDS) FOLLOWING THE USE OF SULFAMETHOXAZOLE & TRIMETHOPRIM (CO-TRIMOXAZOLE)

Introduction

- Co-trimoxazole is an antibacterial product with a combination of sulfamethoxazole and trimethoprim.
- Co-trimoxazole is approved for various type of infections such as respiratory tract infections, urinary tract infections, gastrointestinal tract infections, as well as skin and soft tissue infections caused by susceptible organisms.

Safety issue[1,2]

- Very rare, severe cases of respiratory toxicity, sometimes progressing to ARDS , have been reported during co-trimoxazole treatment.
- Previous literature cases of adult patients in Sweden reported **positive outcomes following the cessation of co-trimoxazole** alone (positive dechallenge) or in combination with steroid therapy.
- There have also been reports of **symptoms reappearing following the reintroduction of co-trimoxazole** (positive rechallenge).
- Recent case series in the literature reported that all five cases in healthy adolescents exposed to a two- to four-week course of co-trimoxazole **required invasive respiratory support**, and two of the adolescents **died**. The onset of severe ARDS in these adolescent patients has been reported ranging between 10 and 25 days.

ADVICE FOR HEALTHCARE PROFESSIONALS[1]

- Be alert of the risk of very rare, severe cases of respiratory toxicity, which may sometimes progress to ARDS following the use of co-trimoxazole especially on elderly, patients with history of tobacco use, alcoholism or having chronic lung disease.
- Carefully consider this risk when a patient shows pulmonary signs and symptoms such as cough, fever, and dyspnoea in association with radiological signs of pulmonary infiltrates and deterioration in pulmonary function.
- If such circumstances occur, discontinue co-trimoxazole and consider appropriate treatment for ARDS.
- Report all suspected adverse events associated with products containing co-trimoxazole to the NPRA.

References:

1. Sulfamethoxazole & Trimethoprim (Co-Trimoxazole): Risk of Acute Respiratory Distress Syndrome (ARDS). NPRA(2021). Retrieved on 30/8/2021
2. Arahan Pengarah Perkhidmatan Farmasi Bilangan 3 Tahun 2022, Bahagian Regulasi Farmasi Negara (NPRA)

SUGGESTION AND COMMENTS

Let us know what you think by reaching us at:

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