



FORMULATION OF VORICONAZOLE OVULES AND EFFICACY VULVOVAGINAL CANDIDIASIS BY CANDIDA GLABRATA: A CASE REPORT

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BACKGROUND AND IMPORTANCE

AIM AND OBJECTIVES

Candida glabrata is a vaginal colonizer causing Vulvovaginal **Candidiasis** (VVC), usually asymptomatic. Typical first-line therapies, boric acid or nystatin ovules, are not effective due to their inherent resistance. Flucytosine, amphotericin B or voriconazole would be the treatment of choice.

To formulate voriconazole ovules (VO) and describe our clinical experience in the treatment of VVC by C.glabrata.

MATERIAL AND METHODS



The patient

A woman of 52-year-old

Symtoms: vulvar pain, irritation and burning

She was treated with:

Oral fluconazole **Boric acid Topical** Oral Oral and amphotericin amphotericin B ovules fluconazole voriconazole

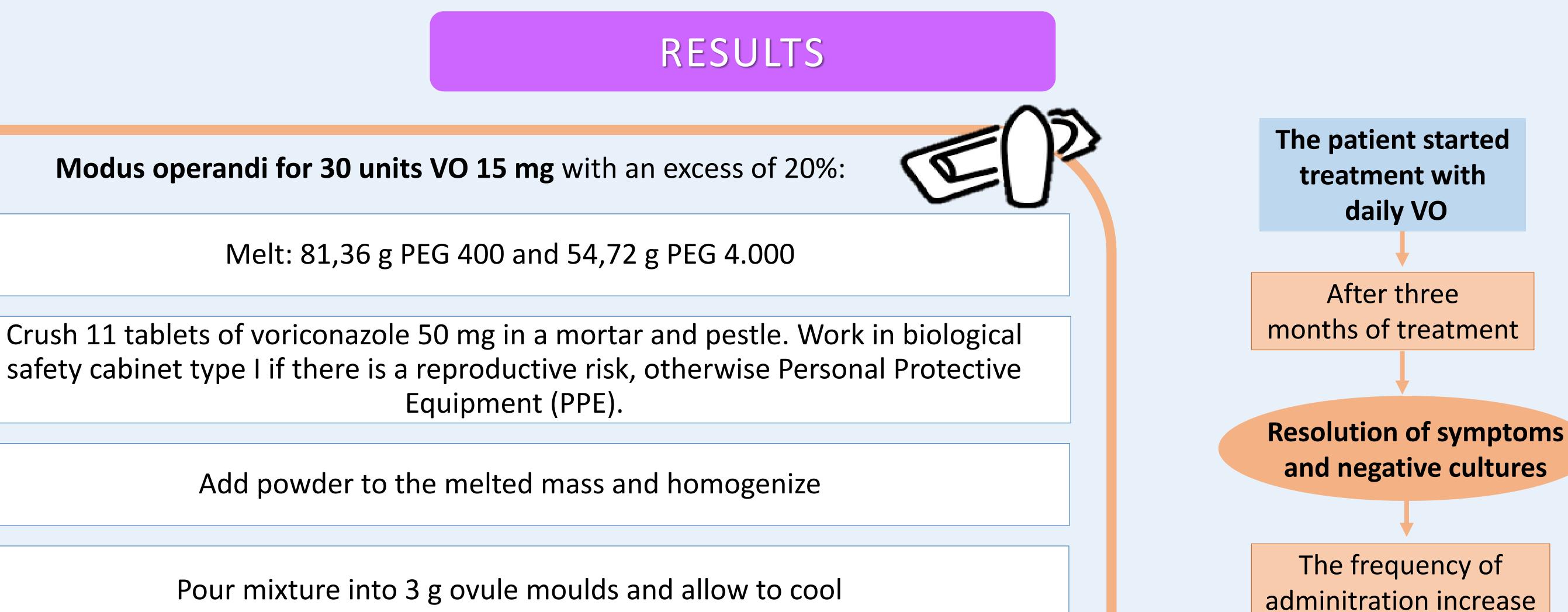
- A bibliographic search was carried out (pharmacopoeia, uptodate and pubmed) about VO formulation and its solubility in polyethylene glycol (PEG) was confirmed. Other magistral formulations of **ovules** containing PEG as an excipient were used as a reference for formulation design.
- Galenic validation included:

-Organoleptic controls

-Physical tests: mass uniformity and dissolution time

Her symptons did not resolve and the culture remained positive.

Finally, treatment efficacy was assessed by symptom resolution and negativisation of the vaginal exudate culture.





Unmould, package and label

Regarding galenic validation, the surface of VO was shiny, smooth and without cracks. All were within the weight range (±5) and took 34 minutes to dissolve. The given expiry date was 6 months.

To every 48 hours and then to every 72 hours until 6 months of treatment without reactivation of the infection

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CONCLUSIONS AND REVELANCE

The magistral formulation was validated and proved to be effective in the treatment of VVC by C.glabrata.

