COMPOUNDING TACROLIMUS OPHTALMIC OINTMENT 0,02% IN THE TREATMENT OF INFLAMMATORY AND AUTOIMMUNE OPHTALMIC SYNDROMES: EFFECTIVENESS AND SAFETY ASSESSMENT

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BACKGROUND AND IMPORTANCE

Inflammatory/autoimmune ophthalmic syndromes (IAOS) are often treated with corticosteroids. In some cases corticosteroids can be contraindicated, bad-tolerated, or ineffective. This situation is really common in pediatric patients, who has a worse risks-benefits balance. Ophtalmic tacrolimus: evidence in IAOS based in studies with monitoring-duration reaching most 4 weeks.

AIM AND OBJECTIVES

Assess the effectiveness, tolerance and safety of compounded tacrolimus ophthalmic ointment 0,02% (CTOO) in the treatment of IAOS in pediatric and adult patients.

MATERIAL AND METHODS

Observational and retrospective research in pediatric and adult patients, recruited in our hospital with IAOS. CTOO once-twice/day+adjuvant therapy (AT) started in January, 2016-April, 2020; during one year at least. Effectiveness: hyperemia grade (none, mild, moderate, severe) at 3, 6, 12 months, and grade of change noticed (GCN) at 1 and 12 months as patient-report-outcome. Tolerance/safety: at one week, and one year. It will be notified every discontinuation.

RESULTS

Hyperemia (moderate-severe): 28,51.8% (0m) → 12,22.2%(3m) → 5,9.3% (12m)
No hyperemia: 21,38.9%(0m) → 30,55.6% (3m) → 41,75.9%(12m)
GCN (1m): 15,27.7% BIG/TOTAL (12m): 15,27.7% TOTAL
32,59.2% MILD/MODERATE
7,13% NO IMPROVEMENT
4 PATIENTS WITH DETERIORATION

IN 2 EYES (SAME PATIENT) WERE DETECTED HERPESVIRUS INFECTIONS ASSOCIATED TO CTOO

CONCLUSION AND RELEVANCE

Limitations: lack of placebo group, same geographic zone, different adjuvant treatment.
Strengths: balanced population, great prevalence of pediatric patients, and a long monitoring-duration.
CTOO+AT have shown effectiveness and safety, based in the considered outcomes, in IAOS. It might be a good alternative in case of contraindication, bad tolerance, or inefficacy to corticosteroids, especially in Pediatrics.