Customized Therapies for Dermatology

“BLT” Topical Anesthetic Gel Prior to Laser Therapy

A study evaluated the clinical efficacy of a triple-anesthetic gel containing benzocaine, lidocaine, and tetracaine (“BLT”), and compared it with three other topical anesthetics for induction of local anesthesia prior to treatment with a 532-nm KTP laser. Some patients were also treated with an 810-nm diode laser to standardize responses to different wavelengths. The other anesthetics included a eutectic mixture of lidocaine 2.5% and prilocaine 2.5%, with and without occlusion; lidocaine 5% cream; and lidocaine 4% microemulsion gel; versus a control. At all intervals (15, 30, 45, and 60 minutes after application), pain scores were significantly lower with the BLT gel than with the 3 other topical anesthetics, and all topical anesthetics were superior to the control. BLT gel produced the fastest anesthesia and no adverse side effects. BLT gel which is properly formulated can provide effective cutaneous anesthesia as early as 15 minutes after application without occlusion, reaching a maximum effect 30 minutes after application. BLT gel was used to treat thousands of patients over a 3-year period with no allergic reactions or signs of systemic toxicity.

Cosmetic Dermatology 2003 Apr;16(4):35-7

Sample Prescription

**Compounded Medication**

“BLT Gel”: Benzocaine 20%, Lidocaine 6 %, Tetracaine 4 % in Lipoderm

Sig: Exfoliate skin, apply liberally and occlude for 15 minutes prior to procedure.

Disp: 240 gm

Chemical Peel for Hyperpigmentation

Continuous therapy followed by a maintenance therapy regimen with a triple combination cream for melasma. Melasma is often recalcitrant to treatment. Triple combination (TC) cream containing hydroquinone, tretinoin and fluocinolone is an effective and approved treatment for melasma. Grimes et al of the Division of Dermatology, University of California, Los Angeles, sought to determine the efficacy and safety of continuous therapy followed by a maintenance treatment regimen during a period of 24 weeks with a TC cream containing hydroquinone 4%, tretinoin 0.05%, and fluocinolone acetonide 0.01%. Seventy patients with melasma were treated with a TC cream daily for 12 weeks, after which, if clear or almost clear, they applied the cream twice per week for 12 more weeks. Pigmentation was significantly reduced at weeks 12 and 24 and global melasma severity improved at week 24 in patients who applied TC daily. Adverse events occurred in 53% of patients and were primarily mild in severity. The study concluded that TC cream is safe in the treatment of moderate to severe melasma for up to 24 weeks when used intermittently or continuously. Significant reductions in melasma severity scores were seen at weeks 12 and 24 when compared with baseline scores in all evaluable study groups.

Dermatologists should have a choice of formulations to satisfy individual patient needs. Chemical peels with hydroquinone, fluocinolone, tretinoin, kojic acid, glycolic acid, and trichloroacetic acid, alone or in combination,
and as sequential treatment, have been utilized for the treatment of hyperpigmentations. Ascorbic acid may also play a role in the therapy of melasma and it is almost devoid of side-effects.


Plantar Warts

Verrucae are a common, infectious and sometimes painful problem. The optimal treatment for verrucae is unclear due to a lack of high quality randomized controlled trials. The primary objective of a current multicenter, randomized controlled trial (EVERT, effective verruca treatments) conducted by the Department of Health Sciences, University of York, UK, is to compare the clinical effectiveness of two common treatments for verrucae: cryotherapy using liquid nitrogen versus high concentration of daily self-treatment with 50% salicylic acid for a maximum of 8 weeks. Two hundred and sixty-six patients aged 12 years and over are enrolled in the study. The primary outcome is complete clearance of all verrucae as observed on digital photographs taken at 12 weeks compared with baseline and assessed by an independent healthcare professional. Secondary outcomes include self-reported time to clearance of verrucae, self-reported clearance of verrucae at 6 months, cost-effectiveness of the treatments compared to one another, and patient acceptability of both treatments including possible side effects such as pain. Results are expected in summer 2010.

http://trialsjournal.com/content/11/1/12  Accessed April 15, 2011

Our practitioners and patients have reported positive results using Salinocaine™, which contains Salicylic Acid 55% and Benzocaine 2%.

Sample Prescription

Salinocaine™
Sig: Apply a small amount to warts daily at bedtime and cover with bandage.
Disp: 15 gm

Post-Herpetic Neuralgia

cyclovir has in vitro inhibitory activity against varicella-zoster (VZV). Lidocaine 5% as a “plaster” is indicated for the symptomatic relief of neuropathic pain associated with previous herpes zoster infection (i.e. postherpetic neuralgia [PHN]) in adults, and is well tolerated. NSAIDs have been shown to be effective when applied topically, and to produce fewer side effects than when administered orally.

Facts and Comparisons, 2010, p. 1627
Advanced Studies in Medicine, Johns Hopkins University, Vol 3 (7A), July 2003

Compounded Medication

Shingles Cream: Acyclovir 5%, Lidocaine 5%, Ibuprofen 5%
Sig: Apply sparingly as directed.
Disp: 30, 60 or 90 gm

Practitioners can prescribe unique dermatologic formulations with drug selection based on each patient's skin type, sensitivity, and benefits or side effects of previous therapy. The compounding pharmacists at ClearSpring Pharmacy will work together with each patient and practitioner to provide medications in non-irritating, cosmetically appealing bases that are not commercially available.