



IRRATIONAL USE OF MEDICATIONS IN PATIENTS WITH MOLLUSCUM CONTAGIOSUM

Figueroa Morales Jorge Rafael*¹, Rodríguez Ocampo Angélica Nallehy² and Avalos Ruvalcaba Tomás Mario³

*¹Master in Health Sciences. Research professor at the Faculty of Pharmaceutical Chemical Sciences of The Autonomous University of Nayarit.

²Master in Health Sciences. Research professor at the Faculty of Pharmaceutical Chemical Sciences of the Autonomous University of Nayarit.

³Master in Health Sciences. Research professor at the Faculty of Pharmaceutical Chemical Sciences of the Autonomous University of Nayarit.

***Corresponding Author: Figueroa Morales Jorge Rafael**

Master in Health Sciences. Research professor at the Faculty of Pharmaceutical Chemical Sciences of The Autonomous University of Nayarit.

Article Received on 22/10/2021

Article Revised on 12/11/2021

Article Accepted on 02/12/2021

ABSTRACT

The main objective of the rational use of medicines is to provide the indicated therapy for the pathology that requires it. However, on some occasions the diagnosis can be wrong, which leads to incorrect pharmacotherapy for the pathology. In the present clinical case of molluscum contagiosum, we observe an irrational use of the therapeutics used, due to the failure to identify the lesions in the first contact with the health professional.

KEYWORDS: Therapy, Irrational, Dermatological disease.

INTRODUCTION

Dermatological diseases have been a challenge for the first contact physician, since in many occasions the morphology of the lesions can be found in different stages which can lead to confusion in the diagnosis and therefore the treatment for these pathologies will be erroneous, with the consequences of the therapeutic use of a drug that instead of solving the morbid state, can accentuate it.

Molluscum contagiosum is a viral infectious disease caused by the poxvirus^[1], with an incubation period that can be as short as 7 days after contact or as long as 6 months after contact with the pathogen. It occurs primarily in children aged 2 to 5 years^[2], however, there are cases in which they can affect immunocompromised adult patients, it is estimated that the worldwide incidence ranges from 2 to 8% of cases. The population.^[3]

The treatment to eradicate it is varied and ranges from pharmacological treatment with different exfoliative topical drugs such as salicylic acid, hydrogen peroxide, among others, and destructive methods, among which are cryotherapy or curettage.^[4]

Whatever decision is made regarding the therapeutic route, it is important to make a timely diagnosis and treatment.

CASE REPORT

Female patient of seven years of age who began her current illness approximately three months ago, presenting as first manifestation two dermal ampullary lesions in the posterior thoracic region at the right dorsolateral medial level. As well as other lesions spread in the posterior thorax of smaller size, with an evolution of one month after the first lesions.

The mother refers to have consulted her first contact physician two and a half months ago, when she detected the lesions, the physician diagnosed cutaneous mycosis, establishing treatment with miconazole cream 2% with topical application every 12 hours in the affected region for 14 days. Once the treatment was completed, the mother returned for reevaluation, without observing any improvement of the lesions. For this reason, griseofulvin was prescribed at the rate of 1 tablet of 250 mg every 24 hours for one month. The mother reports not having observed any remission with the treatment and even mentions the spread of the lesions to other areas. Therefore, she sought a second opinion.

On physical examination the patient was found afebrile, craniofacial and cardiorespiratory without compromise. In the thoracodorsal region, there were three umbilicated nodules of ampullary characteristics on a light background, pearly in a linear arrangement, with no evidence of aggregate infection, 1 mm in diameter, as

well as four other smaller ones, scattered in the region, with similar characteristics. A diagnosis of molluscum contagiosum is made and treatment is established based on salicylic acid, topically applied.



Fig. 1: Patient with molluscum contagiosum lesions, with a linear pattern and adjacent dissemination in the dorsolateral region.



Fig. 2: Patient with molluscum contagiosum lesion in remission with treatment based on salicylic acid.

DISCUSSION

According to research, it is estimated that medication errors range from 15 to 17 per 100 patients^[5], with 16% being the rate that corresponds to a bad prescription. In this sense, we can infer that the lack of an opportune diagnosis indirectly affects a failure in the prescription, in the present case this led to the picture becoming complicated and not having adequate attention in relation to the patient's pathology.

The established treatment based on 2% miconazole cream was not the correct option, much less the administration of griseofulvin.^[6] Both are treatments of first choice in case of a skin mycosis, but not for the clinical picture presented.

CONCLUSIONS

Molluscum contagiosum is an extremely infectious and easily disseminated disease, which not only physically affects patients, but also generates stress, both in the affected person and in their relatives, since the treatment can be uncomfortable and difficult for them to accept. the same parents. However, it is important that the first contact health professional has the clinical capacity to diagnose these pathologies in time and prevent complications in the patient, as well as promoting the rational use of medications, as well as the timely detection of reactions. Adverse effects due to the implementation of therapies that are not adequate for the pathophysiology in question.

REFERENCES

1. Martínez Carretero M, Villena Zálvez ME, Villena Ferrer A. (Molluscum Contagiosum). Revista Clínica de Medicina de Familia, 2009; 2(6): 312-314.
2. Sladden MJ, Johnston GA. (Common skin infections in children). BMJ, 2004; 329: 95-99.
3. Pimentel C, Peramiquel L, Puig L. (Molluscum Contagiosum). Farmacia profesional, 2004; 18(3): 72-77.
4. Gerlero P, Hernandez Martin A. (Update on the Treatment of molluscum Contagiosum in children). Actas Dermato-sifilograficas, 2018; 109(5): 408-415.
5. Pasto Cardona L, Masuet Aumatell C, Bara Olivan B, Castro Cels A. (Incident study of medication errors in drug use processes: prescription, transcription, validation, preparation, dispensing and administering in the hospital environment). Farmacia Hospitalaria, 2009; 33(5): 257-268.
6. Contet Audonneau N. (Scalp ringworm). EMC- Tratado de Medicina, 2005; 9(1): 1-5.