Chile: Celulase Con Neomicina; Cicapost; Dermaglos Plus†; Escar T-Neomicina; Madecassol Neomicina†; Ureadin Rx DB; Fr.: Calmiphase†; Cicatridine; Fadiamone; Madecassol Neomycine Hydrocortisone†; Indon.: Lanakeloid-E; Venos; Ital.: Angiorex Complex; Angiotox; Angiovein; Capill; Capill Venoget; Centella Complex; Centerll H; Dermilia Flebozin; Emmenoiasi; Flebo-Si; Flebofort; Flebolider; Gelovis; Levital Plus; Neomyrt Plus; Osmoget; Pik Cel; Varicofit; Venactive; Malaysia: Total Man†; Mex.: Madecassol C; Madecassol N; Philipp.: Memori Plus; Memory DD; Ruflex; Port.: Antiestnas; Spain: Blastoestimulina; Cemalyt; Nesfare; Venez.: Celyth's.

Cerous Nitrate

Cerio, nitrato de; Cerium Nitrate; Ceru(III) azotan. Церия Нитрат $Ce(NO_3)_3 = 326.1.$ CAS - 10108-73-3.

Profile

Cerous nitrate has been used topically, mainly with sulfadiazine silver, in the treatment of burns.

Garner JP, Heppell PS. Cerium nitrate in the management of burns. Burns 2005; 31: 539–47.

Preparations

Proprietary Preparations (details are given in Part 3)

Multi-ingredient: Arg.: Sulfatral-Cerio†; Belg.: Flammacerium; Braz.: Dermacerium; Cz.: Flammacerium†; Fr.: Flammacerium; Neth.: Flammacerium; Philipp.: Flammacerium; Pol.: Flammacerium; UK: Flammacerium.

Cinoxate (USAN, rINN)

Cinoxato; Cinoxatum. 2-Ethoxyethyl p-methoxycinnamate; 3-(4-Methoxyphenyl)-2-propenoic acid 2-ethoxyethyl ester.

Пиноксат

 $C_{14}H_{18}O_4 = 250.3.$ CAS - 104-28-9

Cinoxate, a substituted cinnamate, is a sunscreen (p.1576) with actions similar to those of octinoxate (p.1608). It is effective against UVB light (for definitions, see p.1580).

Preparations

Proprietary Preparations some preparations are listed in Part 3.

Crilanomer (rINN)

Acrylonitrile-starch Copolymer; Crilanomère; Crilanómero; Crilanomerum; ZK-94006. A starch polymer with acrylonitrile.

Криланомер

CAS — 37291-07-9 ATC — D03AX09.

ATC Vet — QD03AX09.

Crilanomer is a starch copolymer used as a hydrogel wound dressing in the management of wounds

Proprietary Preparations (details are given in Part 3) Austral.: Intrasite; S.Afr.: Intrasite.

Crotamiton (BAN, rINN)

Crotam; Crotamitón; Crotamitonum; Krotamiton; Krotamitonas; Krotamitoni. N-Ethyl-N-o-tolylcrotonamide; N-Ethylcrotono-otoluidide; N-Ethyl-N-(2-methylphenyl)-2-butenamide.

 $C_{13}H_{17}NO = 203.3.$ CAS — 483-63-6. ATC Vet — QP53AX04.

Pharmacopoeias. In Chin., Eur. (see p.vii), and US.

Ph. Eur. 6.2 (Crotamiton). A colourless or pale yellow oily liquid. It solidifies partly or completely at low temperatures. It is mainly the (*E*)-isomer, with not more than 15% of the (*Z*)-isomer. Slightly soluble in water; miscible with alcohol. Protect from light.

USP 31 (Crotamiton). A colourless to slightly yellowish oil with a faint amine-like odour. It is a mixture of cis- and trans-isomers. Soluble in alcohol and in methyl alcohol. Store in airtight containers. Protect from light.

Adverse Effects and Precautions

Topical use of crotamiton occasionally causes irritation. There have been rare reports of hypersensitivity reactions. Crotamiton should not be used in patients with acute exudative dermatitis. It should not be applied near the eyes, mouth, or other mucous membranes or on excoriated skin.

Ingestion of crotamiton may cause burning and irritation of oral, oesophageal, and gastric mucosa with nausea, vomiting, and ab-

Overdosage. A 23-year-old woman developed tonic-clonic seizures, requiring treatment with diazepam, after ingestion of a crotamiton emulsion.1 Other hospital treatment included gastric lavage, activated charcoal, and metoclopramide. Crotamiton was detected in serum at a concentration of 34 micrograms/mL and was also detectable with several metabolites in the urine. Reference was also made to a report of a 2/-month-old child who had developed pallor and cyanosis after excessive dermal application of a crotamiton cream.

1. Meredith TJ, et al. Crotamiton overdose. Hum Exp Toxicol 1990;

Uses and Administration

Crotamiton is used as an antipruritic (p.1582), although its value is considered uncertain (see also below). It is applied as a 10% cream or lotion 2 or 3 times daily; children aged less than 3 years may receive one application daily.

Crotamiton has also been used as an acaricide in the treatment of scabies but other more effective drugs are usually preferred (p.2035). The 10% cream or lotion is applied, after first bathing and drying, to the whole of the body-surface below the chin, particular attention being paid to body folds and creases. A second application should be applied 24 hours later but it may need to be used once daily up to a total of 5 days to be effective

Pruritus. A double-blind study in 31 patients¹ found that 10% crotamiton lotion was no more effective an antipruritic than its vehicle.

Smith EB, et al. Crotamiton lotion in pruritus. Int J Dermatol 1984; 23: 684–5.

Preparations

BP 2008: Crotamiton Cream; Crotamiton Lotion; USP 31: Crotamiton Cream

Proprietary Preparations (details are given in Part 3)

Proprietary Preparations (details are given in Part 3)
Austral: Eurax, Austria: Eurax, Bejs: Eurax, Canada: Eurax, Chile:
Eurax, Fr.: Eurax, Ger.: Crotamitex, Eraxii, Hong Kong: Eurax, Eurosi,
Marax, India: Crotorax, Irl.: Eurax, Israel: Eurax, Israel:
Malaysia: Crotorax, Eurax, Moz-Bite, Mex.: Eurax, Norw.: Eurax, NZ:
Eurax, Philipp.: Congen; Eurax, Scabirax, Port.: Eurax, Scabicin; S.Afr.:
Eurax, Grapopore: Eurax, Moz-Bite; Spain: Euraxii; Switz.: Eurax; UK:
Eurax, USA: Eurax; Venez.: Crotanol.

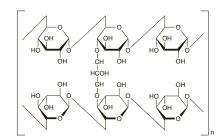
Multi-ingredient: Arg.: Anastim con RTH; Empecid Pie; Fr.: Acarcid†; Kelual DS; Triazol†; India: Crotorax-HC; Irl.: Eurax-Hydrocortisone; Israel: Duo-Scabil; Jpn: Una A Gel; Malaysia: Crotamiton H; UK: Eurax-Hydrocortisone; Yenez.: Kertyol.

Dextranomer (BAN, rINN)

Dekstranomeeri: Dextranomère: Dextranómero: Dextranomerum. Dextran cross-linked with epichlorohydrin (1-chloro-2,3-epoxypropane); Dextran 2,3-dihydroxypropyl 2-hydroxy-1,3-propanediyl ether.

∆екстраномер CAS - 56087-11-7.

ATC — D03AX02. ATC Vet - QD03AX02.



Pharmacopoeias. In Eur. (see p.vii).

Ph. Eur. 6.2 (Dextranomer). White or almost white, spherical beads. Practically insoluble in water. It swells in water and electrolyte solutions

Adverse Effects and Precautions

Dextranomer can cause pain during dressing changes in some patients, and bleeding, blistering, and erythema have been reported occasionally. It should not be used in deep wounds or cavities from which it cannot be easily removed, nor should it be used on dry wounds. Care should be exercised when paste formulations of dextranomer are used near the eyes.

Spillage may render surfaces very slippery.

Viscous gel implants containing dextranomer, injected submucosally around the urethra, can cause transient urinary retention. Injection site reactions including mass, abscess, and pseudocyst formation have been reported.

Uses and Administration

The action of dextranomer as a wound dressing depends upon its ability to absorb up to 4 times its weight of fluid, including dissolved and suspended material of molecular weight up to about

Dextranomer is used for the cleansing of exudative and infected burns (p.1578), wounds and ulcers (p.1585), and for preparation for skin grafting

The wound is cleansed with sterile water or saline and allowed to remain wet; dextranomer in the form of spherical beads is sprinkled on to a depth of at least 3 to 6 mm and covered with a sterile dressing. Occlusive dressings are not recommended as they may lead to maceration around the wound. The dextranomer can be renewed up to 5 times daily (usually once or twice daily) when the layer has become saturated with exudate; the old layer is washed off with a stream of sterile water or saline before renewal. All dextranomer must be removed before skin grafting. Dextranomer may also be applied as a paste (either ready-made or prepared by mixing dextranomer beads with glycerol).

Implants containing dextranomer microspheres in a stabilised hyaluronic acid carrier gel (NASHA/Dx) are available for injection. In female stress urinary incontinence (p.2180), 4 injections each containing 35 mg of dextranomer are injected into the submucosa of the urethra. Connective tissue gradually surrounds the microspheres, and the resulting augmented tissue helps to restore urinary continence. A second implantation may be performed if necessary, but no sooner than 6 weeks after the first. In vesicoureteral reflux in children, up to 50 mg may be injected into the submucosa of the ureter, creating a bulge close to the ureteral orifice. The procedure may be repeated after 3 months if necessarv.

◊ References.

- Stenberg ÅM, et al. Urethral injection for stress urinary incontinence: long-term results with dextranomer/hyaluronic acid copolymer. Int Urogynecol J 2003; 14: 335–8.
- 2. van Kerrebroeck P, et al. Efficacy and safety of a novel system (NASHA/Dx copolymer using the Implacer device) for treatment of stress urinary incontinence. *Urology* 2004; **64:** 276–81.
- 3. Chapple CR, et al. An open, multicentre study of NASHA/Dx Gel (Zuidex) for the treatment of stress urinary incontinence. Eur Urol 2005; 48: 488-94.
- Dean GE, Doumanian LR. The extended use of Deflux (dex-tranomer/hyaluronic acid) in pediatric urology. Curr Urol Rep 2006; 7: 143–8.
- Routh JC, et al. Single center experience with endoscopic management of vesicoureteral reflux in children. J Urol (Baltimore) 2006; 175: 1889–93. 6. Yu RN, Roth DR. Treatment of vesicoureteral reflux using endo-
- scopic injection of nonanimal stabilized hyaluronic acid/dextranomer gel: initial experience in pediatric patients by a single surgeon. *Pediatrics* 2006; **118**: 698–703.