

Introduction

Pulmonary toxoplasmosis - *Toxoplasma Gondii* (30/09/22)



- ♂ 32 years old
- 2nd Allograft for relapsed CML in the form of myeloid sarcoma (07/22)
- ⚡ Acute graft-versus-host disease

Sulfadiazine IV 1,5g 4 times daily



1990 :
 ◦ Lyophilisate
 ◦ IV 100 mg/ml
 ◦ HIV seropositive patients

Method

Sulfadiazine (powder)

- pH = 9.9
- 1.47% NaOH
- 0.02% Na Metabisulfite
- Water ppi ad 850 ml
- LAL free



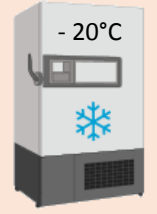
Pre-filtration
5 µm



Filtration
0.2 µm



Aseptic distribution
(BAXA® pump)



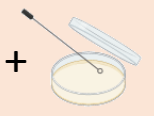
Daily delivery



- ✓ Visual inspection
- ✓ pH
- ✓ Osmolarity
- ✓ Endotoxin content



Sterility tests
(TSB + FTM)



Microbiological tests

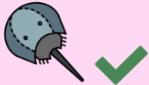


LAL

Results



- 1,5g Sodium Sulfadiazinate 4 times daily for 16 days
- Good tolerance to treatment



30/09
GVHD

14/10
GVHD

28/10

Incubation time



Discussion



- Opportunity to collaborate with the Microbiology Laboratory
- Limitations of the preparation well understood by the doctor
- Preparation freeze-drying project

- ✓ Indispensable role of the pharmacist
- ✓ Constant interaction with medical staff
- ✓ Meet their needs with safe and effective preparations
- ✓ Clinical requirements can destabilize hospital pharmacist in the course of his practice

