**DIAPER RASH**

The following case report suggests that topical cholestyramine ointment may be a safe and efficacious treatment option for perianal irritation -“Cholestyramine ointment to treat buttocks rash and anal excoriation in an infant” *(Ann Pharmacother. 1996 Sep;30(9):954-6).*

**OBJECTIVE:** To describe a novel treatment for perianal excoriation in an infant receiving a promotility agent.

**CASE SUMMARY:** A 2-month-old boy with reflux, and regurgitation was treated with cisapride. Shortly after cisapride therapy he developed a rash on his buttocks and anal irritation that progressed in severity despite the use of numerous topical products and extended diaper-free periods. A topical cholestyramine ointment compound was prepared and administered, resulting in complete resolution within 3 days.

**DISCUSSION:** Cisapride can decrease the gastrointestinal transit time, which can lead to less time for bile acid reabsorption in the distal ileum. If high concentrations of bile acids are contained in the stool, they can irritate the anus and buttocks in a manner similar to the skin irritation experienced by patients with ostomies. Cholestyramine, a bile acid sequestrant, can irreversibly bind the bile when applied topically and bring relief to the patient.

**CONCLUSIONS:** Topical cholestyramine ointment may be a safe and efficacious treatment option for perianal irritation due to bile acids. PMID: 8876854

The following study found that mupirocin applied topically is an excellent antifungal agent for the treatment of diaper candidosis -“Perianal candidosis—a comparative study with mupirocin and nystatin” *(Int J Dermatol. 1999 Aug;38(8):618-22).*

**OBJECTIVE:** To assess the efficacy and clinical outcome of 2% mupirocin in a polyethylene glycol base and nystatin cream as treatment regimens in diaper candidosis.

**DESIGN:** A prospective randomized comparative study.

**METHODS:** In vitro. The susceptibility of 20 clinical isolates of Candida albicans to 2% mupirocin, nystatin, and five additional antifungal agents was evaluated using the Nathan agar-well diffusion assay. The minimum inhibitory concentration (MIC) of mupirocin against the Candida species was determined using a tube dilution method. In vivo. Twenty patients (mean age, 12 months; range, 1 month to 4 years) with moderate to severe Monilia diaper dermatitis either had mupirocin ointment or nystatin cream applied to the infected area every 8 h or after every diaper change for a period of 7 days. Microscopic examination of skin scrapings and mycologic and microbiological cultures were performed before treatment and daily for 7 days, and progress was clinically assessed.

**RESULTS:** In vitro. Topical mupirocin produced a greater zone of inhibition than nystatin cream, i.e. a mean of 27.2 mm (SD 1.55) compared with a mean of 17.3 mm (SD 1.08) for nystatin cream. MIC for mupirocin of 512 microg/mL in one case, 256 microg/mL in six cases, 200 microg/mL in 10 cases and 400 microg/mL in three cases were obtained for the 20 clinical isolates. C. albicans also displayed a universal sensitivity to mupirocin and nystatin. In vivo. Eradication of all Candida organisms was achieved within 2-6 days (mean, 2.6 days) in 10 patients receiving topical mupirocin therapy with rapid healing of the excoriated wounds (mean, 4.7 days). Both Gram-positive and Gram-negative bacteria were eradicated from the infected area within the trial period. Ten patients received topical nystatin cream and, in each case, Candida was successfully cleared within 5 days (mean, 2.8 days). Only three wounds were clinically healed within the trial period, however. The remaining seven wounds showed evidence of improved, but ongoing excoriated dermatitis and a heavy growth of polymicrobial organisms.

**CONCLUSIONS:** Both agents eradicated Candida, the major difference being the marked response of the diaper dermatitis to mupirocin. Mupirocin should be applied topically 3-4 times daily or with each diaper change and is an excellent antifungal agent. PMID: 10487455

With our state of the art compounding lab and pharmaceutical experience, we have the ability to compound cholestyramine and mupirocin into one topical ointment.

An example of how you might prescribe follows:

**COMPOUNDED MEDICATION**

**Cholestyramine 10% / Mupirocin 2%**

**Topical Ointment**

120gm

Apply to affected area 3x day or at each diaper change