

## DEPARTMENT ACTIVITIES

- ★ Faculty members of Pharmacy Practice along with III-Pharm D students conducted awareness program on - Hepatitis Day” at Government Primary School, Tiruchengode on July 30, 2019.
- ★ III-Pharm D students and 2 faculty members attended the International seminar on “Impact of Information Technology and Descriptive Innovation in Pharmacy Education and Research” at JKK- Natraja College of Pharmacy, Komarapalayam on July 12, 2019.
- ★ Pharm.D Students along with all faculties from the Department of Pharmacy Practice attended the 3<sup>rd</sup> National Level Seminar on “CPP- IGS 2019” at Swamy Vivekanandha College of Pharmacy, Tiruchengode on June 29, 2019.



DIC ACTIVITIES	NUMBER
No. of Patients Counseled	672
Drug Information Queries Answered	31

1. b 2. c 3. b 4. a 5.

**Answers for Quiz**

Book Post



Please send your suggestions to  
The Chief Editor  
**CLINICAL PHARMA PRACTICE NEWSLETTER**  
Drug & Poison Information Centre,  
Department of Pharmacy Practice,  
**Swamy Vivekanandha College of Pharmacy,**  
Elayampalayam, Tiruchengode - 637 205, Namakkal (Dt.),

To



**Prof. Dr. M. KARUNANITHI**  
B.Pharm., M.S., Ph.D., D.Lit.,  
CHAIRMAN & SECRETARY

A Newsletter on

# CLINICAL PHARMA PRACTICE

An Update on Clinical Research and Drug Information



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## PHARMACIST DESK

### CRANIOSYNOSTOSIS

Craniosynostosis is a condition in which one or more of the sutures close too early, causing problems with normal brain and skull growth. Premature closure of the sutures may also cause the pressure inside of the head to increase and the skull or facial bones to change from a normal, symmetrical appearance.

It involves fusion of a single cranial suture, but can involve more than one of the sutures in your baby's skull (complex craniosynostosis). In rare cases, craniosynostosis is caused by certain genetic syndromes (syndromic craniosynostosis).

#### TYPES :

1. Primary Craniosynostosis : A primary defect of ossification.
2. Secondary Craniosynostosis : A failure of brain growth, more commonly.
3. Syndromic Craniosynostosis : Display other body deformities.

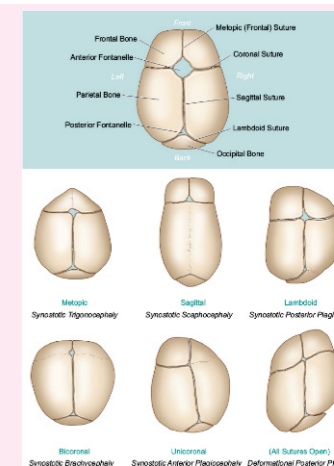
#### PRIMARY CRANIOSYNOSTOSIS

When 1 or more sutures fuse prematurely, skull growth can be restricted perpendicular to the suture. If multiple sutures fuse while the brain is still increasing in size, intracranial pressure can increase.

Cause : A primary defect in the mesenchymal layer ossification in the cranial bones. A gene locus for single suture craniosynostosis has not been identified.

#### SECONDARY CRANIOSYNOSTOSIS

More frequent and early fusion of sutures due to primary failure of brain growth. Intracranial pressure usually is normal, and surgery seldom is needed. Intrauterine space constraints may play a role in the premature fusion of sutures in the fetal skull. This has been demonstrated in coronal craniosynostosis. Microcephaly usually suggests a secondary craniosynostosis.



#### TYPES OF FUSION

- Trigonocephaly - Early fusion of the metopic suture
- Scaphocephaly - Early fusion of the sagittal suture
- Post. plagiocephaly - Early closure of 1 lambdoid suture
- Brachycephaly - Early bilateral coronal suture fusion
- Ant. plagiocephaly - Early fusion of 1 coronal suture

#### SIGNS AND SYMPTOMS

- ❖ Endocrine : Hyperthyroidism, Hypophosphatemia, Vitamin D deficiency, Renal Osteodystrophy, Hypercalcemia, and Rickets.
- ❖ Hematologic Disorders : Bone marrow hyperplasia (eg, sickle cell disease, thalassemia)
- ❖ Inadequate brain growth: Microcephaly and its causes and shunted hydrocephalus.

#### TREATMENT OF CRANIOSYNOSTOSIS

- ❖ Do not operate in patients without IICP until the shape of the head does not improve by age 2-4 months, then the abnormality is unlikely to resolve with age.
- ❖ Cosmetic surgery is performed in infants aged 3-6 months in the author's practice.

**Ms. ANITA VARGHESE,** Pharm.D Interns,  
Ref : [www.drugs.com](http://www.drugs.com)



## CASE REPORT

### A RARE CASE OF SPLENIC VEIN THROMBOSIS

Case Report: A 46 year old female was admitted to the casualty department with complaints of pain in left hypochondrium for past 3 days. She had a significant past medical history of type 2 diabetes mellitus and hypertension. She was taking Metformin+Glimepiride (500mg+1mg) and Cilnidipine 10mg and she underwent hysterectomy 7 years back. She was slightly overweight with a BMI of 27.4 kg/m<sup>2</sup> and had no history of similar illness in the past and in her family.

Vitals revealed a BP of 160/100 mm Hg, Pulse rate: 82 beats/ min, SpO<sub>2</sub> : 95%. Her random blood glucose was 179 mg/dl, blood urea was 15.10 mg/dl, Serum amylase 133 U/L and lipase: 89 U/L. Her Hb level was 11.3 g/dl, PCV 35.10%, prothrombin time 18.6 seconds. CT abdomen-contrast revealed focal partial thrombosis of splenic vein. Her procoagulant state was investigated and it was found that she had declined protein S activity of 42%.

Patient was treated with low molecular weight heparin followed by oral anticoagulants. Her conditions improved on the following days.

### CONCLUSION:

Splenic vein thrombosis is a rare disease, but our understanding of this disorder has improved during the last few years. It continues to be a complicated and difficult condition with significant morbidity and mortality. In patients with SVT, local factors such as liver cirrhosis and pancreatitis should be suspected. It is necessary to investigate genetic or acquired thrombophilic factors if no local factor can be identified. This case appears to be a SVT provoked by protein S deficiency. Though the patient had multiple predisposing factors as past history of hysterectomy, fibroid uterus, fatty liver disease and pancreatitis, these were least likely to have caused it. The presence of SVT should be regarded as an indicator for prothrombotic disorders, liver disease, and other local and general factors that must be carefully investigated.

Ref : [www.drugs.com](http://www.drugs.com)

### QUIZ

- Which of the following may be damaged in Multiple Sclerosis?
  - Nephron
  - Myelin sheath
  - Parietal cells
  - Bowman capsule
- The strength of folic acid in OTC vitamins should not exceed
  - 1mg
  - 10mg
  - 0.4mg
  - 10mcg
- Aminoglycosides are used to treat all of the following pathogen EXCEPT :
  - Escherichia coli
  - Neisseria meningitidis
  - Proteus mirabilis
  - Enterobacter aerogenes
- Cold sores or fever blisters are normally caused by :
  - HSV-1
  - HSV-2
  - Varicella zoster
  - Variola minor
- Blood dyscrasias that affect all three blood cell lines are defined as:
  - Thrombocytopenia
  - Agranulocytosis
  - Leukemia
  - Pancytopenia



Ms. ANCY GEORGE, Pharm D Intern,

## RECENTLY APPROVED DRUGS BY FDA

S. No.	DRUG NAME	DOSE	DOSAGE	INDICATIONS	APPROVED ON
1.	Istradefylline	20-40 mg	Tablet	Parkinson Disease	27.08.2019
2.	Lefamulin	600 mg	Tablet & Injection	Community-Acquired Bacterial Pneumonia	19.08.2019
3.	Upadacitinib	15 mg	Tablets	Rheumatoid Arthritis	16.08.2019
4.	Fedratinib	100 mg	Capsule	Myelofibrosis.	16.08.2019
5.	Pitolisant	4.45mg	Tablet	Narcolepsy	14.08.2019

Ref : [www.fda.com](http://www.fda.com)

## NEW DRUG PROFILE

NUBEQA	TURALIO
Generic Name : Darolutamide	Generic Name : Pexidartinib
Drug Class : Non Steroidal Anti Androgen.	Drug Class : CSF1R antagonist
Dosage forms and strength : 300 mg tablet.	Dosage forms and strength : 400 mg capsule.
Indication : Castration-Resistant Prostate Cancer.	Indication : Giant-cell tumor of the tendon sheath
MoA : A selective antagonist of the androgen receptor (AR). It competitively inhibits androgen binding, AR nuclear translocation and AR-mediated transcription.	MoA : Targets and binds to CSF1R expressed on monocytes, macrophages & osteoclasts and inhibits the binding of the CSF1R ligands colony-stimulating factor-1 & interleukin - 34.
Precaution : Fetal harm and loss of pregnancy	Precaution : Hepatotoxicity
ADR : AST increased, Decreased neutrophil count, Fatigue, Bilirubin increased.	ADR : Increased LDH, Hair colour changes, Fatigue
Storage : Store at room temperature 20°C to 25°C (68°F to 77°F)	Storage : Store at room temperature between 68°F to 77°F (20°C to 25°C).
Drug Approved On : July 2019.	Drug Approved On : August 2019.

Ms. BLESSY JOY, Pharm D Intern,  
Ref: [www.cdscsco.com](http://www.cdscsco.com)