FLUCYTOSINE (Comment)

Use of an 'in line' filter

All UK reference texts currently advise that a 15 µm filter should always be used when this drug is given IV. The manufacturer had originally issued this advice because of concern that fragments from the stopper used to seal the bottle in which the drug is supplied might occasionally drop into the fluid during storage. They say that this risk has now been eliminated, and that the use of a filter is no longer necessary.

There does, however, still remain some concern that crystals of flucytosine can sometimes precipitate out if temperature, during storage, falls below 18ºC. The advice given by the manufacturer is that, if precipitation is suspected, the bottle can be heated to 80ºC for 30 minutes to redissolve the precipitate, although care must be taken not to heat the liquid for too long, because this brings with it a risk of decomposition, and the formation of 5-fluorouracil (a well known antineoplastic drug). Because of this some clinicians feel that there still remains a case for using an IV filter when treating a small baby if there is any residual uncertainty as to how the product has been stored in order to avoid the small risk that some unrecognised crystal particles could enter the circulation and lodge in the lung.

Prefilled and sealed single-dose syringes can be dispensed on request in order to reduce costs, but this and the reserve stock should always be protected from light, and *must* kept at room temperature because of the risk of precipitation referred to above. The IV product can also be given by mouth. No IV product has ever been marketed in America (and this is probably one reason why synergistic use with amphotericin or fluconazole is not as widely appreciated as it should be), but an extemporaneous liquid that is stable for 2 weeks at room temperature can be prepared from the 250 mg or 500 mg oral capsules that *are* available in America.

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