

# CHLOROSONE

Eye Drops

## Composition

Each ml contains:

Chloramphenicol	2.00 mg
Polymyxin B sulphate	2500 I.U.
Dexamethasone sodium phosphate	0.25 mg

In a stable, buffered, sterile solution

## Action

Chloramphenicol is a broad spectrum antibiotic, highly effective against a wide range of Gram-positive and Gram-negative organisms.

Polymyxin B has a narrower field of activity, mainly against Gram-negative organisms such as *Pseudomonas aeruginosa*.

Together, these two antibiotics possess an antibacterial spectrum of activity covering most organisms implicated in blepharitis and conjunctivitis.

Dexamethasone is one of the most potent corticosteroids; it is 5 -14 times more potent than prednisolone and 25 - 75 times more potent than cortisone and hydrocortisone. Of paramount importance with regard to local therapy is the fact that dexamethasone is over 2000 times more soluble than hydrocortisone or prednisolone. Thanks to the addition of chloramphenicol, a broad-spectrum antibiotic, this combination yields excellent results in inflammation of the anterior uvea (iritis, iridocyclitis).

## Indications

Chlorosone is indicated for the treatment of corticosteroid-responsive allergic and inflammatory ocular conditions in which bacterial infection or a risk of such infection caused by susceptible microorganisms exists, such as blepharitis and conjunctivitis.

## Contraindications

- Known hypersensitivity to any of the components of the preparation.
- Epithelial herpes simplex keratitis (dendritic keratitis).
- Acute infectious stages of vaccinia and varicella.
- Viral diseases of the cornea and conjunctiva.
- Fungal diseases of ocular structures.

The use of this preparation is contraindicated following uncomplicated removal of a corneal foreign body.

## Warnings

Bone marrow hypoplasia including aplastic anemia and even death has been reported following the local application of chloramphenicol.

Prolonged use of this preparation may result in ocular hypertension and/or glaucoma, with damage to the optic nerve, defects in visual acuity and fields of vision, and posterior subcapsular cataract formation.

## Adverse Reactions

Blood dyscrasias have been reported in association with the use of chloramphenicol.

Allergic sensitivity is the most-commonly encountered adverse reaction.

The development of secondary infection has occurred following the use of combinations containing steroids and antimicrobials. Fungal infections of the cornea are particularly prone to develop coincidentally with long-term application of steroids.

Secondary bacterial ocular infection has occurred following suppression of host responses.

### **Precautions**

If sensitization or irritation occurs, discontinue use.

In acute purulent conditions of the eye, corticosteroids may mask infection or aggravate existing infection.

The possibility of persistent fungal infections of the cornea should be considered after prolonged corticosteroid use.

The prolonged use of antibiotics may occasionally result in overgrowth of nonsusceptible organisms, including fungi.

### **Dosage and Administration**

Instil 1-2 drops in the conjunctival sac every hour, until improvement occurs. Thereafter, the interval between applications may be increased. Treatment should be continued for at least 48 hours after the eye appears normal.

### **Presentation**

Plastic dropper of 10 ml.