

SUSPECT ADVERSE REACTION REPORT										

## I. REACTION INFORMATION

1. PATIENT INITIALS (first, last)	1a. COUNTRY  Spain	2. DATE OF BIRTH			2a. AGE  38 Years	3. SEX  Female	4-6 REACTION ONSET			8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION
		Day	Month	Year			Day	Month	Year	
							4	Feb	2024	
<b>7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)</b> <b>Event Verbatim [PREFERRED TERM] (Related symptoms if any separated by commas)</b>  Other Seriousness Criteria: Medically Significant #1  Quemadura química cutánea de primer grado [First degree chemical burn of skin]    This case has been downloaded from the EudraVigilance database without narrative (L2A)(WWID:ES-AEMPS-1486236).  New version is created due to there is information not extracted (mapped) from database to the fields in the CIOMS:  Patient's weight and height: 58kg and 168cm DERMOFIX 20 MG/G GEL, 1 tubo de 100 g, action taken: withdrawn Outcome of the reaction: recovering/resolving; end date reaction: asked but unknown										<input type="checkbox"/> PATIENT DIED <input type="checkbox"/> INVOLVED OR PROLONGED INPATIENT HOSPITALISATION <input type="checkbox"/> INVOLVED PERSISTENCE OR SIGNIFICANT DISABILITY OR INCAPACITY <input type="checkbox"/> LIFE THREATENING <input type="checkbox"/> CONGENITAL ANOMALY <input checked="" type="checkbox"/> OTHER

## II. SUSPECT DRUG(S) INFORMATION

<b>14. SUSPECT DRUG(S) (include generic name)</b> #1  DERMOFIX   Sertaconazole   Gel   2 % {Lot#: Unknown}		<b>20 DID REACTION ABATE AFTER STOPPING DRUG?</b>  #1  <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
<b>15. DAILY DOSE(S)</b> #1  untar la crema por la mañana y la noche	<b>16. ROUTE(S) OF ADMINISTRATION</b> #1  Topical	
<b>17. INDICATION(S) FOR USE</b> #1  Pityriasis versicolor [Tinea versicolour]		<b>21. DID REACTION REAPPEAR AFTER REINTRODUCTION?</b>  #1  <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
<b>18. THERAPY DATES (from/to)</b> #1  01-Feb-2024 to 04-Feb-2024	<b>19. THERAPY DURATION</b> #1  4.0 [Day]	

## III. CONCOMITANT DRUG(S) AND HISTORY

<b>22. CONCOMITANT DRUG(S) AND DATES OF ADMINISTRATION (exclude those used to treat reaction)</b>
<b>23. OTHER RELEVANT HISTORY (e.g diagnostics, allergics, pregnancy with last month of period, etc.)</b>

## IV. MANUFACTURER INFORMATION

<b>24a. NAME AND ADDRESS OF MANUFACTURER</b> FERRER INTERNACIONAL, S.A. Diagonal Avenue 549, 08029, Barcelona, Spain Phone: +34936003700,		<b>26. REMARKS</b> Company Comments: ID: 20-24-ESP-FER-0000067 First degree chemical burn is unexpected according to the reference safety document of Sertaconazole. This adverse reaction was involved in a serious case due to other medically important condition. The suspected drug was withdrawn and the event was recovered. Side effects with sertaconazole therapy may include contact dermatitis, burning on application site and skin dryness. The active ingredient sertaconazole nitrate is only absorbed in very small quantities into the blood circulation and systemic side effects are not expected. In this particular case, the temporal association and the positive withdrawn could enhance the causal relationship. Further information should be needed to make a clear medical assessment and to investigate other etiologies. In summary, based on the information provided, the Company considered as possible the causal relationship between the drug and the event according to the Karch Lasagna method.
	<b>24b. MFR CONTROL NO.</b> 20-24-ESP-FER-0000067	<b>25b. NAME AND ADDRESS OF REPORTER</b> Spain Consumer
<b>24c. DATE RECEIVED BY MANUFACTURER</b> 22-Feb-2024	<b>24d. REPORT SOURCE</b> <input type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input type="checkbox"/> HEALTH PROFESSIONAL <input checked="" type="checkbox"/> OTHER: Consumer (including Attorneys)	
<b>DATE OF THIS REPORT</b> 14-May-2025	<b>25a. REPORT TYPE</b> <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> FOLLOWUP: 1	