alitretinoin (a-lit-ret-i-noyn) Panretin

Classification
Therapeutic: antineoplastics
Pharmacologic: retinoids

Pregnancy Category D

Indications
Topical treatment of cutaneous lesions from AIDS-related Kaposi's sarcoma (KS).

Action
Binds to and activates retinoid receptors, resulting in inhibition of KS cells. Therapeutic Effects: Decreased cutaneous lesions of KS.

Pharmacokinetics
Absorption: Small amounts are absorbed.
Distribution: Unknown.
Metabolism and Excretion: Some metabolism occurs.
Half-Life: Unknown.

TIME/ACTION PROFILE (response of KS lesions)

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>topical</td>
<td>2 wk</td>
<td>4–14 wk</td>
<td>unknown</td>
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Contraindications/Precautions
Contraindicated in: Hypersensitivity to retinoids; OB: Potential for birth defects.

Lactation: Use breast milk alternative.

Use Cautiously in: Patients with childbearing potential; Pedi: Safety not established.

Adverse Reactions/Side Effects
Local:
- pain, pruritus, rash, edema, exfoliative dermatitis, paresthesia.

Interactions
Drug-Drug: Do not use concurrently with insect repellent products containing N,N-diethyl-m-toluamide (DEET). Alitretinoin increases DEET absorption.

NURSING IMPLICATIONS

Assessment
- Assess skin lesions before and periodically throughout therapy to determine effectiveness.
- Assess patient for dermal toxicities throughout therapy. Dermal toxicity may begin with erythema, which may increase, and alitretinoin may develop with continued application. Severe toxicity (as evidenced by erythema, edema, or vesiculation) may limit treatment. If toxicity occurs, discontinue frequency of application. If severe irritation occurs, discontinue for few days until symptoms subside.

Potential Nursing Diagnoses
- Impaired skin integrity (Indications) (Adverse Reactions)
- Deficient knowledge, related to medication regimen (Patient/Family Teaching)

Implementation
- Topical: Apply sufficient gel to cover lesions with a generous coating twice daily initially. May increase to 3–4 times daily if tolerated. Allow gel to dry for 3–5 minutes before covering with clothing. Avoid application of gel to healthy skin surrounding lesions or on or near mucosal surfaces; skin may become irritated. Do not cover with occlusive dressing.

Patient/Family Teaching
- Instruct patient in correct method for application of gel. Emphasize the importance of continuing treatment, even if results are not visible. Prolonged therapy may be required.
- Advise patient to notify health care professional if signs of dermal toxicity occur.
- Caution patient to minimize exposure of treated areas to sunlight or sunlamps to prevent photosensitivity reactions.
- Advise patient to avoid use of products, such as insect repellents, which contain DEET during treatment. Alternation may increase DEET toxicity.

Route/Dosage
Topical (Adults): Apply generous coating twice daily to KS lesions initially; application may be increased to 3–4 times daily.

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Evaluation/Desired Outcomes

- Decrease in cutaneous lesions of KS. Effects may be seen as early as 2 weeks, but most patients require 4–8 weeks for response. Some patients require more than 14 weeks for significant improvement. Gel application should be continued as long as patients deriving benefit from it.

Why was this drug prescribed for your patient?