

Bismuth iodoform paraffin paste: a review

J Laryngol Otol 2011;**125**:891–5

Dear Sirs,

We read with great interest the above paper by Crossland and Bath.¹ The article discusses possible alternatives to bismuth iodoform paraffin paste (BIPP), which our group feels is quite a pertinent issue given the recent BIPP supply problems in the UK.

We would like to briefly add to the list of alternative agents suitable for use in otology, and also to give recommendations based on our practice.

There have been very few studies suggesting alternatives to BIPP. Chevretton *et al.* concluded that Xeroform[®] is inferior to BIPP due to an increase in adverse effects.² Nakhla *et al.* compared BIPP and Tri-*ad-cortyl*[®] ointment ear dressing, and found no difference in outcome between the two preparations.³ Zeitoun *et al.* reviewed the use of BIPP, Pope wicks, Silastic[®] sheeting and Tri-*ad-cortyl*, and found that all had similar success rates when used following middle-ear surgery.⁴ Unfortunately, Tri-*ad-cortyl* was withdrawn in 2009 due to reduced demand, and a suitable substitute is not readily available.

Our group suggests the use of Polyfax[®] as an alternative to BIPP. Polyfax is a topical antibacterial agent composed of polymyxin B sulphate and bacitracin zinc. It is currently unlicensed for use in the ear but is used for the treatment of infected wounds, burns and skin grafts.⁵ When used topically, it has a small side effect profile and is neither ototoxic nor vestibulotoxic.⁵

Polymyxin B, the antibiotic present in Polyfax, is also present within Otosporin[®] eardrops. In this latter preparation

it is combined with neomycin and hydrocortisone, and provides effective therapy for otitis externa. This highlights the safety and efficacy of polymyxin B when used within the ear.

No evidence exists for the efficacy of Polyfax following middle-ear surgery. We have incorporated Polyfax into our routine practice and have achieved outcomes comparable to those for BIPP usage.

Our group advocates the use of Polyfax following middle-ear surgery. We apply it without gauze and remove it by microsuction two to three weeks later. Routine ear protection advice is given to the patient.

We are in the process of conducting a retrospective review of our caseload; however, more research is needed into the use of Polyfax following ear surgery, and its potential as an alternative to BIPP.

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References

- 1 Crossland CJ, Bath AP. Bismuth iodoform paraffin paste: a review. *J Laryngol Otol* 2011;**125**:891–5
- 2 Chevretton EB, McRae RD, Booth JB. Mastoidectomy packs: Xeroform or BIPP? *J Laryngol Otol* 1991;**105**:916–17
- 3 Nakhla V, Takwoingi YM, Sinha A. Myringoplasty: a comparison of bismuth iodoform paraffin paste gauze pack and tri-*ad-cortyl* ointment ear dressing. *J Laryngol Otol* 2007;**121**:329–32
- 4 Zeitoun H, Sandhu GS, Kuo M, Macnamara M. A randomised prospective trial to compare four different ear packs following permeal middle ear surgery. *J Laryngol Otol* 1998;**112**:140–4
- 5 EPG: Polyfax Ointment. In: <http://www.epgonline.org/drugs/polyfax/> [20 July 2012]