*The Journal of Laryngology & Otology (2013), **127**, 531.*

doi:10.1017/S0022215113000467

Bismuth iodoform paraffin paste: a review

J Laryngol Otol 2011;**125**:891–5

Letter to the Editors

J Laryngol Otol 2012;**126**:1192

Dear Sirs,

We were interested in the above paper by Crossland *et al*. and the letter by MacDonald *et al*.[1,2] Both papers comment on the possible alternatives to bismuth iodoform paraffin paste middle-ear BIPP as a dressing in otological surgery. Bismuth iodoform paraffin paste is associated with allergic reaction, and due to manufacture and supply problems within the UK, finding an appropriate alternative is a relevant issue.

Most senior otology trainees have had experience in using BIPP packing. With increased sub-specialisation, surgeons with a large otological practice are more likely to face reactions as a result of primary and secondary BIPP allergies. Therefore although trainees are aware of BIPP allergy during their training they may not fully appreciate the incidence of the reactions. The true incidence of BIPP allergy has been reported to be 12 per cent with previous exposure and 1 per cent without.[3]

MacDonald *et al*. proposed the use of Polyfax® as an alternative to BIPP dressing.[2] We would like to add Aureocort® to the list of agents suitable for use in otological surgery.

Aureocort ointment is a topical preparation containing the active ingredients chlortetracycline hydrochloride 3.09 w/w and triamcinolone acetonide 0.1 w/w. It is indicated in the treatment of otitis externa, atopic dermatitis, contact dermatitis, eczema and seborrhoeic dermatitis.[4] Chlortetracycline hydrochloride is a tetracycline antibiotic effective against Gram-positive as well as Gram-negative bacteria. Triamcinolone acetonide, the corticosteroid in Aureocort, is also present in Tri-adcortyl®. In this latter preparation it was combined with neomycin sulphate, gramicidin and nystatin. Tri-adcortyl was commonly used following middle-ear surgery with similar success to BIPP, however the preparation was withdrawn in 2009.[5]

We apply Aureocort by impregnating it into sterile ribbon gauze and packing the ear using one or more documented pieces. The Aureocort impregnated ribbon gauze is usually removed under microscope guidance two weeks post-operatively. Routine ear protection advice is given to the patients.

Currently no evidence exists for the efficacy of Aureocort ointment following middle-ear surgery. Since the introduction of Aureocort ointment as the dressing of choice in our otological practice, we have been free of any allergic reactions and have had no problems related to its use.

Aureocort has been equally well tolerated and has not been difficult to remove up to six weeks following surgery. In addition it is not associated with any odour. We feel that this method of dressing offers a reliable, cheap and readily available alternative to BIPP without risk of allergic reactions thus far.

A LADAK
S AGRAWAL

References

1 Crossland CJ, Bath AP. Bismuth iodoform paraffin paste: a review. *J Laryngol Otol* 2011;**125**:891–5
2 MacDonald K, Farboud A, Jardine A. Letter to the Editors. *J Laryngol Otol* 2012;**126**:1192
3 Bennett AM, Bartle J, Yung MW. Avoidance of BIPP allergy hypersensitivity reactions following ear surgery. *Clin Otolaryngol* 2008;**33**:32–4
4 EPG Aureocort Ointment In http://www.epgonline.org/drugs/en/aureocort/ [4 December 2012]
5 Zeitoun H, Sandhu GS, Kuo M, Macnamara M. A randomised prospective trial to compare four different ear packs following permeatal middle ear surgery. *J Laryngol Otol* 1998;**112**:140–4

First published online 27 March 2013