

MONISTAT* Dual-Pak*

Suppositories/Cream

MONISTAT* 3 Vaginal Suppositories

(miconazole nitrate 200 mg)

MONISTAT-DERM* Cream

(miconazole nitrate 2%)

INDICATIONS AND USAGE: MONISTAT 3 Vaginal Suppositories are indicated for the local treatment of vulvovaginal candidiasis (moniliasis). Effectiveness in pregnancy or in diabetic patients has not been established.

MONISTAT-DERM Cream—For topical application in the treatment of cutaneous candidiasis (moniliasis).

CONTRAINDICATIONS: MONISTAT 3 Vaginal Suppositories—Patients known to be hypersensitive to the drug.

MONISTAT-DERM Cream has no known contraindications.

PRECAUTIONS: MONISTAT 3 Vaginal Suppositories—General: Discontinue drug if sensitization or irritation is reported during use. The base contained in the suppository formulation may interact with certain latex products, such as that used in vaginal contraceptive diaphragms. Concurrent use is not recommended.

Laboratory Tests: If there is a lack of response to MONISTAT 3 Vaginal Suppositories, appropriate microbiological studies (standard KOH smear and/or cultures) should be repeated to confirm the diagnosis and rule out other pathogens.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Long-term animal studies to determine carcinogenic potential have not been performed.

Fertility (Reproduction): Oral administration of miconazole nitrate in rats has been reported to produce prolonged gestation. However, this effect was not observed in oral rabbit studies. In addition, signs of fetal and embryo toxicity were reported in rat and rabbit studies, and dystocia was reported in rat studies after oral doses at and above 80 mg/kg. Intravaginal administration did not produce these effects in rats.

Pregnancy: Since imidazoles are absorbed in small amounts from the human vagina, they should not be used in the first trimester of pregnancy unless the physician considers it essential to the welfare of the patient.

Clinical studies, during which miconazole nitrate vaginal cream and suppositories were used for up to 14 days, were reported to include 514 pregnant patients. Follow-up reports available in 471 of these patients reveal no adverse effects or complications attributable to miconazole nitrate therapy in infants born to these women.

Nursing Mothers: It is not known whether miconazole nitrate is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when miconazole nitrate is administered to a nursing woman.

MONISTAT-DERM Cream—If a reaction suggesting sensitivity or chemical irritation should occur, use of the medication should be discontinued. For external use only. Avoid introduction of MONISTAT-DERM Cream into the eyes.

ADVERSE REACTIONS: MONISTAT 3 Vaginal Suppositories—During clinical studies with the MONISTAT 3 Vaginal Suppository (miconazole nitrate, 200 mg) 301 patients were treated. The incidence of vulvovaginal burning, itching or irritation was 2%. Complaints of cramping (2%) and headaches (1.3%) were also reported. Other complaints (hives, skin rash) occurred with less than a 0.5% incidence. The therapy-related dropout rate was 0.3%.

MONISTAT-DERM Cream—There have been isolated reports of irritation, burning, maceration, and allergic contact dermatitis associated with application of MONISTAT-DERM.

BOOK REVIEWS

Clinical Applications of Medical Imaging. Jeffrey Bisker, Plenum Medical Book Company, New York and London, 1986, 221 pp., \$32.50.

The primary purpose of *Clinical Applications of Medical Imaging* is to assist medical students, nonradiology residents, and busy clinicians to bridge the gap between the practice of clinical medicine and diagnostic radiology. The book comprises a pictorial atlas of reproductions of images produced by pulses impacted on film or manipulated through a computer. Approximately 50 percent of the pages contain reproductions of x-ray films, computed tomograph scans, ultrasound images, and magnetic resonance images. The quality of the pictures is excellent, and each includes the typical radiology arrow to assist with the identification of the abnormality. The discussion is delivered in an easily readable outline format. The chapter organization of the book is by body system, and each chapter is then organized by the various pathologic states encountered by the system and the available studies to assist in diagnosis.

The book, a pictorial menu giving indications for selecting a particular study, is not designed to teach the interpretation of the respective studies. It will, however, enable the clinician to better utilize the consultative services of diagnostic radiology with maximum effectiveness.

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General Ophthalmology (11th Edition). Daniel Vaughan, Taylor Asbury. Lange Medical Publications,

Los Altos, California, 1986, 414 pp., \$21 (paper).

This book is one in a popular series of concise texts published by Lange Medical Publications in a format suitable for medical students and residents. The authors have extensively revised and updated this 11th edition, incorporating discussion of many of the newer technological advances in the field.

In keeping with its modest price tag, all illustrations are in black and white. Color plates would have been more effective, especially in the sections on the retina and diabetes.

The book is organized by anatomic structure of the eye. This system is logical, but I found it, in practice, to be a bit cumbersome as a reference source. A symptom or problem-oriented format would be better for day-to-day clinical use.

While the concise nature of the text is suitable to a general practice, a few sections were a bit thin, specifically discussions of corneal refractive surgery and developments in contact lenses.

The revised chapter on strabismus was particularly helpful for use in a family practice setting, as was the chapter on glaucoma.

The authors have aimed this book at "medical students, ophthalmology residents and practicing ophthalmologists." It certainly would be an excellent resource for the first two but lacking for the latter. For family physicians it would be a useful reference text but awkward to use on the spot when confronted with a particular symptom or sign.

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