

## 3<sup>rd</sup> International Conference and Exhibition on Orthopedics & Rheumatology

July 28-30, 2014 DoubleTree by Hilton Hotel San Francisco Airport, USA

The use of topical compounded Flurbiprofen cream to treat plantar fasciitis, a randomized, prospective trial vs. oral NSAID therapy

Jeffery H Alexander

Rush University Medical Center, USA

Plantar fasciitis is a common condition treated in outpatient podiatric and orthopedic clinics. The condition is characterized by painful inflammation of the plantar fascia as it inserts into the calcaneus. Conservative treatment of this condition is often highly successful, eliminating the need for surgical intervention. Conservative treatments often include a combination of anti-inflammatory medication, stretching, orthotics/shoe inserts, cortisone injections, or physical therapy. Oral non-steroidal anti-inflammatory medications (NSAIDs) are often the first line treatment for patients who initially present with symptoms consistent with plantar fasciitis. These medications were once thought to be rather benign. Current thinking is now much different. In addition to the considerable gastrointestinal side effects associated with NSAIDs, we are now aware of considerable cardiovascular risks associated with these drugs. Renal effects are an additional concern when instituting therapy with these medications as well. The authors sought to explore the use of topical compounded NSAIDs in the treatment of plantar fasciitis. The improved side effect profile of topical formulations is well described, but it was aimed to determine if these topical treatments could compare to oral NSAIDs in terms of efficacy. A randomized, prospective trial comparing a topical compound containing flurbiprofen to oral ibuprofen was conducted. Data analyzed included pain scores and adverse events/side effects. Our statistical analysis showed that the compounded topical medication was non-inferior to the oral NSAID and showed equal efficacy. The side effect profile for each group was similar, likely due to the small sample size (n=60). Further research, including a study with a larger sample size and one comparing the topical vs. placebo, is underway.

## **Biography**

Jeffery H Alexander has completed his Undergraduate education at University of Illinois at Urbana-Champaign. He obtained his DPM from Scholl College of Podiatric Medicine at Rosalind Franklin School of Medicine in 2001. He completed his residency training at Jesse Brown VA Medical Center in Chicago and completed a surgical fellowship in Germany and Austria with the European Foot & Ankle Society. He is currently the Director of Academic Residency Training and the Assistant Residency Director at Rush University Medical Center.

Jeffery Alexander@rush.edu