

CLINICAL EXPERIENCE ON ANESTOP VS EMLA

AIM OF THE CLINICAL EXPERIENCE:

To compare the efficacy between ANESTOP versus EMLA. Also there carries out evaluation of adverse effects of ANESTOP and EMLA.

METHOD:

Study realized for 2 years on a population of 2700 subjects with ages between 15-65 years to which such different dermatological superficial procedures are realized as:

- superficial warts extraction,
- infiltrations,
- laser,
- application of facial fillings,
- wrinkle filling micropunctions...

The product ANESTOP applied itself for the half of the subjects during 30 minutes before to the intervention and without occlusion, whereas the EMLA was applied to another half of the subjects during 60 minutes before to the intervention and with occlusion. The evaluation of pain was evaluated by the own patient with an analogous visual scale (VAS) with minimum value "0" (equivalent to non-pain) and maximum value (equivalent to maximum pain) "10".

The evaluation of the pain is realized during the performance of the dermatological procedure and the evaluation of appearance of adverse effects from the application of the anaesthetic product up to the end of the dermatological procedure.

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RESULTS:

- ANAESTHETIC EFFICACY (table 1)

PAIN GRADE (VAS)	0	1	2	3	4	5	6	7	8	9	10
EMLA	-	-	338	270	135	270	135	135	135	-	-
ANESTOP	702	162	149	162	108	67	-	-	-	-	-
TOTAL PATIENTS	2700										

- SIDE EFFECTS

ANESTOP (table 2)

	NULLE	SOFT	MODERATE	SEVERE
ERYTHEMA	89 %	10 %	1 %	0
OEDEMA	99 %	1 %	0	0
ITCHING	90 %	10 %	0	0

EMLA (table 3)

	NULLE	SOFT	MODERATE	SEVERE
ERYTHEMA	92.5 %	0	7,5 %	0
ITCHING	97.5 %	0	2.5 %	0
CUTANEOUS RASH	100 %	0	0	0

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CONCLUSIONS:

Once the study has been finished in its totality we can extract the following conclusions:

The product ANESTOP has showed a better efficacy and a shorter time of establishment of effect opposite to the EMLA for the same type of dermatological or dermoesthetical procedures.

Analysing more detailed the results obtained we can conclude that the effectiveness of EMLA is practically the half with the double of time period of application or, which is the same, with the double of time in order that it establishes its effect.

In the same study also the appearance of adverse effects have been evaluated during and after the application of both products. The obtained results are shown in the tables n° 2 and 3. Of these results it is clear that in both cases we detect few patients who present adverse effects, though in the case of EMLA these adverse effects are a bit acute than in the case of ANESTOP which present softer adverse effects, of scarce duration and spontaneous resolution.

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