

- **Size of area.** Absorption is increased when topical medications are applied to large areas of the body.
- **Location of area.** Absorption from mucous membranes and facial skin is comparatively rapid. Absorption from thick-skinned areas (eg, palms of hands and soles of feet) is comparatively slow.

INDIVIDUAL DRUGS

See Drugs at a Glance: Topical Antibicrobial Agents, Drugs at a Glance: Topical Corticosteroids, and Drugs at a Glance: Miscellaneous Dermatologic Agents.



Herbal and Dietary Supplements

Many supplements are promoted for use in skin conditions. Most have not been tested adequately to ensure effectiveness. At the same time, however, topical use rarely causes serious adverse effects or drug interaction. Two topical agents for which there is some support of safety and effectiveness are aloe and oat preparations.

Aloe is often used as a topical remedy for minor burns and wounds (eg, sunburn, cuts, abrasions) to decrease pain, itching, and inflammation and to promote healing. Its active ingredients are unknown. Wound healing is attributed to moisturizing
(text continues on page 956)

Drugs at a Glance: Topical Antimicrobial Agents

Generic/Trade Name	Indications for Use	Application
Antibacterial Agents		
Azelaic acid (Azelex)	Acne	To lesions, twice daily
Bacitracin (Baciguent)	Bacterial skin infections	To affected area, after cleansing, 1–3 times daily, small amount. Cover with a sterile dressing, if desired. Do not use longer than 1 wk.
Benzoyl peroxide	Acne	To affected areas, after cleansing, 1–3 times daily
Clindamycin (Cleocin T)	Acne vulgaris	To affected areas, twice daily
Erythromycin (Aknemycin)	Acne vulgaris	To affected areas, after cleansing, twice daily, morning and evening
Gentamicin (Garamycin)	Skin infections caused by susceptible strains of streptococci, staphylococci, and gram-negative organisms	To infected areas, 3–4 times daily. Cover with dressing if desired.
Mafenide (Sulfamylon)	Treatment of burn wounds	To affected area, after cleansing, once or twice daily, using sterile technique
Metronidazole (MetroLotion)	Rosacea	To affected areas, after cleansing, twice daily, morning and evening
Mupirocin (Bactroban)	Impetigo caused by <i>Staphylococcus aureus</i> , beta-hemolytic streptococci, or <i>Streptococcus pyogenes</i> Eradication of nasal colonization with methicillin-resistant <i>S. aureus</i>	Impetigo: Ointment, to affected areas, 3 times daily. Cover with dressing, if desired. Other skin lesions: Cream, 3 times daily for 10 d. Cover with dressing, if desired. Eradication of nasal colonization: Ointment from single-use tube, one half in each nostril, morning and evening for 5 d
Neomycin (Myciguent)	Bacterial skin infections	To affected area, after cleansing, 1–3 times daily, small, fingertip-size amount. Cover with a sterile dressing, if desired. Do not use longer than 1 wk.
Silver sulfadiazine (Silvadene)	Prevent or treat infection in burn wounds caused by <i>Pseudomonas</i> and many other organisms	To affected area, after cleansing, once or twice daily, using sterile technique
Sulfacetamide sodium (Sebizon)	Bacterial skin infections Seborrheic dermatitis	Skin infections: 2–4 times daily until infection clears Seborrhea: to scalp and adjacent skin areas, at bedtime
Tetracycline (Topicycline)	Acne vulgaris	To affected areas, twice daily, morning and evening
Combination Products		
Bacitracin and polymyxin B (Polysporin)	Bacterial skin infections	To lesions, 2–3 times daily
Erythromycin/benzoyl peroxide (Benzamycin)	Acne	To affected areas, after cleansing, twice daily, morning and evening
Neomycin, polymyxin B and bacitracin (Neosporin)	Bacterial skin infections	To lesions, 2–3 times daily

(continued)