A. INGREDIENT NAME:

IODOFORM

B. Chemical Name:

Tri-iodomethane

C. Common Name:

Compound Iodoform Paint, B.I.P.P. Gauze, Bismuth Sub-nitrate and Iodoform Paste

D. Chemical grade or description of the strength, quality, and purity of the ingredient:

	(Specifications)	*(Results)*
Assay:	99.0-100.5%	99.01%

Not less than 99% of CHI_3

E. Information about how the ingredient is supplied:

Fine greenish yellow powder, or lustrous crystals, unctuous touch, characteristic. Persistent odor, slightly volatile evenm at ordinary temperatures, and distils slowly with steam.

F. Information about recognition of the substance in foreign pharmacopeias:

British Pharmacopeia 1954
The National Formulary - Volume VII, 1942

G. Bibliography of available safety and efficacy data including peer reviewed medical literature:

Corbridge, R. J., Djazaeri, B., and Hellier, W. P. Iodoform Paste. *Clinical Otolaryngology*, 1995; 20(4): 305-307.

Holan, G. and Fuks, A. B. Iodoform-containing paste (KRI). *Pediatric Dentistry*, 1993; 16(6): 403-407.

H. Information about dosage forms used:

Paste
Paint
Gauze

I. Information about strength:

10-50% Topically

J. Information about route of administration:

Topically

K. Stability data:

Decomposition at about 120°; decomposition at high temperature with evolution of iodine.
Decomposes violently at 400F

L. Formulations:

M. Miscellaneous Information:

Database: Medline <1966 to present>

Set	Search	Results
1	exp hydrocarbons, iodinated/	2722
2	iodoform.tw.	103
3	exp safety/	8472
4	efficacy.tw.	108250
5	2 and 3	0
6	2 and 4	6
7	from 6 keep 3-5	3

<1>
Unique Identifier
96081121
Authors
Corbridge RJ. Djazaeri B. Hellier WP. Hadley J.
Title
A prospective randomized controlled trial comparing the use of merocel nasal tampons and BIPP in the control of acute epistaxis.
Source
Clinical Otolaryngology. 20(4):305-7, 1995 Aug.
Abstract
A prospective study was undertaken to compare the efficacy of Merocel nasal tampons to BIPP (Bismuth Subnitrate and Iodoform Paste) impregnated ribbon gauze in the control of acute epistaxis requiring hospital admission. A total of 50 patients presenting with severe epistaxis was treated with either merocel nasal tampons, or BIPP. The groups did not differ significantly in terms of age, sex distribution, aetiology or severity of the bleed. There was no significant difference in efficacy or patient tolerance of either treatment. It was concluded that Merocel nasal tampons should be considered effective in the first line treatment of severe epistaxis uncontrolled by simple measures. Their ease of insertion makes them suitable for use in the accident and emergency department or in general practice.

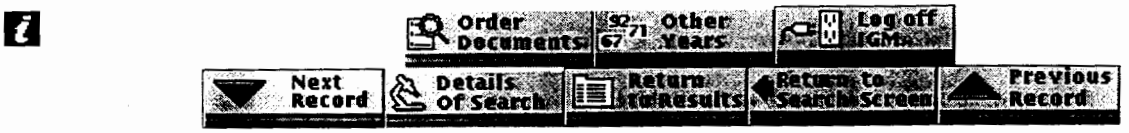
<2>
Unique Identifier
94203886
Authors
Holan G. Fuks AB.

Title
A comparison of pulpectomies using ZOE and KRI paste in primary molars: a retrospective study.
Source
Pediatric Dentistry. 15(6):403-7, 1993 Nov-Dec.
Abstract
Maintaining a successfully root-treated primary molar has the advantage of preserving the natural tooth--the best possible space maintainer. The purpose of this study was to compare the success of endodontic treatment of nonvital primary molars using ZOE with that of KRI paste. Of 78 necrotic primary molars, 34 were filled with ZOE and 44 with an iodoform-containing paste (KRI). The canals were prepared with files, rinsed with saline and filled with one of the resorbable pastes, using a spiral Lentulo on a low-speed handpiece. A radiograph was exposed immediately postoperatively to observe whether the root filling was flush, underfilled, or overfilled. The effect of length of fill on the treatment outcome also was evaluated. Teeth were examined periodically clinically and radiographically to assess success of the treatment. Follow-up interval varied from 12 to more than 48 months. Overall success rate for KRI paste was 84% versus 65% for ZOE, which was statistically significant ($P < 0.05$). Overfilling with ZOE led to a failure rate of 59% as opposed to 21% for KRI ($P < 0.02$). Conversely, underfilling led to similar results, with a failure rate of 17% for ZOE and 14% for KRI. These results support the clinical efficacy of root filling with KRI paste as a treatment option for nonvital primary molars.

<3>
Unique Identifier
94087045
Authors
von Schoenberg M. Robinson P. Ryan R.
Title
Nasal packing after routine nasal surgery--is it justified?.
Source
Journal of Laryngology & Otology. 107(10):902-5, 1993 Oct.
Abstract
Ninety-five patients undergoing routine nasal surgery were enrolled into a randomized, prospective trial to investigate the efficacy and morbidity of nasal packing. The patients were randomized to receive a bismuth iodoform paraffin paste (BIPP) pack, a Telfa pack or no pack. Patients for septal surgery were randomized between the

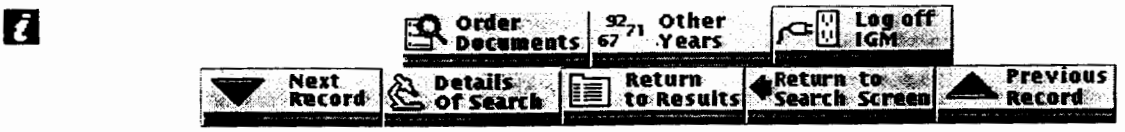
BIPP and Telfa groups only. They were independently randomized to receive or not receive, a silastic nasal splint for the first post-operative week. Post-operative pain levels were analysed using a visual analogue scale. Mean pain scores were increased 50 per cent by the use of nasal packs and pack removal, particularly BIPP which, was a most painful event ($p < 0.001$). Reactionary haemorrhage occurred in only two patients (2.1 per cent), both of whom had packs in situ. Vestibulitis was unique to the patients with a silastic splint, who were packed with BIPP, occurring in 21 per cent of them. Similarly septal perforation was unique to this group. There was no significant difference in the incidence of adhesions between the groups which received packs and those who did not. Routine nasal packing, especially with BIPP, would seen difficult to justify in view of the increased pain levels and increased complications which occur without any demonstrable benefit in the majority of patients. Therefore packing should be reserved for cases where there is concern about persistent haemorrhage. In these cases Telfa would be preferable to BIPP.

National Library of Medicine: IGM Full Record Screen



TITLE:	Elimination of infection in pulpectomized deciduous teeth: a short-term study using iodoform paste.
AUTHOR:	Thomas AM; Chandra S; Chandra S; Pandey RK
AUTHOR AFFILIATION:	Department of Pedodontics and Preventive Dentistry, Faculty of Dental Sciences, K.G.'s Medical College, Lucknow, India.
SOURCE:	J Endod 1994 May;20(5):233-5
NLM CIT. ID:	95016365
ABSTRACT:	This study was conducted to retain the pulp-involved deciduous teeth in dental arches and were restored to function by elimination of infection in pulpectomized deciduous teeth using iodoform paste. Clinically the teeth were evaluated for pain, mobility, and presence or absence of sinus for 3 months. We concluded that the iodoform paste is a suitable root canal filling material for single-visit pulp canal treatment in chronic pulp-infected deciduous teeth.
MAIN MESH SUBJECTS:	Anti-Infective Agents/*THERAPEUTIC USE Dental Pulp Necrosis/*THERAPY Hydrocarbons, Iodinated/*THERAPEUTIC USE Pulpectomy/*METHODS *Root Canal Filling Materials *Tooth, Deciduous
ADDITIONAL MESH SUBJECTS:	Bite Force Child Child, Preschool Evaluation Studies Female Follow-Up Studies Human Male Pain Measurement Pain, Postoperative Zinc Oxide
PUBLICATION TYPES:	JOURNAL ARTICLE
LANGUAGE:	Eng
REGISTRY NUMBERS:	0 (Anti-Infective Agents) 0 (Hydrocarbons, Iodinated) 0 (Root Canal Filling Materials) 1314-13-2 (Zinc Oxide) 75-47-8 (iodoform)

National Library of Medicine: IGM Full Record Screen



TITLE: A comparison of pulpectomies using ZOE and KRI paste in primary molars: a retrospective study.

AUTHOR: Holan G; Fuks AB
AUTHOR AFFILIATION: Department of Pediatric Dentistry, The Hebrew University, Hadassah Faculty of Dental Medicine, Jerusalem, Israel.

SOURCE: Pediatr Dent 1993 Nov-Dec;15(6):403-7
NLM CIT. ID: 94203886

ABSTRACT: Maintaining a successfully root-treated primary molar has the advantage of preserving the natural tooth--the best possible space maintainer. The purpose of this study was to compare the success of endodontic treatment of nonvital primary molars using ZOE with that of KRI paste. Of 78 necrotic primary molars, 34 were filled with ZOE and 44 with an iodoform-containing paste (KRI). The canals were prepared with files, rinsed with saline and filled with one of the resorbable pastes, using a spiral Lentulo on a low-speed handpiece. A radiograph was exposed immediately postoperatively to observe whether the root filling was flush, underfilled, or overfilled. The effect of length of fill on the treatment outcome also was evaluated. Teeth were examined periodically clinically and radiographically to assess success of the treatment. Follow-up interval varied from 12 to more than 48 months. Overall success rate for KRI paste was 84% versus 65% for ZOE, which was statistically significant ($P < 0.05$). Overfilling with ZOE led to a failure rate of 59% as opposed to 21% for KRI ($P < 0.02$). Conversely, underfilling led to similar results, with a failure rate of 17% for ZOE and 14% for KRI. These results support the clinical efficacy of root filling with KRI paste as a treatment option for nonvital primary molars.

MAIN MESH SUBJECTS:
*Camphor
*Hydrocarbons, Iodinated
*Pulpectomy
*Root Canal Filling Materials
Root Canal Obturation/*METHODS
*Tooth, Deciduous
*Zinc Oxide-Eugenol Cement

ADDITIONAL MESH SUBJECTS:
Chi-Square Distribution
Child
Child, Preschool
Comparative Study
Human
Molar
Retrospective Studies
Treatment Outcome

PUBLICATION TYPES: **JOURNAL ARTICLE**

LANGUAGE: **Eng**

REGISTRY NUMBERS: **0 (Hydrocarbons, Iodinated)**
0 (Root Canal Filling Materials)
0 (Zinc Oxide-Eugenol Cement)
11132-72-2 (Kri paste)
76-22-2 (Camphor)

IODOFORM

Rodent oral LD50 is approx. 400 mg/kg.

Used topically at a concentration of 10-50% in gauze pak for control of acute epistaxis and as a paste for dental (root) fillings.

Its toxicological properties have not been thoroughly investigated. In 2-yr bioassays (NTP), iodoform was negative in rats and mice. Ataxia, dyspnea, somnolence and altered sleeping time have been reported in the rodent. Positive in UDS, Ames' test, Sister chromatid exchange and malignant transformation assay (hamster). In multiple dose studies in the rat, liver changes, and RBC changes were seen.

Iodine sensitivities have been reported and can produce rashes. With an occlusive dressing, iodine absorption can be increased. Iodine toxicities are reported as metabolic acidosis, renal failure, hyper- chloremia, -osmolarity and –natremia, hypo and hyper-thyroidism, changes in the sensorium, stomatitis and diarrhea have been reported.

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2. Holan G, Fuks AB. A comparison of pulpectomies using ZOE and KRI paste in primary molars: a retrospective study. Pediatr Dent 1993; 15(6):403-7.

3. von Schoenberg M, Robinson P, Ryan R. Nasal packing after routine nasal surgery—is it justified? J Laryngol Otol 1993; 107(10):902-5.

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