

Pentoxifylline Therapeutic Cheat Sheet

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TRADE NAME¹

- > Trental
- > Pentoxil
- > Pentopak

MECHANISM OF ACTION

- > Increases the deformability of erythrocytes by increasing their ATP and cyclic nucleotide levels, thereby decreasing blood viscosity.^{1,5,7}
- > Inhibits membrane-bound phosphodiesterase increasing intracellular cAMP, resulting in:^{1,3,7,8}
 - > Vasodilation.
 - > Prevention of platelet aggregation and adhesion.
 - > Decreased thromboxane synthesis.
 - > Increased prostacyclin synthesis.
- > Exerts anti-inflammatory effects by activation of protein kinase A resulting in:^{1,3,7,8}
 - > Inhibition of cytokines TNF- α , IL-1, and IL-6.
 - > Suppression of B cells, T cells, and neutrophils.
 - > Decreased expression of endothelial adhesion molecules.
- > Inhibits effects on fibroblast biosynthesis, decreasing collagen, fibronectin, and glycosaminoglycan production.^{4,5,7}

FDA-APPROVED FOR^{5,6}

- > Intermittent claudication

OFF-LABEL DERMATOLOGIC USES^{1-4,7,8}

- | | |
|----------------------------------|---|
| > Vasculitis | > Necrobiosis lipoidica |
| > Vasculopathies | > Actinic prurigo |
| > Lipodermatosclerosis | > Irritant and allergic hypersensitivity reactions |
| > Venous ulcers | > Graft versus host disease |
| > Granuloma annulare | > Leishmaniasis |
| > Pretibial myxedema | > Aphthous ulcers |
| > Sarcoidosis | > Aphthous ulcers and Behçet's disease |
| > Raynauds Phenomenom | > Leprosy |
| > Chilblains (Pernio) | > Stevens-Johnson syndrome and toxic epidermal necrolysis |
| > Pigmented purpuric dermatosis | > Radiation induced fibrosis and burns |
| > Lichen sclerosis et atrophicus | > Keloids, scars, and morphea |
| > Vitiligo | |
| > Pemphigus Vulgaris | |
| > Alopecia areata | |
| > Psoriasis | |

DOSING (ORAL)⁵⁻⁶

- > Initial dose of 400 mg three times daily.
- > Reduce to 400 mg twice daily for CrCl 30-60 mL/min, or if experiencing any adverse effects.
- > Reduce to 400 mg once daily for CrCl <30 mL/min or if on hemodialysis or peritoneal dialysis.
- > Maximal therapeutic benefit may take 2-4 weeks of use.

DOSING (INTRALESIONAL)⁴

- > Doses of 1 mg/mL weekly for five weeks.

SIDE EFFECTS^{5,6}

- > GI: Abdominal discomfort, bloating, indigestion, and diarrhea.
- > Cardiovascular: Chest pain, arrhythmias, hypertension, dyspnea, tachycardia, and hypotension.
- > Central nervous system: Dizziness, headache.
- > Cutaneous: Flushing.

DRUG INTERACTIONS⁵

- > Pentoxifylline may enhance the effect of antiplatelet agents (P2Y12 inhibitors, NSAIDs, SSRIs, etc.)
- > Pentoxifylline may enhance the hypotensive effect of antihypertensives
- > Cimetidine may increase the serum concentration of pentoxifylline.
- > CYP1A2 inhibitors may increase the serum concentration of pentoxifylline.
- > Pentoxifylline may enhance the anticoagulant effect of heparins.
- > Pentoxifylline may enhance the anticoagulant effect of warfarin and other vitamin K antagonists.
- > Ketorolac may enhance adverse or toxic effects of pentoxifylline.
- > Pentoxifylline may increase the serum concentration of theophylline derivatives.

CONTRAINDICATIONS⁵⁻⁶

- > Previous intolerance to pentoxifylline, xanthines (caffeine, theophylline).
- > Recent cerebral and or retinal hemorrhage.
- > Canadian labeling only: Acute MI, severe coronary artery disease when myocardial stimulation might prove harmful, current or recent peptic ulcers.

PREGNANCY AND BREASTFEEDING¹

- > Fetotoxic and teratogenic in rat and rabbit models at 49 times the maximum human dose.
- > Patients of reproductive potential: recommend effective contraception during treatment.
- > Avoid breastfeeding during treatment + at least 14 hours after last dose
- > Report any pregnancies within these parameters to Pfizer, Inc. at 1-877-390-2940.

PREGNANCY AND BREASTFEEDING^{5,6}

- > Adverse events have been observed in animal reproductive studies.
- > Pentoxifylline and its metabolites are present in breast milk.
- > There are no adequate and well controlled studies in pregnant women.

MONITORING⁵

- > Renal function, hemoglobin/hematocrit (especially in high risk patients).

REFERENCES

- Balazic E, Axler E, Konisky H, Khanna U, Kobets K. Pentoxifylline in dermatology. *J Cosmet Dermatol.* 2023;22(2):410-417. doi:10.1111/jocd.15445
- el-Darouti M, Marzouk S, Abdel Hay R, et al. The use of sulfasalazine and pentoxifylline (low-cost antitumor necrosis factor drugs) as adjuvant therapy for the treatment of pemphigus vulgaris: a comparative study. *Br J Dermatol.* 2009;161(2):313-319. doi:10.1111/j.1365-2133.2009.09208.x
- Hassan I, Dorjay K, Anwar P. Pentoxifylline and its applications in dermatology. *Indian Dermatol Online J.* 2014;5(4):510-516. doi:10.4103/2229-5178.142528
- Isaac C, Carvalho VF, Paggiaro AO, de Maio M, Ferreira MC. Intralesional pentoxifylline as an adjuvant treatment for perioral post-burn hypertrophic scars. *Burns.* 2010;36(6):831-835. doi:10.1016/j.burns.2009.11.002
- Pentoxifylline: Drug information. In: *UpToDate*, Connor RF (Ed), Wolters Kluwer.
- Pentoxifylline Package Insert.
- https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/018631s041lbl.pdf
- Samlaska CP, Winfield EA. Pentoxifylline. *J Am Acad Dermatol.* 1994;30(4):603-621. doi:10.1016/s0190-9622(94)70069-9
- Sun SY, Li Y, Gao YY, Ran XW. Efficacy and Safety of Pentoxifylline for Venous Leg Ulcers: An Updated Meta-Analysis. *Int J Low Extrem Wounds.* 2024;23(2):264-274. doi:10.1177/15347346211050769